Starved of Power:

The cultural politics of nutrition and the dietary colonisation of Aboriginal communities in the Northern Territory of Australia.

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ABSTRACT

This research is an exploration of contemporary postcolonial nutrition in remote Northern Territory Aboriginal communities. It is an interpretive inquiry that seeks firstly to understand nutrition in an historical, political and cultural framework and secondly, to examine the relationship between culture, knowledge and power in order to offer an alternative view that will be effective in informing novel solutions to reducing nutritional inequalities. The premise of the research is that in order to ensure improved nutrition for Aboriginal people in the future, there needs to be an increased focus on the ethical issues of human rights and social justice and the practical issues of intervention and policy implementation.

The research focuses on the impact that the dominant culture has had on food and nutrition rather than seeing food and nutrition as the outcome of Aboriginal factors. It explores aspects of the dominant culture which contribute to creating and perpetuating marginalisation. The research demonstrates that nutrition and nutrition education are subject to privileging, colonial control and power.

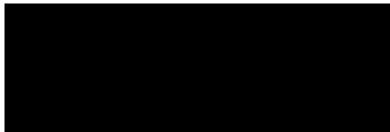
Taking colonialism and postcolonialism as the theoretical perspective, I claim that the largest contributing factor toward the past and present poor nutritional status of Aboriginal people is the historical legacy of the colonial experience and the consequences of ongoing postcolonial policies. Critical Discourse Analysis (CDA) was ideally positioned as an analytical framework to investigate the narratives of 28 research participants and the sites of difference about which they spoke.

The research illustrates that the situation is unlikely to improve without politicisation of nutrition issues and it seeks to encourage nutritionists, dietitians and other health professionals to advocate for policies, institutions and power structures to be reconstructed within a realistic social justice framework.

CERTIFICATION

I certify that the substance of this thesis has not already been submitted for any degree and is not currently being submitted for any other degree or qualification.

I certify that any help received in preparing this thesis, and all sources used, have been acknowledged in this thesis.



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CONTENTS

ACKNOWLEDGMENTS 2
ABSTRACT 4
CERTIFICATION 5
CONTENTS 6
LIST OF TABLES 11
LIST OF FIGURES 12
CHAPTER ONE
THE DIETARY COLONISATION OF ABORIGINAL PEOPLE IN THE NORTHERN TERRITORY 18
1. Foundation and Justification for the Research 19
1.1 Scarcity of Nutritional Information 19
1.2 Postcolonial Legacy 20
1.3 The Problem 22
2. My Position in the Research 24
2.1 Participant: Insider and Outsider 27
3. Framing the Research 28
4. The Research Questions 31
5. An Introduction to the Theoretical Underpinnings 33
5.1 Colonialism and Postcolonialism 35
5.2 Research Method: Critical Discourse Analysis 37
6. Hearing the Voices 38
7. Structure of the Research Presentation 40
CHAPTER TWO
THEORETICAL CONSTRUCTS 43
1. Theoretical Framework 44
1.1 Colonialism 45
1.2 Postcolonialism 49
1.2.1 Postcolonialism's Application to the Research on Nutrition 56
1.2.2 Postcolonialism inside the Field of Contemporary Nutrition 57
2. Objectifying Whiteness 59
3. Power and Knowledge 62
3.1 Application of the Concepts of Power and Knowledge 63
4. Discourse and its Deconstruction in the Research 65
5. Summary 66
CHAPTER THREE
METHODOLOGICAL FRAMEWORK 68
1. Methodology: Qualitative Research 68
2. Analytical Research Tool: Critical Discourse Analysis 71
2.1 Critical Discourse Analysis: Methods of Application 74
3. Research Questions 77

4. The Process of Data Collection 78
4.1 The Research Setting 78
4.1.1 The Historical Context of the Northern Territory 80
4.1.2 A Snapshot of Colonisation in the Northern Territory 80
4.1.3 The Population 81
4.2 The Participants 86
4.2.1 Researcher as Participant Observer 90
4.2.2 Participant Sampling 93
4.3 The Tools Used to Gather the Data 95
4.3.1 Conducting In-depth Interviews 95
4.3.2 Other Data - Historical Recount 99
5. Data Presentation and Analysis 100
5.1 Critical Discourse Analysis: The Analytical Process in this Inquiry 102
6. Ethical Issues 107
7. Summary 111
CHAPTER FOUR
COLONIAL LEGACIES: NUTRITION IN THE NORTHERN TERRITORY 113
1. Introduction 114
2. The Concept of Colonialism: Colonisation in the Northern Territory 115
3. A Brief Historical Account of Northern Territory Colonisation: Settlement Through to the 1930s 117
3.1 Missions and Government Settlements 121
3.2 Pastoralism 128
3.3 Mining 133
4. Food as a colonising strategy 134
4.1 Food used for Murder, Punishment and Exploitation 135
4.2 Rationing 138
4.3 Communal Feeding Practices 144
5. Summary 152
CHAPTER FIVE
HISTORICAL DETERMINANTS OF FOOD AND NUTRITION 154
1. The Second World War 155
2. Assimilation 157
3. Self Determination and the Referendum 159
4. Welfarism 166
5. Beyond Self Determination to Reconciliation 171
6. Acknowledgement of History and 'Sorry' 175
7. The Northern Territory Intervention 177
8. Health Reforms 179
9. Summary 182

CHAPTER SIX
REMOTENESS: DISTANCE AND DISEMPOWERMENT IN FOOD CHOICE 184
1. Consequences of Colonial Past 185
2. Power and Remoteness 187
3. The Community Store: Neo-colonial Rationing Agents 188
    3.1 Politics of Community Stores 193
    3.2 Store Management and Policy 197
    3.3 Store Managers Manipulating Communities 201
        3.3.1 Store Mismanagement and Profiteering 206
        3.3.2 Positive Store Practices 212
4. Capitalism and Consumerism 215
    4.1 Corporatisation and Commodification of Food 216
    4.2 Increased Consumption of Convenience Foods 221
    4.3 White Power, White Goods and Demand Sharing 223
5. Inequity of Access 227
6. Summary 232

CHAPTER SEVEN
THE COLLISION OF TWO WORLDS – CULTURE, TRADITIONAL KNOWLEDGE AND FOOD 235
1. Cultural Lens 236
2. Historical Influence Guiding Food Choice 240
3. Dietary Westernisation, Acculturation and Displacement 246
    3.1 Knowledge Loss 255
    3.2 Domination of Food Patterns, Knowledge and Identity 257
    3.3 Oppositional Culture 260
4. Owning the Trend: Bush Food 261
    4.1 A Demonstration of Two Worlds 266
5. Summary 270

CHAPTER EIGHT
CONTESTED GROUND: THE DOMINANT HEALTH PARADIGM 272
1. Medicalisation and the Dominant Health Paradigm 273
2. The Individual Health versus Population Health Approach 278
3. Health Inequalities and Victim Blaming 282
    3.1 Health Disparities and Social Organisation 286
    3.2 Inequalities of Class and Race 290
    3.3 Literacy and Successful Communication 296
4. Remoteness and Health Services 300
5. Knowledge and Power 303
6. Compliance and Non-Compliance Issues 307
7. The Way Forward 311
    7.1 A Population Health Approach in Nutrition 312
    7.2 Learning from Communities 313

7.3 Addressing Disparities in Resourcing 316
7.4 Addressing Self Awareness and Communication 317
8. Summary 318
CHAPTER NINE
DOMINANT IDEOLOGY AND THE NUTRITIONIST 320
1. A Shift: Development of Nutritionists for the Remote Context 321
1.1 Professional Association Focus on Aboriginal Nutrition 322
1.2 Cultural Competence 324
1.3 Deficits in the Research Paradigm Surrounding Nutrition 327
1.4 Worth and Success of Nutritionists 329
2. Alternate Approaches 331
2.1 Communicating, Negotiating and Understanding Partnerships 333
2.2 The Un-Learning Journey: Leaving the Textbook Behind 335
2.3 The Failure of Contemporary Imposition 337
3. Perpetuation of Colonial Power 339
3.1 The Value of Knowledge 342
3.2 White Nutritionists as Advocates for Change 345
4. The Strains of Remote Area Nutrition 346
4.1 Support for the Nutritionist on the Ground 350
5. Taking the Reins: Aboriginal Career Pathways 351
5.1 Historical Nutrition Education of Aboriginal Health Workers 352
5.2 Education Privileging 355
5.3 Career Pathways 357
6. Summary 360
CHAPTER 10
HUNGER FOR JUSTICE: RETHINKING POWER AND REPRESENTATION IN NUTRITION 361
1. The Research Questions 363
2. Changing the Legacy of History 366
3. Strengths and Limitations of the Research 367
4. Recommendations for the Government Resolution of Injustice 369
4.1 The Real Closing of the Gap 371
4.2 Politicisation of Nutrition 372
4.2.1 Transformed Approach in Stores 373
5. Implications for the Academy: The Study of Nutrition and Dietetics 375
5.1 Research 377
6. Rethinking Practice: The Nutritionist 378
6.1 Seeing from the Other's Perspective 380
7. Define, Build and Promote an Aboriginal Workforce 381
8. Hunger for Justice 382
9. Summary 384

REFERENCES 387

Appendix One 418
  Brief Description of Participants 418
Appendix Two 424
  Open Ended Interview Guide 424

LIST OF TABLES

Table 1:	Timeline of Significant Events in the Northern Territory	Page 12
Table 2:	Adaptation of Fairclough's Discourse Analysis	Page 75
Table 3:	Background of participants	Page 89
Table 4:	Adaptation of Critical Discourse Analysis from van Dijk 2001	Page 103
Table 5:	Example of Critical Discourse Analysis performed in this research	Page 105

LIST OF FIGURES

Figure 1:	Map of the Northern Territory	Page 79
Figure 2:	Map of Australia Indicating the Distribution of the Aboriginal and Torres Strait Islander Population	Page 82
Figure 3:	Map showing Discrete Australian Aboriginal and Torres Strait Islander Communities	Page 83
Figure 4:	Socio-economic Disadvantage Across Regions	Page 84
Figure 5:	A Diagrammatic Representation of the Participants	Page 88
Figure 6:	Float in the 1967 May Day Procession	Page 160
Figure 7:	Bark Petition	Page 161
Figure 8:	Herbert McClintock drawing from *Common Cause*, the Journal of the Miners Federation of Australia	Page 162
Figure 9:	Kevin Rudd, Apology to the Stolen Generation	Page 176
Figure 10:	Schematic Overview of Chapter Structure	Page 185
Figure 11:	Early Community Store	Page 189
Figure 12:	Fridges of Soft Drink in Remote Community Store	Page 217
Figure 13:	Picture of Foods in the Market Basket Survey	Page 230
Figure 14:	Photo of Mural Outside Alice Springs Supermarket	Page 270
Figure 15 :	Swags Above the Office Desk of a Remote Nutritionist in Alice Springs	Page 349

Table 1: Timeline of Significant Events in the Northern Territory and Australia

1588	Macassan praus sail to the north eastern coast of the Northern Territory. Trade between Aboriginal people and the Macassans continues until it is stopped by the South Australian Government in 1906.
1824	British government orders that a settlement be established at Fort Dundas on Melville Island; Tiwi resistance forces it to be abandoned.
1831	Other settlements were established at nearby Port Essington and Raffles Bay.
1849	The Port Essington settlement closes.
1860	John McDougall Stuart sets out to explore from Adelaide through Alice Springs to the future site of Palmerston (later called Darwin).
1863	The Northern Territory was annexed by South Australia.
1864	250,000 acres of land in the Northern Territory (belonging to Aboriginal people) is sold at auctions in Adelaide and London.
1870	The construction of the overland telegraph line commences.
1872	Applications lodged for leases which became Undoolya Station. Conflict between Aboriginal people and pastoralists in Central Australia over land and access to water lead to many deaths in the following two decades - an estimated 1000 Aboriginal people were killed in this period.
1877	Hermannsburg mission was established.
1882	The Austrian Jesuits from Sevenhill in the Clare Valley in South Australia set up a mission for Aboriginal people in 1882 near Rapid Creek in Darwin.
1885	European discovery of Daly River was by Boyle Finniss in 1865, the first Premier of South Australia and Government Resident in the Northern Territory. The region lay untouched by Europeans until 1882 when copper was discovered. Daly River town was the scene of some particularly bloody exchanges between local Aboriginal people and the miners. In 1884 three miners were killed. The miners in the town wreaked vengeance on the local Aboriginal people, which was out of proportion to the perceived crime. A year later, probably aware of the tensions in the area, the Roman Catholics established a mission in the town.
1908	The first church mission in Arnhem Land was opened at Roper River and run by the Anglican Church.
1910	The *Northern Territory Aboriginals Act* 1910 was introduced. The Northern Territory Aboriginals Department was established with responsibility for the control and welfare of Aboriginal people and to provide custody, maintenance and education of the children.

The Act applied to all those defined as 'Aboriginal', including those of mixed decent. It made provision for the establishments of Reserves, to which those subject to the Act could be removed. The Chief Protector became the legal guardian of all Aboriginal children. The Act also regulated relationships between Aboriginal and non-Aboriginal people and conditions of employment.

1911 The Commonwealth Government assumed control of the Northern Territory. The *Aboriginal Ordinance* was introduced in 1911, which incorporated the *Northern Territory Aboriginals Act* 1910. This heralded authoritarian control over Aboriginal people and gave the Chief Protector the power to take any Aboriginal person into custody.

1914 The Bungalow was established in Alice Springs.

1916 The first Methodist missionaries arrive and run a mission on Goulbourn Island.

1918 Introduction of the *Aboriginal Ordinance* 1918 which replaced previous legislation. This made provision for declaration of institutions for Aboriginal children (including those of mixed decent) and for further regulation of employment. The Ordinance made it an offence to supply an Aboriginal person with alcohol.

1922 A Methodist Mission was established at Milingimbi.

1928 The Conniston massacre took place with whites admitting to killing Aboriginal people after a white dingo trapper was killed.

1931 The Commonwealth Government pronounces Arnhem Land to be Aboriginal reserve land.

1934 A Methodist mission was established at Yirrkala. In the same year, an Anangu man was shot near Mutitjulu waterhole resulting in many Anangu people leaving the area.

1935 Little Flower Mission was established in the Catholic Presbytery in Alice Springs.

1937 The Aboriginal Reserve at Jay Creek Central Australia was gazetted.

1940 Roper River was declared part of the Arnhem Land reserve.

1941 A Methodist mission was established on Croker Island.

1942 A Methodist mission was established on Elcho Island.

The Bungalow closed and children were evacuated. The Alice Springs Aboriginal Reserve became a Native Labour Camp and a catholic Mission moved to Arltunga.

1943 Areas prohibited to Aboriginal people were redefined as land within a five mile radius of Alice Springs Post Office but excluding Alice Springs Aboriginal Reserve.

1945 The Bungalow was re-established at the Alice Springs Aboriginal Reserve.

1953 The 1953 *Welfare Ordinance* was introduced. People of mixed decent were no longer defined as Aboriginal. However, almost all other Aboriginal people in the Northern Territory were defined as 'wards' and therefore subject to this Ordinance. A catholic Mission moved to the present site of Santa Teresa Mission.

1957 The *Welfare Ordinance* came into operation with the publication of the Register of Wards.

1960 The Bungalow closed and its occupants were re-located to the newly established Amoonguna, a government settlement.

1961 The 1961 *Welfare Ordinance* was introduced and extended the definition of ward to include any Aboriginal person. It also prevented Aboriginal people from entering or leaving the Northern Territory.

1963 A bark petition against mining on the Gove Peninsula was drawn up by senior men of the affected clans. The petition was presented to the Governor General and it was signed by more senior clan members. The Federal Parliament failed to recognise the Aboriginal political structure and rejects the petition because of insufficient signatures.

1964 The *Welfare Ordinance* was repealed. This meant the end of prohibited areas and restrictions on consumption of alcohol.

1966 Aboriginal people were awarded equal pay. In the Northern Territory this was deferred for three years on the grounds of the potential hardship for employers. This resulted in the most notorious and famed walk-off, the 1966 walk-off of the Gurindji people at Wave Hill.

1967 The 1967 referendum gathered support for the legal rights and citizenship of Aboriginal people. A resounding 'yes' in the Federal referendum gave the Commonwealth Government responsibility for Aboriginal affairs throughout Australia and allowed the inclusion of Aboriginal people in future censuses. It ultimately led to policy change from assimilation to self determination.

1968 The Aboriginal community of Yirrkala, brought action against Nabalco Pty Ltd and the Commonwealth Government. The action sought to prove the *Doctrine of Communal Native Title*, that leases granted under the legislation were invalid and the company's operation unlawful.

The implementation of the judgement of the Commonwealth Conciliation and Arbitration Commission meant the introduction of equal pay for Aboriginal men working in the pastoral industry.

A permanent settlement at Docker River was established in 1968 to relieve pressure on the Warburton settlement.

1971 The Larrakia people held a 'sit-in' at Bagot Road Darwin, as a protest of the theft of their land.

Gumatj Elders Millrrpum and others take on Nabalco Pty Ltd and the Federal Government in the Gove Land Rights Case following on from the bark petition. The Northern Territory Supreme Court ruled that Aboriginal people did not, under Australian law, own the Arnhem Land reserve. This meant Nabalco could mine the land.

1972 The first legal recognition of town camps. This marked the beginning of the current legal situation of town camps and the end of an unsuccessful 50 years of attempts by non-Aboriginal authorities to eradicate people camping in and around town.

1973 Commonwealth Government announced the *Self Management Policy.*

1974 The second report of the *Aboriginal Land Rights Commission* (the Woodward Commission) was released. Recommendations included that Aboriginal people should be able to claim areas in town on the basis of need.

1977 Limited self government was granted to the Northern Territory.

1976 The *Northern Territory Land Rights Act* was introduced which allowed for transfer of reserves to Aboriginal trusts and for traditional owners to claim unalienated Crown land. This act leads to the establishment of land council structures. Unlike the earlier Bill, the Act did not include land claims on the basis of need, or claims within town boundaries.

1984 Prime Minister Bob Hawke announced the removal of Aboriginal Peoples' limited right to say 'yes or no' to mining on Aboriginal land.

1985 Uluru was handed back to the Traditional Owners.

1987 Joint land councils from the Northern Territory went to Parliament House Canberra to protest against the proposed changes to the *Aboriginal Land Rights Act* of the Northern Territory.

1992 The Mabo decision in the High Court recognised native title.

1993 The High Court overturned the notion of terra nullius (that the Australian land belonged to no one when Europeans arrived in 1788). As a result, the Federal Parliament passed the *Native Title Act.*

1996 The Jawoyn people in the Katherine region on the Northern Territory signed on to the largest single commercial deal in Australian history involving Aboriginal interests. The signing was a major expansion of Aboriginal involvement in the Pegasus Mt Todd Gold Mine.

1997	The *Bringing Them Home* report was launched, demonstrating in detail the suffering of the Stolen Generations.
2000	More than a million Australians walked across capital city bridges to show their support for reconciliation.
2001	*Reconciliation Australia* was set up as an independent, not-for-profit organisation to encourage and support Australians to take steps in reconciliation.
2002	The Howard government called for an inquiry into the Aboriginal and Torres Strait Islander Commission (ATSIC).
2004	ATSIC was abolished as a result of the above inquiry, resulting in mainstreaming of Aboriginal and Torres Strait Islander services and the establishment of the National Indigenous Council.
2006	Prime Minister John Howard and Professor Mick Dodson, of Reconciliation Australia, launched the Reconciliation Action Plan program.
2007	Prime Minister John Howard and Indigenous Affairs Minister Mal Brough announced a dramatic intervention into Northern Territory Aboriginal communities in response to the findings of the *Little Children are Sacred* Report.
2008	Prime Minister Kevin Rudd made a formal apology to the Stolen Generation in the House of Representatives.

Ref: Adapted from Black Words (2009 online), Central Land Council (2009), Director of National Parks (2009), Djandilnga and Barlow (1997), Reconciliation Australia (2009) and Share Our Pride (2009).

CHAPTER ONE

THE DIETARY COLONISATION OF ABORIGINAL PEOPLE IN THE NORTHERN TERRITORY

Not everyone is a nutritionist, but anyone can be a nutrition activist

Roy Price (2006: pers comm.).

This research is an exploration of contemporary postcolonial nutrition in remote Northern Territory Aboriginal[1] communities. It is an interpretive inquiry that seeks firstly, to understand Aboriginal nutrition in an historical, political and cultural framework and secondly, to examine the relationship between culture, knowledge and power in order to offer an alternative view that will be effective in informing novel solutions to reducing nutritional inequalities. I explore the history of postcolonial Northern Territory and illustrate how colonial influences have perpetuated continuing marginalisation and disease and how food and nutrition became central to greater agendas of power and dominance.

In this inquiry I, as nutritionist and nutrition educator, was a participant-observer along with 28 other participants, both Aboriginal and non-Aboriginal, working toward improving nutrition for Aboriginal people. I

[1] Here I adopt the term Aboriginal because the majority of the Aboriginal and Torres Strait Islander population in the Northern Territory are Aboriginal with the much smaller proportion being Torres Strait Islander. The term is used in this research to refer specifically to Aboriginal people in the Northern Territory. Torres Strait Islanders are a distinct group with a different history and specific nutrition and health issues that deserve and require a dedicated focus that is beyond the scope of this research.

critically analyse participants' discourse, knowledge and opinions on the causes and consequences of past and current policies and practices, troubling and negotiating their meanings. Subsequent chapters interweave participant voices as they relate their stories and experiences of past and current influences, leading to recommendations for improvements. The research deconstructs and reframes postcolonial nutrition.

Postcolonial nutrition is a complex phenomenon that has been masked by a largely bio-medical approach to nutrition, sustained by structural and institutional control (World Health Organisation 2007). This study asks how controlling and binding categories have been constructed and proposes that the revelation of hidden meanings, conflicts, associations and differences can be mobilised to bring about change.

1. Foundation and Justification for the Research

1.1 Scarcity of Nutritional Information

The research is a response to the limited amount of evidence available to examine socio-political and socio-cultural aspects of Aboriginal nutrition. To date research in the area of nutrition has primarily focused on clinical aspects and been viewed through the common biomedical lens (Perry 2002; Ditton 2004). What is largely missing from previous research and what requires more intensive examination and focus, is an interdisciplinary humanitarian approach that examines the situation through social justice, socio-cultural and

political perspectives. Such an approach is imperative to the examination privilege, power, poverty, race and knowledge and their contribution to the problem of Aboriginal nutrition (Connelly 2002).

Interdisciplinary public or population health perspectives have been limited, with only a small proportion of research being conducted within such wider social frameworks (Australian Research Council 2007). This study acknowledges that nutrition research needs to be conducted through a sociological lens and further engage with society (Lang 2005). Rowse (1998), Coombe (1978), Brady (1986), Devitt (1988), Reid (1982), Shannon (2002) and Brimblecombe (2007) are some of the few researchers who have used this different perspective, where Aboriginal nutrition and health related issues have been examined within the framework of historical, socio-political and socio-cultural aspects.

1.2 Postcolonial Legacy

The research seeks to raise questions that make the powerful feel uncomfortable and compel an examination of alternative ways of knowing, thinking and behaving with respect to the nutrition of Aboriginal Australians (Schostak & Schostak 2008). In the exploration of postcolonial nutrition the research unearths multiple and varied historical events, including dispossession, protectionism, assimilation and welfarism, thus problematising the history of nutrition for Aboriginal people within the broader context of the colonial encounter. It relates the historical legacy of

colonialism to nutritional outcomes we see today. Underpinning the approach is the aim to 'document the pervasiveness' of colonial conflict on food and nutrition (Morris 1992:72), and to deconstruct control, both political and cultural and articulate social tensions around nutrition in order to innovate and invigorate change.

By exploring how we got to where we are, I offer an historical account of the impact of colonialism on Aboriginal nutrition, which is an outcome of the research in itself (see Table 1). The research goes one step beyond the recounting of events and the painting of how things were leading up to this point in time; it embraces the 'urgent need to find preventative approaches and offer alternative policy interventions that will be effective in reducing nutritional inequalities' (Glover, Hetzel & Tennant 2004:7).

In its focus on postcolonial practices, the research is concerned with 'European Australians and our ways of knowing Aboriginal people' (Attwood & Arnold 1992:i). It challenges dominant discourses[2] and suggests possibilities for alternative approaches to nutrition education. The relationships between historical and contemporary power, knowledge and institutional structures, as they relate to nutrition are interrogated. This is undertaken with the aim of giving nutritionists an understanding of how their practice is being framed by socially dominant discourses. The research proposes that there are alternative or other 'well developed systems of knowledge, or epistemologies that stand in contrast to the dominant'

[2] Discourses include spoken word, texts, narratives, ways of speaking, symbols and sounds; they are constructions of truth and are never neutral (McConaghy, Tamatea, Bloomfield and Connelly 2007).

Eurocentric stance (Ladson-Billings 2003:399) and answers Bahri's call for more research on the cultural consequences of systems of domination, both historical and contemporary (Moore-Gilbert 1998). In effect, it encourages the possibility that there is more than one 'legitimate' way to view nutrition and nutrition education.

1.3 The Problem

The continual 'othering[3]' or 'positioning' of Aboriginal people originates from ethnocentric assumptions and the wider context of racism (Smith 2003:90). Smith (2003) states that rather than recognising that the positioning is a result of non-Aboriginal judgements and behaviours, it is more frequently interpreted or labelled as the 'Indigenous[4] problem' which continues to be a challenge for governments and institutions of all persuasions. It also represents an ongoing academic and political discourse that requires a much deeper level of understanding.

[3] In postcolonial theory the 'other' refers to the colonised, others who are marginalised by imperial discourse, identified by their difference and who become the focus of mastery by the dominant (Ashcroft, Griffiths and Tiffin 2006).

[4] The terms 'Aboriginal' and 'Indigenous' are colonial constructs (Purdon 2003). The terms 'Aboriginal' and 'non-Aboriginal' or 'Indigenous' and 'non-Indigenous' are used as binary opposites (Mohanram 1999). The term 'Aborigines', now considered inappropriate, is only adopted if used in quotations. The term 'Indigenous' has come to be seen by some as racist because it homogenises Indigenous people around the world. However, the word 'Indigenous' is used as a preference by some organisations and retains its acceptability in many forums. My preference is the use of Aboriginal and Torres Strait Islander as there is inherent recognition that the groups are culturally distinct and diverse.

The research concedes that white[5] nutritionists[6], educated within the Western paradigm, are poorly prepared to deliver nutrition promotion and education to Aboriginal people; particularly in remote contexts and that they are often frustrated by their inability to fulfil their assigned roles. Limitations in their own education and preparation, combined with the socio-political, geographic and economic realities of the situation in which they work, challenge their effectiveness. These nutritionists frequently fail to find relevant information that can ground their understanding in Aboriginal nutrition. There are no specific resources or texts that can adequately guide teaching of nutrition concepts when facing the lived reality of many remote Aboriginal people.

In summary, this research sets out to examine history, government policies and practices and illustrate how white power constructed the nutritional status and habits of Aboriginal people today. The research delves into what participants offer in their reflections and traces their thinking, drawing out learning's from their voices and offering these analysed understandings in the thesis as a new frame of reference that policy and decision makers could draw upon for future direction.

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[5] The term 'non-Indigenous' is used interchangeably with 'whites', 'Europeans' and 'non-Aboriginal'. The term 'white' is legitimately used not as a reference to skin colour but as a label to signify a study population of non-Aboriginal people (McGrath 1995: xxx).

[6] The term Nutritionists is used to describe people who have a qualification in Nutrition and/or Dietetics and who hold a specific 'nutritionist' position. It is not used as a generic term for all people involved in nutrition education and promotion.

This analysis opens up a new space for debate and seeks to challenge the accepted norms; it seeks to provide a new frame of reference and proposes some directions in light of reframing. This is a story of how food has been used by Australian colonialists, educators and administrators to control, assimilate, Europeanise and discriminate against Aboriginal people (Haebich 2000). This discrimination often presents as both overt and covert racism. In essence, it is a story of how social, political and economic processes have worked to the detriment of the Northern Territory Aboriginal population and how food has been, and continues to be used to maintain disadvantage.

It is proposed that any attempts to improve nutrition will not be effective until Aboriginal people are freed of coercive, discriminatory and racist influences. The intention is that the participants of the research, nutritionists, health educators, students and Aboriginal people, are not only the objects, but more importantly, the beneficiaries of the research (Ladson-Billings 2003).

2. My Position in the Research

From the late 1990s to the early twenty-first century, I worked as a nutrition educator at Batchelor Institute of Indigenous Tertiary Education (referred to herein as 'the Institute'). The Institute is an education centre for Aboriginal and Torres Strait Islander students from throughout Australia. It has been operating for over thirty years and has health education as a major focus.

My role involved teaching generalist Aboriginal Health Workers[7] and specialist Nutrition Health Workers seeking a career in nutrition or as an adjunct to other studies, such as teacher training. The varied ages, life experiences, backgrounds and education of the students made it readily apparent that traditional teaching methods, classroom activities and course content required creative adaptation.

The constraints of an essentially Western curriculum and a heightened awareness of being white within an Aboriginal organisation were extremely challenging both personally and professionally. The students brought to the classroom their individual and collective experiences, which identified histories and current lifestyles that were foreign to me. I grappled with the incongruence and contradictions between my own Western nutrition theory and practice and the validity of traditional knowledge of the same field. I struggled with how best to facilitate a meaningful and appropriate learning process with no formal adult education training or experience. My background was as a nutritionist and I quickly realised that I needed support and direction to be an effective teacher.

I was motivated to explore in depth my position and its link to the past and current experiences of the students. Simultaneously, I became less certain about the value of Western dominated education being thrust on these

[7] Aboriginal Health Workers contribute to the provision of acute clinical services and chronic disease management. They make a significant contribution to the improvement of health outcomes for Aboriginal people and are a registered health profession with the Aboriginal Health Worker Registration Board in the Northern Territory.

students, framed in Western context and marked by a heavy emphasis on English and with Western expectations of recall. In my experience this form of education ultimately failed to deliver expected outcomes in a remote Aboriginal context.

Smith (2003:198), a New Zealand Maori academic, posed the question; 'why do they always think by looking at us they will find the answers to our problems, why don't they look at themselves'? This question is significant to the context of this research and to remote nutrition work. As a white Australian I have been exposed to a strong diet of British and European history particularly that contained in numerous texts and curricula. I felt that in order to understand the experience of Aboriginal nutrition, I needed to critically analyse my own personal constructs and those of people around me.

Therefore, my aim in the research was to look at myself and other nutritionists and health educators in order to deconstruct our perspectives of nutrition. Barkan (2000:x) writes that 'our histories shape our identities'; with this and Smith's question in mind, I sought to expose the reality of histories and meanings hidden in our practice and to acknowledge that these histories and meanings always project particular assumptions and are rarely, if ever, neutral.

When seeking improvements in Aboriginal nutrition, it is my hypothesis that the barrier is not Aboriginal culture but rather a lack of understanding and recognition of how white Australia has affected Aboriginal culture and

nutrition practices. The research does not seek to portray Aboriginal people as passive helpless victims of white domination and oppression, despite the claim that white domination - which is never static, is ongoing and takes different forms (Morris 1994) - has been a constant feature in the lives of Aboriginal people since colonisation.

The research is based on my personal and professional concern for social justice and a desire for fair distribution of power and equal power relations in all aspects of nutrition. It is motivated by a belief that a more socially just society is healthy and desirable and that this can be achieved through a critical understanding of the current social and political context (Lang 2005).

2.1 Participant: Insider and Outsider

I am very much an insider in the research. I was initially immersed in Aboriginal nutrition issues as an employee of the Institute, which allowed ongoing participant observation. Later, I took on a different nutrition related role external to the Institute. This facilitated a shift of perspective to that more of an outside observer (Patton 1983). Currently I am involved in Aboriginal nutrition policy design, interpretation and implementation, which positions me again as a participant in a process that I am seeking to examine, as well as a beneficiary of the outcomes of the research.

Participant observation as an insider offered several advantages. Firstly, I was able to thoroughly understand the context in which the research was being conducted. Secondly, it facilitated an inductive approach allowing access to information that the participants may have been unwilling or unable to discuss with outsiders. Gaining information that would otherwise be unavailable to interviewers who were unknown to the participants, added significant value to the quantity and quality of the data collected.

Patton (1983:43) asserts that the researcher should ideally get close to the program 'through physical proximity for a period of time, as well as through the closeness in the social sense of intimacy and confidentiality'. As I had worked alongside the majority of the participants, I was provided with a degree of goodwill and familiarity in interviews, particularly with the white women nutritionists as they 'shared' my story.

3. Framing the Research

Originally I had intended to objectively search to find and hear students' and nutritionists' perspectives around the experience of Aboriginal adult nutrition education. At that time I had neither completely understood, nor appreciated, the extent of historical issues and their impact, nor had I fully contemplated the pressures underpinning Aboriginal experience and Aboriginal adult education. After significant reflection I developed an awareness that a focus on nutrition education could not be carried out without examination of the broader issues and complexities of politics in the lives and experiences of Aboriginal people. This was reinforced in the review of participant

transcripts, which in the first instance simply allowed the participants to be heard, but were later filtered with the intention of identifying and examining particular themes.

The research involved an investigation into the responses of two specific groups of participants and myself as participant researcher. The first group consisted of 11 Aboriginal and Torres Strait Islander adult tertiary students, who were enrolled in the Diploma or Advanced Diploma in Nutrition; while I was employed at Batchelor Institute. These courses were later amalgamated into a Bachelor level degree with no exit points. The majority of these students were from diverse communities in the Northern Territory and their relationships to these communities will be offered in Chapter Three.

Each shared their experiences and viewpoint related to nutrition and nutrition education from both individual and collective perspectives. Some had been Aboriginal Health Workers for many years and others were new to the field of health and nutrition and new to study. I documented the meanings they made of their nutrition education, nutrition knowledge and experience with nutrition interventions and subsequently analysed these meanings to articulate the contextual complexity they represented.

The second group of participants were known collectively as 'educators'; the term 'educator' refers to participants who provided nutrition instruction either in a formal or informal sense. This group numbered 17 and included nutritionists, nutrition lecturers, health lecturers and other health

professionals. The 'educators' were chosen because they were working, or had previously worked, in Aboriginal health or nutrition in the Northern Territory. One of the educators was Aboriginal; the others were white Australians.

In-depth interviews were conducted with all participants. The interviews involved a series of open ended questions inviting responses that tapped into the participants' history, education, lived experience and their suggestions for future changes and improvements in nutrition for Aboriginal people. In carrying out a project that had been influenced so significantly by historical events there was a danger that research questions may only invite opinion or recall of history. In order to elicit the educational aspects, questions inviting current individual experiences and perspective were necessary. Constructing questions to elicit the participants' experience and background demanded flexibility, to generate enriched data for interpretation

This thesis is structured so that the voices of the participants, historical documents and my own voice are synthesised and woven together, allowing all voices to form a rich narrative description. The participants provided varying accounts of nutritional experiences emerging from their different worldviews. One worldview arose from that of white middle class 'dominant knowledge' nutritionists and health educators and the other from Aboriginal students - the 'colonised'- who have both directly experienced or vicariously received largely Western orientated nutrition education. Both groups of participants were facing the complexities of negotiating difference in cultural space (Kocatepe 2005). The qualitative research method employed, needed to

provide a platform for contrasting conforming or non-conforming opinions and approaches.

In summary, the research is framed and defined theoretically by a postcolonial sociological context, contemporary politics and cultural nuances. It identifies themes in relation to dietary colonisation and contemporary nutrition education. Each stage of the analysis aims to explicate how history continues to impact upon nutrition, education, Aboriginal people and the attitudes of the modern nutritionist and health educator. The use of Critical Discourse Analysis (herein known as CDA) offered a means of revealing the constructs of postcolonialism and underpinning colonial European values, assumptions and knowledge represented in the views of the white nutrition educators and that of the Aboriginal nutrition students.

4. The Research Questions

The research is driven by three underlying questions:

1. How have postcolonial policies and practices constructed the circumstances evident in contemporary nutrition for Aboriginal people in the Northern Territory?
2. How have postcolonial policies and practices constructed the educational experience of nutritionists and nutrition students?

3. How can policies, practices and the lived experiences of participants inform and guide new directions in contemporary nutrition for Aboriginal people in the Northern Territory?

The research sets out to expose a case of significant social injustice shaped by ethical and political positions and stresses the 'socially constructed nature of reality' (Denzin & Lincoln 2003:13). It does this through the analysis of historical events and commentaries and juxtaposes these with the voices of participants, who represent those most affected by the events and policies. It also includes an examination of the education, role and preparedness of nutritionists in remote areas.

The thesis adheres to what Bruce (1994) calls the non-traditional format, deviating from the standard introduction, literature review, methodology, results and conclusion layout. The non-traditional layout has been used as a textual mechanism to assist participant voices to speak out clearly about social problems (Wildavsky 1987). These voices provide the themes, a link between postcolonial practice and recommendations for future nutrition strategies. They amplify the perspectives of both Aboriginal and non-Aboriginal nutritionists, health educators, students and health workers. They also bring different perspectives, different points of view and different angles of vision (Denzin & Lincoln 2003), confirming the case for the inclusion of difference.

The research is radical, suggesting a possible overthrow of dominant ways of thinking, knowing, believing and acting. What makes it radical is its political dimension. It focuses research on the political, cultural and social aspects of the problem without dividing them and refuses to be bound by particular disciplines. Rather it is an encompassing approach seeking a 'critical philosophical refocusing of research' inside the field of nutrition (Schostak & Schostak 2008:8).

5. An Introduction to the Theoretical Underpinnings

A sociological analysis of nutrition that has a bearing on Australian Aboriginal people - a less empowered, marginalised group who live within different social systems and hold unique sets of beliefs and values - necessitates an exploration into cultural, historical and structural factors (Germov 2005). These factors heavily influence food behaviour, consumption patterns and nutritional status (Broomhead, Whaleboat & Williams 1995). Creating hunger has the effect of discerning the politically weak from the politically strong (Whit 2004), with the less empowered invariably experiencing negative nutrition consequences (Devitt, Hall & Tsey 2001). This situation is clearly evident in the context of remote Australian Aboriginal communities, where many examples of inequality exist.

It has only been in more recent times that there has been a movement towards understanding the sociology of food and nutrition (Thomson 1982). This recognition emerged around twenty-five years ago and some believe that

postmodernism is responsible for this interest (Germov & Williams 2004), whereas others cite the neo-Marxist proposition as producing sociological change which resulted in people actually having access to food (Whit 2004). According to Marxist philosophy the factors that determine the nature of a society are the way material items are produced and distributed and who controls the economy of this production and distribution. In other words production and distribution ultimately determine who is powerful and who is powerless (Lupton & Najman 1995). The Marxist relationship outlines a structure where power exists with those who have control. Individual health is another reflection of the distribution of power in society (Davis & George 2001).

Hodge (1990) claimed that a poststructuralist approach, inclusive of discourse analysis, describes phenomena concerned with power and its maintenance. Poststructuralism involves an analysis and concern with processes and is one of the many sociological theories in social and cultural research. It sees the self and the social world as socially constructed through discourse. Poststructuralism emphasises the use of language as a form of social practice. It is interested in the analysis of cultural and ethnic differences and how they are recognised and negotiated. It uses written and spoken discourse as evidence of the ways individuals construct reality and examines this construction. Poststructural practices acknowledge the historical positioning of texts and knowledge and the ways in which these also construct reality.

Poststructuralism encompasses the intellectual developments of theorists such as Lacan, Derrida and Foucault and is one of the frameworks of thinking from which CDA emerges. The term poststructuralism encompasses a multiplicity of theories or methods of analysis that deny the validity of structuralism's method of binary opposition. It can be generally understood as a set of reactions against structuralism. Research within this framework seeks to illuminate the discourse that operates inside particular issues. The research draws from poststructuralism and pays attention to which discourses are included and excluded in the participants' voices, drawing attention to the rules governing who can speak and what can be spoken about.

McConaghy, Tamatea, Bloomfield and Connelly (2007) state that CDA cannot be undertaken without a strong theory as its foundation. In this case that theory is colonialism and subsequently, postcolonialism. These are briefly outlined below and more thoroughly investigated in Chapter Two.

5.1 Colonialism and Postcolonialism

Colonialism is one of the most prevailing lenses through which issues and problems relating to Aboriginal people can be understood. Colonialism was the structural framework imposed on Aboriginal communities from the beginning of white settlement. The term *colonialism* is used to describe the process of European settlement, or invasion as many now refer to it. It has been defined as 'the conquest and control of other people's land' (Loomba 2005). Kohn (2008) describes colonialism as a practice of domination which goes further than the taking of land and involves the domination of one

people over another. Colonialism also refers to a set of beliefs used to promote and legitimise the view that the colonising race is superior to the colonised.

Postcolonialism refers to a set of theories beyond colonialism that grapple with the legacy of colonial rule. Postcolonial theory investigates the history of colonial practices and seeks to explain them in relation to contemporary practice (Quayson 2000). It examines the impact and continuing legacy of European conquest, colonisation and domination of non-European lands, people and cultures. Part of this process is the critical analysis of the discourses colonisers constructed around the colonised, such as representation of and perpetuating negative stereotypes of Aboriginal people and cultures and how those stereotypes negatively affect those stereotyped. Burnett (2002:1) contends that postcolonial discourse:

> …implies notions of power differential between speakers and the spoken about. Analysing postcolonial discourse also involves examining the maintenance of differential power relations, that is, the technologies of governance to maintain hierarchical positions of dominance and subjugation between coloniser and colonised.

Spivak (1990) describes postcolonialism as a deconstructive philosophical position which critiques hegemonic practice. This form of postcolonial analysis employs a poststructuralist lens, troubles practices and identities in an effort to mobilise alternative viewpoints, thus allowing for a wide ranging critique and investigation into power relations in the context of remote Northern Territory nutrition.

5.2 Research Method: Critical Discourse Analysis

The inherent aim of CDA is social transformation, it reveals issues of power and helps us understand how privilege is created and maintained. It views 'social order and social processes as constituted and sustained less by the will of the individuals than by the pervasiveness of particular constructions or versions of reality' (Locke 2004:1). It views power in society as an inevitable effect of privilege and status of some people over others (Locke 2004).

According to Fairclough (1989:20), CDA 'is an interdisciplinary approach to the study of discourse which views language as a form of social practice'. Fairclough (1992) defines discourse as a practice of signifying and constructing meaning in the world. It focuses on the ways social and political domination is reproduced in text and talk and locates meaning within historical and social contexts. CDA is characterised as critical because it considers the social effects of meanings and the contestation of these meanings. Locke (2004) outlines Fairclough's advocacy for a focus on three dimensions - the discourses manifested in linguistic terms, a social practice that is ideological, political and other and the third which focuses on socially constructed processes of production, consumption and distribution.

Janks (1997) writes that all social practices are tied to specific historical contexts and are the means by which social relations are contested or reproduced. CDA exposes 'multiple perspectives of individuals voicing their demands' for the 'kinds of actions that can be developed to bring change'

(Schostak & Schostak 2008:12). CDA can be conducted and written within critical theory, poststructuralism frameworks and approaches that mediate both.

This form of analysis was employed in the research as a means of explaining how participants used narrative as a tool for positioning themselves and as a means for resolving and expanding meaning. The intention is to problematise the perspectives of the participants so that they no longer remain an unacknowledged voice from which all else is configured. The research asks nutritionists (myself included) and health educators to realise and examine their unacknowledged shortcomings, agendas or motivations as well as those of others; to ask questions about their privileged positions and to consider the impact these have on their practice. Ladson-Billings (2003:416) writes that 'by objectifying the subjectivities of the researched, by assuming authority and by not questioning their own privileged positions', researchers have acted as colonisers of the researched.

6. Hearing the Voices

The research presented information from three different perspectives. The first emerged in the stories and lived experiences of Aboriginal Health Workers and students. Secondly, the research offered perspectives drawn biographically from the stories and lived experiences of nutritionists and health educators in the Northern Territory. The third was autobiographical, as I presented how I was positioned in respect to the research - as a white

female nutritionist who does not claim to speak for Aboriginal people. However, I did speak reflexively through the examination of my own practice and that of other middle class[8] white nutritionists.

Recurring themes from the participants guided and identified additional issues and discussions that permeated the research. Particular discourses embedded within the historical analysis justified further analysis. The analysis of each discourse explained a situation of differential privilege in practice, policy, education and governance. It also illustrated the precariousness of the nutritionists' presence, despite their strong desire to effect positive change.

Participant voices revealed several major discourses including power, constructing and historicising knowledge authenticity and value and social justice. These discourses are inclusive of the concepts that McConaghy (2000) calls culturalism; encompassing pastoralism, welfarism, assimilationism and cultural relativism. The emerging discourses were examined in order to offer future direction to nutrition education and the promotion of effective culturally responsive strategies for Aboriginal nutrition.

Luke (2007) states that it is important to generate a place to critique dominant discourses and to allow voices that have historically been silenced to be heard. Likewise Attwood and Arnold (1992) ask that Aboriginal people no

[8] The culture of the middle class in Australia is predominantly a reference to the educated whites.

longer be silenced or displaced by European colonialist discourse. Traditionally, voices of Aboriginal nutrition students and health workers have been actively discouraged and unheard. Voices that have been neither silenced nor encouraged are those of the nutritionists and health educators. They, too, have been largely unheard. The research offered an historical 'tracing of suppressed dialogue and reconstructs what has been suppressed' (Habermas 1972 cited in Gandhi 1998:53). It is only through such a reconstruction that a much deeper level of understanding can emerge.

7. Structure of the Research Presentation

The presentation of the research report required a layout consistent with its radical nature and the thematic development of the research, exploring the postcolonial, socio-cultural and socio-political dimensions of Aboriginal nutrition. Throughout each chapter the threads of evidence and sequential order emerge to form a compelling case for understanding and acknowledging past wrongs and setting a new path for improved nutrition for Aboriginal people. Each chapter explores a specific historical or contemporary context as 'the means by which existing social relations are reproduced or contested and different interests are served' (Janks 1999:49). The structure and outcomes of the research are presented in the following chapters.

Chapter One introduces the research questions and the theoretical underpinnings, it discusses issues in relation to the limitations of previously conducted research and introduces the rationale for rethinking practice in the field of nutrition in the Northern Territory.

Chapter Two describes the theoretical frameworks within which the thesis is constructed. Chapter Three outlines the methodological and ethical considerations of the research and its design. It explains the research activities and the sources of participant voices - how they have been brought forward and how they link to relevant events, policy and practice in nutrition (Murcott 2004).

Chapter Four introduces the story of invasion of the Northern Territory, detailing how food distribution and access were used as colonising strategies. It provides insights into postcolonial practices such as the removal of people into missionary or government settlements. Moreover, it describes the practices surrounding dining halls, rationing and at the extreme, genocide, as being sites of contested power.

Chapter Five provides an historic account inclusive of post Second World War colonisation. It offers recent accounts of reconciliation, the Apology and the Northern Territory Intervention and outlines the effect of these on contemporary nutrition practice and education. Chapter Six describes the ongoing postcolonial rationing processes through descriptions of remoteness, community stores and the commodification of food.

Chapter Seven examines food and nutrition as a socio-cultural issue and explores areas of Aboriginal difference, traditional[9] food and food knowledge. Chapter Eight describes a multidimensional view of health and raises the issue of the medicalisation of food and nutrition. Chapter Nine focuses on the role, function and education of the nutritionist.

Chapters Six to Nine, present an analysis of the major discourses revealed through participants' commentary on the areas under discussion. They examine food and nutrition within a framework of social justice and human rights and conclude with a description of how discourses that express power or the lack of power, produce particular meanings and implications for the field of nutrition.

The final chapter, Chapter Ten, reflects on the research journey and draws together the many themes, ideas and discourses raised throughout the research and offer for contemplation the research findings.

[9] The distinction between traditional and modern has led to much debate. Some prefer the term 'bush foods'. Both traditional and bush are used here.

CHAPTER TWO

THEORETICAL CONSTRUCTS

The master's tools will never dismantle the master's house

Audre Lorde (1979).

This chapter locates the research theoretically. It presents the theory used to examine the social constructs of racism, colonisation, power and knowledge in relation to nutrition as evident in the lives of Aboriginal people in the Northern Territory from the mid 1800s to the present day. The analysis centres on the theory of postcolonialism. I explore what is meant by the term postcolonial and related phrases and demonstrate how this theoretical framework is applied to the research and how it is adopted to define and frame the inquiry. This exploration includes the theoretical trajectories of colonialism and whiteness. Theoretical underpinnings support the argument that the concepts of domination, social powerlessness and acculturation are all implicated in the present nutritional status of Aboriginal people (O'Brien 2000). This chapter seeks to uncover how the ideas evident in postcolonial nutrition were produced and propagated. It will demonstrate that nutrition for Aboriginal people cannot be quarantined from issues of colonialism, power and marginalisation.

1. Theoretical Framework

Overlaying a sociological inquiry on Aboriginal nutrition represents a retreat from the clinical approach most frequently taken in previous research (Coates, Gray & Hetherington 2006). Historically, research of a scientific and clinical nature conducted on and with Aboriginal people was foreign, degrading and lacked an overt agenda to benefit Aboriginal people (Weijer, Goldsand & Emanuel 1999). Such research rarely translated into any improvements in nutrition (Giles, Malin & Hardy 2006).

This research presents as an historical sociology, in that it contextualises the ongoing impact of previously enacted colonial practices (Neill 2002). It then goes on to examine symbolic structures, categories of people, actions and their interactions inside a theoretical framework that draws on postcolonial theory to generate a deeper understanding of and the implications for contemporary Aboriginal nutrition. The research offers a new way of 'seeing' pre-existing problems and it unveils a story with multiple perspectives. The story of Aboriginal nutrition is explored through the lens of nutritionists, other health practitioners and Aboriginal students in the field of nutrition. It is located within an interpretative paradigm, with the goal of studying meaningful social actions from the participant's perspective as well as from my own perspective as a practitioner in the field (Neuman 2000).

Questions are drawn out that attempt to dissolve the puzzle of postcolonial nutrition and call forth the power of individuals to create a community and engage with each other to enrich the field of nutrition (Schostak & Schostak 2008). Acknowledgement and recognition of sociological issues have been slow to develop and yet it is this that may be the key element in truly engaging with Aboriginal people in the attempt to address not only deficits in nutrition but many other health and social issues.

1.1 Colonialism

Colonialism was the structural framework imposed on Aboriginal communities from the beginning of white settlement. It is one of the most prevailing lenses through which problems and issues relating to Aboriginal people can be understood, therefore it requires further explanation (Connelly 2008). The concept of colonialism is used to describe the process of European settlement, or invasion, as many now refer to it, and political control over parts of the world. It is a practice of domination which involves the subjugation of one people by another (Kohn 2008). It draws legitimacy from anthropological theories that portray colonised people as inferior or child like, as incapable of looking after themselves (Young 2003). It also appropriates a set of beliefs used to legitimise or promote colonisers as superior to those they colonise (Goldberg 2002).

Thus colonialism is simultaneously a set of material practices and a legitimising conceptual framework, which collectively serves the interests of the dominant group. Ashcroft, Griffiths and Tiffin (2006:8) believe that the life of the colonised was 'constructed by' or 'metaphorically written by' colonialism and involved the exclusion of non-whites on the basis of difference 'from the white norm' (Davies 2002:272). Colonialism has been described by Ashcroft, Griffiths and Tiffin (2006) as a state sanctioned social practice in which both people and places are exploited. Likewise, Burton (1995) affirms that colonialism was all about exploitation and there is widespread agreement among postcolonial scholars that it is the dominant group which is served by this exploitation.

Colonialism and the colonial encounter, involve a wide range of practices, including 'negotiation, warfare, genocide, enslavement and rebellion' (Loomba 1998:2). All of these Fanon (1965) argues inflict political, psychological and moral damage upon those that are colonised. Similarly, Gandhi (1998:15) states that colonialism enacts violence by 'instituting enduring hierarchies of subjects and knowledge's – the colonisers and the colonised … the civilised and the primitive'. Colonial rule was therefore an attempt 'to legitimate and normalise' these 'acts of colonial violence' (Young 2003:123). Further, Hallward (2001:xv) writes that colonialism is a 'product of military conquest, massacres and dispossession, forced labour and cultural repression'.

Willis (2005) and Gandhi (1998:5) describe the colonial encounter as one which 'narrates multiple stories of contestation' and domination. One of the key features of this domination is that it is a process excluding consent or agreement by the colonised thus operates through what the poststructuralist identify as notions of power (Loomba 1998). Colonialism and its aftermath involve a 'clash of cultures' (Davies 2002:279), locking the colonised and the colonisers into a complex and traumatic relationship (Loomba 1998). Loomba (1998) draws on Althusser (1977) to explain how an ideological apparatus assists in the reproduction of this dominance. These apparatus include schools and other educational institutions, the church, media and political systems, which reproduce dominance by way of 'creating subjects who are ideologically conditioned to accept the values of the system' (Loomba 1998:33).

Colonialism in Australia had common features to colonialism elsewhere and involved patterns of domination, including repression and coercion (Loomba 1998; Gandhi 1998) with a colonial construction of the colonised, in Australia's case the Aboriginal people, as other[10] (Davies 2002). Davies (2002) writes that the oppositional nature of colonialism is clearly illustrated in the Australian context where there was an attempt to kill or breed Aboriginal people out of existence. These practices were seen as part of the process of forming a new community and relied on the dismantling of the communities that already existed (Loomba 1998). McConaghy (1998:3) writes specifically about Australian colonialism and claims that it consists of 'practices which are

[10] In postcolonial theory, the 'other' refers to the colonised others who are marginalised by the imperial discourse, identified by their difference from the centre and become the focus of anticipated mastery by the imperial ego (Wyrick 2007: online).

violent on many levels, including the physical, the psychic, the symbolic and the epistemic'. Coopes (2007:iii) maintains that these practices continue:

> scientific racism, institutional racism, structural violence and cultural violence … remain embedded in the fabric of Australian society and continues to influence not only the daily lives, but also the long term life chances of Aboriginal people.

As a sociological theory colonialism offers a way of understanding the divide between Australian Aboriginal and non-Aboriginal people and signifies a continuing set of practices that prescribe relations between Aboriginal and non-Aboriginal people (Paolini 1999). Trudgett (2009) advocates that there be understanding and acknowledgement of colonialism and its legacies in the Australian context, the most significant consequence of which was the dispossession of Aboriginal people. She cites a lack of educational opportunities as being another of the greatest legacies of colonialism. Whatever form it took, it is clear that colonialism 'changed the social structures, political and economic systems and cultural norms' of the colonised (Willis 2005:20), devalued other languages and cultures and enabled colonial language to become more powerful (Young 2003).

Loomba's recent work offers further explanation; 'colonialism is best understood by not trying to pin it down to a single semantic meaning but by relating its meaning to historical processes' (2005:10). This is the approach taken here. It will be demonstrated how Aboriginal knowledge and practice have been marginalised by Eurocentrism (Woods 1998). The privilege conferred to European knowledge is salient in contemporary nutrition

practices in the Northern Territory where privileges of colonialism have endured and been further moulded by postcolonial influences.

1.2 Postcolonialism

Postcolonialism, sometimes referred to as postcolonial theory, emerged in the 1970s and is associated with postmodernism and poststructuralism. Postcolonialism and postmodernism have in common the analysis of the way 'power is exercised through discourse and cultural representation, the emphasis upon subjectivity as complex, constructed and contradictory and the process by which subject and object … are mutually constitutive' (Davies 2002:279). Postcolonial theory also draws from areas of research such as psychoanalysis, cultural studies, feminism and Marxism.

Moore-Gilbert (1998) cites postcolonialism as resting heavily on the work of the poststructuralists Derrida, Lacan and Foucault and more recently Said, Spivak and Bhabha. These theorists drew attention to structures and discourses of power and knowledge, claiming they construct colonisation, race and institutionalisation. Poststructuralist approaches to history suggest that the lives of oppressed people can only be uncovered by insisting that there are multiple histories rather than one history (Loomba 1998). Poststructuralism took 'culture beyond the limitations of the structures through the realisation of heterogeneity, fragmentation, discontinuity, multiple conflicting and contested meanings and values (Swinburne Information Exchange 2009).

Postcolonialism holds as a central tenet the inequities generated by capitalist patriarchies in various eras of globalisation (Grewal & Kaplan 2007). It is an examination of the impact and continuing legacy of European conquest, colonisation and domination. It subscribes to the view that colonialism does not really end, that the 'effects of colonialism' are enduring, both for the colonised and the colonisers (Davies 2002:274). It seeks to 'problematise the cultural interactions between the colonised and the colonisers from the moment of colonisation onwards' (Ahluwalia 2002:196). Mongia (1996) contends that postcolonialism relates to a methodological revisionism rather than to a simple periodisation which enables an extensive critique of Western structures of knowledge and power.

Kowal (2006) offers another reading of postcolonialism suggesting that it emerged as a radical way of interpreting the contemporary world, a theoretical stance 'that takes colonialism as a lens through which to analyse the contemporary world' (Kowal 2006b:66-67). However it is viewed, postcolonialism seeks to uncover the damaging effects of colonisation on the colonised and encompasses the range of responses to colonialism. It seeks to reveal and dispel the zones of privilege which largely exclude Aboriginal people.

The terms and the meanings attached to 'post-colonial' and 'postcolonial' are much contested and thus have been the subject of ongoing debate within academia. The hyphenated version is used frequently and is defined as a 'decisive marker of the decolonising process' (Gandhi 1998:3). The unhyphenated version is defined as relating to or being the time following

the establishment a colony. Bahri (2006) suggests that the unhyphenated term is used to signify a position against imperialism and Eurocentrism. Paolini (1999) and Gandhi (1998:3) see it as being more 'sensitive to the long history of colonial consequences' and by definition being more reflexive. Smith (2003) is averse to the hyphenated term, viewing it as an intellectual concept which serves to reinforce Western power and its domination. Smith (2003) and Shohat (1992) argue that the hyphened punctuation indicates that colonialism is over, as if the acts of oppression are in the past. Loomba (1998) agrees and asserts that the inequalities of colonial rule have not been erased and therefore the past does not proclaim the end of colonialism but indicates the supplanting of colonialism.

The unhyphenated term according to Loomba (1998:12) refers to a process of disengagement from the colonial syndrome; it is the 'contestation of colonial domination and the legacies of colonialism'. Similarly, de Alva suggests postcoloniality is more aligned with poststructuralism than with its dependence on antecedent colonial conditions (Loomba 1998). Postcolonial therefore refers to both a time and theoretical perspective (Kowal 2006b). For the above reasons and to be consistent with the writings of other recent Australian researchers, such as McConaghy (2000), Connelly (2002), Burnett (2002) and Kowal (2006b), the research has adopted the theoretical framework of 'postcolonialism' and the unhyphenated term is used forthwith.

Central to the aims of postcolonialism is the desire for autonomy by and for those who have been controlled. It addresses the effects of colonialism by exploring the philosophical, political, economic and socio-cultural consequences of colonialism (Hickling-Hudson, Matthews & Woods 2004). Hickling-Hudson, Matthew and Woods (2004:3) write:

> The pervasive theme of postcolonial theory is that societies and knowledges have been so thoroughly worked over by colonialism that we cannot assume that colonialism is over, only that colonial relationships continue to order and reorder the cultural and economic hierarchies of knowledge.

Davies (2002) also draws attention to an indelible link between colonialism and postcolonialism with the claim that:

> the effects of colonialism have become an inextricable part of the culture and of its legal, educational and political institutions. Where the colonial state still serves as a reference point in local discourse (Davies 2002:278).

Central concerns of postcolonial theory are therefore identity and representation. Elliott and Moran (1999:5-9) offer the view that postcolonialism is an attempt to 'recover critical space for marginalised societies and peoples within the inescapable embrace of modern processes and ideas'. Such a critical space allows for recognition and respect of suppressed knowledge and culture, together with a new respect for valuing that knowledge and culture (Bahri 2006). Chambers (1999:37) states:

> The postcolonial invokes a historical and theoretical encounter in which all are invited to re-view and re-consider their worldly and differentiated positions in the articulation and administration of historical judgement and cultural definitions.

We can see then, that postcolonialism is devoted to the task of 'revisiting, remembering and critically interrogating the colonial past'; 'it narrates multiple stories of contestation' (Gandhi 1998:4-5). Postcolonialism is said to directly address the position of the marginalised, seeking to empower colonised people (Paolini 1999). It seeks to 'engage with circuits of knowledge that are either marginalised, anthropologised or as Dutton, Seth and Gandhi (1999:14) assert, are footnote fodder in the Western academy. Similarly, Fanon (1967) discusses the ideas of colonial space and ideas surrounding the role of the middle class intelligentsia. One of the principle aims of postcolonialism is therefore the deconstruction of the 'Eurocentrism of Western scholarship' (Paolini 1999:50). In this sense postcolonialism is congruent with my research in that it explores the Eurocentric biases of Western academia, examines positionality and attempts to deconstruct binary oppositions.

It was Gandhi's (1998) view that postcolonialism can 'refuse the binary opposition on which patriarchal or colonial authority constructs itself' (1998:8). Binary opposition here refers to differential power relations, the maintenance of dominance and subjugation and the coloniser and the colonised. These binaries are 'clearly in opposition, but more importantly they are unequal and hierarchical' (Ahluwalia 2002:197). These binaries need to be rejected if we are to move forward into the equity of postcolonialism.

For example, in the *Wretched of the Earth*, Fanon (1967) talks of two opposed zones – 'the settlers' town occupied by white people, a well fed town, an easy going town, its belly is always full of good things'. The other zone is the town of the colonised people 'a hungry town, starved of bread and of meat' (Fanon 1967:30). This is a metaphor that echoes the context of the Northern Territory where the research of this inquiry was undertaken and for which it seeks to redress imbalance.

In the scholarship of postcolonialism there is an examination of the sources of domination legitimised by social mores, cultural practices, linguistic power and hegemonic control, all of which have far reaching implications (Dhar 2008). We then have an 'attempt to shift the dominant ways in which relations between Western and non-Western people and their world are viewed' (Young 2003:2). There are proponents of postcolonial theory who focus on the way in which the literature of the colonising culture distorts the experience and realities and reinforces the inferiority of the colonised. Postcolonial literature appropriates the language, images, scenes and traditions of the colonised countries, to deconstruct European superiority over non-European people and cultures (Lye 1998).

One of the most influential theoretical works in the field of postcolonial studies is Gayatri Spivak's *Can the Subaltern Speak?* (1985). Subalternity is significant to any research that involves 'historically determined relationships of dominance and subordination' (Gandhi 1998:2). Spivak objects to the notion of subaltern studies seeking to *allow* previously ignored voices to finally be heard. She suggests that in contemporary times we are 'squarely

within the familiar and troublesome field of representation and representability' and alludes to the fact that the dominant should abstain from representation (Gandhi 1998:2). She objects to the whites asserting their dominance in the process of 'allowing' the subaltern to speak, that this allowing in itself is continuing the dominant position. She asserts that this requires the dominant to give permission to allow shared communication channels or to speak on behalf of the subaltern. Spivak does not ask if the subaltern does speak, but whether it is possible for them to speak, as the dominant have silenced the oppressed (Montag 1998). She also asks if the subaltern speak, can they be heard? The dominant must 'unlearn' or renounce their privilege in order for the subaltern to be heard (Gairola 2002). This theoretical contestation is represented with the research, in that it examines the historically determined relationships of dominance in regard to food and nutrition, and how the privilege of white knowledge and white positionality has maintained a stronghold over nutrition positions and education.

Postcolonialism has been subjected to criticism and critiques indicating that it simply seeks to invert hegemonic relationships, to uncritically replace one system of privilege and domination with another, or to replace one notion of truth with a truer truth. This criticism has compelled radical rethinking which for postcolonial scholars involves re-examining ways colonialism has impacted on knowledge and subjectivity (Ashcroft, Griffiths & Tiffin 2006) and determining who has authority over knowledge (Mohan 2001). Critique of postcolonialism is heavily textual and Goss (1996:248) writes that this has amounted to 'study of the study'. Other conceptual uncertainties undermine the focus of postcolonial studies and the homogenisation and hybridity

posited within it (Bhabha 1994). Despite these critiques, postcolonialism alerts us to the Eurocentric bias in discourse and allows a possibility of recovering the voices of the marginalised (Mohan 2001). This becomes relevant in the research presented here particularly where dominant Eurocentric knowledge is given continued precedence over that of Aboriginal knowledge. It calls for an examination of the privileging of knowledge and the value of Western education, texts and curriculum.

1.2.1 Postcolonialism's Application to the Research on Nutrition

Kowal (2006b) talks of how postcolonial knowledge systems dominant in Aboriginal health discourse, prescribe how whites interact with Aboriginal people but also importantly describe how whites can assist Aboriginal people in furthering self-determination. Postcolonial theory is well positioned to expose the unquestioned replication of the dominant nutrition paradigm constructed to maintain notions of white superiority. The theory therefore gives direction to this research, providing a framework for analysis of discourses and questions how these discourses have impinged on contemporary nutrition policies, education and practice. The application of postcolonial theory enables an interrogation of race, place and identity (Mohanram 1999) and an examination of the spaces that the dominant and marginalised in nutrition. It asks white nutritionists to examine their personal beliefs and knowledge systems and to look for new ways of approaching Aboriginal nutrition.

Such an analysis is concerned with contesting the previous dominant Western ways of seeing things (Young 2003). I take the stance that postcolonialism does not imply that colonialism has ended, but that the effects of colonialism differ from those in the official colonial era. Following Kowal (2006b:67), 'I am interested in those white people who inhabit spaces where the shadow of colonialism is keenly felt and actively encountered'. I examine the space that whites inhabit and promote a crossing or sharing of spaces or territory so that Aboriginal agency[11] can be encouraged. As is the intent of postcolonialism, the research offers a medium for which the subaltern can be heard, through acknowledging and privileging Aboriginal voices.

1.2.2 Postcolonialism inside the Field of Contemporary Nutrition

Postcolonial theory is articulated in this research firstly through the voices of 'student' participants who represent the colonised; it provides a way of interpreting what they had to say. Secondly, it encouraged questioning and criticism of the way practices and knowledge are marginalised. It provided a way to open up the spaces to examine power and disrupt dominance (Kocatepe 2005), to magnify the power relation between the colonisers and the colonised and legitimate and illegitimate knowledge in the field of nutrition. Because postcolonial theory involves a 'conceptual reorientation towards the perspective of knowledges … developed outside the west' (Young 2003:6), it opens the lens to contest the notion that legitimate, white or

[11] Agency refers to the ability to act or perform an action. It is particularly important in postcolonial theory because it refers to the ability of postcolonial subjects to initiate action in engaging or resisting imperial power (Ashcroft, Griffiths & Tiffin 2006).

dominant 'knowledge' is inherently superior and instead presents this superiority as racist. Elliott and Moran (1999:50) write:

> One of the principal moves of postcolonialism has been to deconstruct the Eurocentrism of Western scholarship, particularly in the historiography of colonialism. In this endeavour, the task, according to Edward Said, is to reread Western canonical texts with an effort to draw out, extend, give emphasis and voice to what is silent or marginally present or ideologically represented.

Postcolonial theory tenets prompted the posing of the following questions:

(i) How have colonial education and language influenced culture and nutrition?

(ii) How do gender, race and class function in discourses of nutrition?

(iii) How have Western science, technology and medicine changed traditional knowledge systems in nutrition (Bahri 2006)?

In the first instance postcolonialism offers an account of the place of the marginalised and dispossessed, describing and examining the nature of power relations embedded in colonial processes (Willis 2005). Secondly, it seeks to deconstruct the representation of Western ways of doing things as being better or superior (Willis 2005). Here that deconstruction presents itself in the field of contemporary postcolonial nutrition. Whiteness and power are both central notions to postcolonial theory and to the current context of postcolonial nutrition; I will now turn to a closer explanation of each.

2. Objectifying Whiteness

Austin and McMaster (1998) and Hage (1999) subscribe to the notion that being white in Australia is taken for granted as being normal. Similarly, Harris (1993) characterises whiteness as a protected and exclusive place, a place where white values are considered normal and correct rather than an 'alternative among several' (Davies 2002). Santoro, Reid, Simpson and McConaghy (2004:1) extend this view when talking of the 'racial imaginary that portrays the naturalness of whiteness'.

Compounding this view, Fine, Powell, Weiss and Wong (1997) write that white people have fetishised people of colour, marginalising them and setting them up as other, to such a point that what really requires examination is whiteness itself. This is similar to Connelly's (2002:68) belief that it is vital to understand whiteness 'before an understanding of the marginalisation of the Other can be gained'. Pearce (2003:274) captures the related idea that whiteness defines the 'other' but is not subject to the same attitudes or definitions as the 'other'.

This concept of whiteness is a relatively recent phenomenon; it is the study of the power or invisibility of the 'white norm' (Davies 2002:281). Whiteness is often invisible in discussions about race, as though inequality is of interest only to its victims, allowing whites to speak authoritatively and neutrally, often unconscious of the presence of whiteness (Davies 2002). Keating

(1995:903) notes that the 'most commonly mentioned attribute of whiteness seems to be its pervasive non-presence, its invisibility'.

Fine (1997) argues that it is vital not only to acknowledge the racial oppression of the marginalised but also the white accumulation of privilege. Racial oppression is aligned with privilege and power in a system of racial hierarchy, inclusive of social, economic and educational privilege (Davies 2002).

Keating (1995) further describes the association of hidden whiteness as an unmarked superiority and Nakayama and Krizek (1995) herald whiteness as an unchartered territory. Whiteness is deeply connected to colonial conditions. Hage (1999:58) proclaims that it 'is an ever changing, composite, cultural historical construct'. Fine (1997) suggests whiteness is largely produced through institutional processes and that it reproduces privilege, advantage and power. Davis (2002) maintains that it signifies the privilege of being in a position of dominance, acting as the benchmark for normality, denoted through privilege and power manifested in everyday symbolism, representations and actions.

Hickling-Hudson and Ahlquist (2004:53) can be linked to this inquiry in their statement that the educators of Aboriginal students are most likely going to be white, from white dominant countries. Therefore, the challenge lies in educating the 'educators to deconstruct critique and decentre the Eurocentric discourses of whiteness and to collaborate in exploring multiple discourses

rooted in epistemologies which are unfamiliar to them'. This critique and decentring also applies to institutions, which frequently operate in a way of concentrating power so that some people are more advantaged than others, which is a fundamental principle of postcolonialism.

One of the aims of my research and this story of the colonial impact on nutrition in the Northern Territory is to make whiteness visible, by exploring how whiteness positions us - the participants - inside our 'gender, language, sexuality, class, ability, ethnicity and age' (Ellsworth 1997:266). To do so requires whiteness to be talked about as a process (Connelly 2002), an examination of 'concepts and processes traditionally ignored in academic settings including invisible power relations and the ways such social forces shape human consciousness' (Kincheloe 1999:194). The research entails a study of whiteness as part of the broader investigation and involves an unpacking of 'the social and normative power of whiteness', an illustration of how white is represented culturally and within discourse (Davies 2002:281).

Inside the context of an Aboriginal and Torres Strait Islander institute, my own 'whiteness' and that of other lecturers and health professional around me was exposed by this research and opened for examination. I realised how the notions of whiteness impacted upon my positioning as a nutritionist and nutrition educator, how I perceived the world and the context of my work. I was then able to examine what I perceived as normal or abnormal and reflect upon this. This reflection, both internal and external, aimed to improve understanding and practice of nutrition in remote Aboriginal communities.

3. Power and Knowledge

French poststructuralist Foucault theorised that power operates throughout all social relations and that the mechanism of power produces certain types of knowledge and in turn knowledge exaggerates the effects of power (Foucault 1980). Foucault (1978) asserts that power is a complex situation; that individuals are always in the position of 'undergoing and exercising power' and that individuals 'are the vehicle of power' (Foucault 1980:98). James (2004:28) writes that 'the production and dissemination of knowledge is an expression of power and the expression of power always involves the production and dissemination of knowledge'. Power and knowledge are therefore at the heart of any postcolonial project.

Foucault perceived knowledge to be socio-historically and politically located and therefore inherently bound to the operation of power in society. He claimed that processes of inclusion, exclusion and power could be understood in terms of historical processes. Foucault's work suggests that people involved in human sciences are engaged in structures of power[12] and knowledge and that this creates the production of specific dominant discourses that privilege the powerful (Smith 2001). Similarly, Willis (2005) writes that power inequalities continue to limit the autonomy of people.

[12] Foucault explained that power is present in all kinds of human interactions.

Both Said (1991) and Bhabha (1994) drew on Foucault's theory of power to illustrate how knowledge of the colonised has been marginalised by dominant or scientific disciplines. Foucault theorised power not as a wholly oppressive force, but as a site for resistance and hence, empowerment and emancipation. Foucault offered a way of understanding power relations in society through discourse analysis. This research seeks to demonstrate how the effects of colonisation can be addressed or changed, how 'so-called evidence can be criticised and destroyed' (Ball 1990:1-2).

Foucault's notion of power operated in a web of particular relations and is useful when analysing postcolonial practices with this research inquiry. The inquiry seeks to illustrate how power and knowledge create a site for resistance and how empowerment can start to dismantle the oppressive forces of marginalisation and allow change to be accomplished, in this instance in the sphere of nutritional practices in the Northern Territory.

3.1 Application of the Concepts of Power and Knowledge

According to Foucault, the power/knowledge construct shapes the way the world is seen and the extent to which action to change the world can be undertaken. It also influences how the world is configured in terms of who has access to what, who can do what and where power is exercised. This has implications for what is seen as data, how it is to be processed and what sense can be made of it (Schostak & Schostak 2008:9).

The research examines the existence of power in larger structures and institutions and aims to capture how power permeates social relationships in nutrition (Kocatepe 2005). Here too Fanon's (1965) discussion of power as a colonial force is significant. He asks how power, in this instance in nutrition practices, is used to order, control and regulate the colonised. The research seeks to examine the reasons behind encouraging dominant knowledge and the discouragement or 'othering' of colonised or marginalised knowledge.

Through a Foucauldian lens, the research seeks to examine how power is exercised and how it circulates. It asks how power is traced in the investigation of nutrition interactions and education. I take from Foucault his notion of the constructivist basis of social life and believe, as expressed in the words of Loomba (1998:34), 'that human being's experiences are determined by the conditions of their existence'.

This research is concerned not so much with the raw workings of power as with representation of power in knowledge and education. My aim is to 'equalise power relations' in learning exchanges rather than continue to perpetuate the imposition of dominant forms of knowledge (Northern Territory Department of Health and Community Services 2004:2). The research seeks to threaten or question privilege and power and refuse the superiority of Western power and domination (Young 2003). The examination of power, knowledge and whiteness is enabled by the examination of discourse, which will be explored briefly here and discussed further in Chapter Three.

4. Discourse and its Deconstruction in the Research

The concept of what constitutes discourse, as evidenced in postcolonial studies, is also attributed to the philosophical thought of Foucault (Kocatepe 2005), who is considered the most influential figure on discourse (Fairclough & Wodak 1997). Foucault (1972:49) nominates discourses as 'practices that systematically form the objects of which they speak', as a framework of thought. Fairclough (2000 cited in Locke 2004:6-7) draws on insights provided by Foucault stating that:

> Discourse is in an active relation to reality, that language signifies reality in the sense of constructing meanings for it, rather than that discourse is in a passive relation to reality, with language merely referring to objects which are taken to be given in reality.

Gee (1996) asserts that discourse includes ways of behaving, interacting, thinking, believing and speaking. It denotes language as a social practice, a practice that signifies and represents meaning (Fairclough 1992). It allows certain meanings to be made and ignores or limits others. Discourse is shaped by social structures with social implications and is socially valued and regulated (Connelly 2004). Rogers (2004:5) writes that 'discourse is never just a product but a set of consumptive, productive, distributive and reproductive processes'. Discourses are ideological; they involve a viewpoint about relationships between people and distribution of social goods (Rogers 2004). They are related to the distribution of power and structure and prevent certain knowledges from being produced and place limits and exclusions around who can speak and on what subjects.

The research reveals discourses and themes inherent in nutrition and demonstrates how control over discourses can lead to the acquisition of qualifications, money, power and status within society and how these in turn empower specific groups. The research demonstrates how discourses are socially, politically and economically loaded and are a product of colonial history (Rogers 2004). Indeed, discourse analysis allows for an examination of the way nutrition has been talked about and how power differentials and binary structures have been implied and maintained. It provides an archive that can support the voices of many nutritionists and health educators who are confronted and frustrated working in the remote Northern Territory context. More importantly it gives volume to the voices of the frustrated and marginalised Aboriginal people from those remote communities and provides direction for the way forward.

5. Summary

This chapter outlined the theoretical principles that underpin the research. Postcolonial notions of difference, power and knowledge enable a reading of colonial practices that influence the culture and identity of the colonised, as they impact the field of nutrition. They create space where a transformational removal of inequality is possible, without which improvement in nutrition would be impossible and seek to turn difference into a positive, intercultural tool that legitimises social diversity (Young 2003). Postcolonialism cannot bring about a process of recovery but it can bring about a process of re-invention.

As has been argued throughout this chapter the examination of social constructs of racism, colonisation, power, Eurocentrism and the unpacking of suppressed dialogue, offers a postcolonial take on the concepts of power, knowledge, discourse and binary logic. These theoretical takes underpin the stance adopted in the research with the aim to retell 'the story' of the politics and practices of nutrition for Aboriginal people in remote regions of Australia's Northern Territory. An important attribute of the research is therefore the generation of a place to critique dominant discourses. Chapter Three will provide detail of the methodological framework employed in the research before proceeding to the data analysis and interpretation found in subsequent chapters.

CHAPTER THREE

METHODOLOGICAL FRAMEWORK

No new experience, no new insight

Patton (1983).

This chapter presents the method and processes undertaken to locate and interpret data to inform the research. It explains how Critical Discourse Analysis (CDA) is employed as a method to interpret discursive realities that impact upon the critical issue of nutrition for Aboriginal people. It provides a description of the place and context of the research, the research participants and their backgrounds. Ethical issues inherent in the research are also articulated.

1. Methodology: Qualitative Research

Researchers approach inquiry from a particular philosophical stance, their values and experiences largely dictating the ontological and epistemological underpinnings of a study. Qualitative research aims to gather an in-depth understanding of human behaviour and the reasons that govern such behaviour. It is an approach rather than a set of techniques and its

appropriateness is derived from the phenomena being explored (Morgan & Smircich 1980). Ideally the methodology chosen should align with the researcher's paradigm and constitute rigorous and trustworthy research.

Qualitative research is the theoretical paradigm within which this research is conducted because it embodies reflection on experience. Experience from a particular angle positions researchers to better understand the nature of their field of inquiry. Outcomes from such research, in the form of suggestions for future practice, are rendered that much more powerful. In the field of health, qualitative research allows opportunities for deeper insight into past and present health experiences, as well as anticipated health behaviours (Ditton 2004). This is vital in assisting health services to obtain a better understanding of the underlying determinants of health disparities (Kilbourne, Switzer, Hyman, Crowley-Matoka & Fine 2006).

Operating inside this field of inquiry enabled the examination of social exclusion and the historicised connections between people and health. Qualitative research in fields of social and cultural endeavour is in part about what happens when participants (and the researcher-as-participant) 'encounter people radically different from ourselves' (Kowal 2006b:4) and how these encounters ask us to examine ourselves, our reactions and our practice. In this sense my research is self-reflexive. Mann (2005:3) describes self-reflexivity as an 'unpacking of that baggage' to 'reveal what past we bring to the present in order to understand how we experience and interpret the present'. Denzin and Lincoln (1998:xi) describe qualitative researchers as drawing upon their own experience, in that they:

> always think reflectively, historically and biographically. They seek strategies of empirical inquiry that will allow them to make connections among lived experience, larger social and cultural structures and the here and now.

Self-reflexivity in research, a methodology that qualitative researchers use to question and explore practices and representation (Pillow 2003), allowed me to simultaneously maintain a focus on my own responses while unravelling the responses and practices of others (Weis, Proweller & Centrie 1995). These processes have been described by Denzin and Lincoln (2003:9) as interactive – the kinds of processes that are shaped by 'personal history, biography, gender, social class, race and ethnicity and by those people who are in the setting'.

A qualitative research approach also emphasises the researcher's role as an active learner who can tell a story from the participants' outlook, rather than as an expert who passes judgement (Creswell 1998). It provides an opportunity to present a detailed view; an opportunity to study participants in their own setting, to engage in the situation and to emphasise the role of the researcher as participant (Cresswell 1988). It is conceptually concerned with understanding human behaviour from the participant's perspective. Such an approach focuses on analysing meaning in context (Merriam 2001) and as Bourdieu hypothesised a 'theory of practice [that] can only be suitably developed by … situating practice itself as the very subject of the research' (Potvin, Gendron, Bilodeau & Chabot 2005:594).

Denzin and Lincoln (2003:9) further qualify what they mean when they use the term 'interactive' research process by explaining that such research results in a 'sequence of representations connecting the parts to the whole', filtered through gendered, classed and racialised understandings available to the researcher. In this inquiry, I had the capacity, obligation and privilege as both researcher and participant, an 'insider' to the research, to establish relationships that provided a unique conduit for bringing forward participants' voices. Qualitative interactive research integrates the element mentioned by Creswell (1998) of being able to present a detailed view through the study of participants in their own setting. Using these methods a rich tapestry was constructed to provide meaningful insights into the story of Aboriginal nutrition in this specific context.

2. Analytical Research Tool: Critical Discourse Analysis

A shift from the methods of collating data to that of its analysis brings forth a discussion of Critical Discourse Analysis (CDA) - the study of language and discourse. Drawing on poststructuralist discourse theory and critical linguistics (Luke 2009), CDA is concerned with studying and analysing written texts and spoken word to reveal the discursive sources of power, dominance and inequality. It demonstrates how these sources are initiated, maintained, reproduced and transformed within specific social, economic, political and historical contexts (van Dijk 1988). Fairclough (1995:132-3), one of the principal proponents, characterises it as the study of:

> often opaque relationships of causality and determination between (a) discursive practices, events and texts, and (b) wider social and cultural structures, relations and processes; to investigate how such practices, events and texts arise out of and are ideologically shaped by relations of power and struggles over power; and to explore how the opacity of these relationships between discourse and society is itself a factor securing power.

Foucault (1980) argued that discourses were full of power and knowledge relationships and that discourses classify, describe and examine power and knowledge. The word 'critical' in CDA relates to examination of these power dimensions. Here it aligns with postcolonial theory, in its focuses on 'identity, knowledge and power' and their constructs in communities, schools and classrooms (Luke 2007:online; Fairclough 1989). Connelly (2004:4) suggests that CDA can bring greater awareness to the 'power relations between social entities and classes … and between national, ethnic, religious, sexual, political, cultural and sub-cultural groups'. McConaghy et al. (2007) also contend that CDA can reveal issues of power and exposes contradictions and complexities in the discourse that people use.

Others make the claim that CDA can reveal evidence that inequalities and injustices are reproduced and legitimised by language (Titscher, Meyer, Wodak & Vetter 2000). Kocatepe (2005) extrapolates this by adding that CDA analysis of text, be it data or documents, allows the examination of contested factors, textual features and the relationship between them. In summary and looking at what CDA facilitates, there is much consensus that CDA is overtly political (Kress 1990 cited in Dellinger 1995), that it can 'document how the world is portrayed; and how human, biological and political actions are represented, sanctioned and critiqued' (Luke 2007:online).

CDA is a powerful analytic tool particularly relevant to research when conducted across cultures. When research involves an examination of the effect a colonising culture has had on the colonised it can be seen that using CDA as a research methodology would assist the description, interpretation, analysis and critiquing of social life reflected in any text or data (Luke 1997). Because it recognises a prevailing social order as historically situated (Locke 2004) it has the capability to re-present circumstances to the dominant culture, allowing a reflective review. The dominant culture can thereby gain an appreciation and understanding of divergent traditions and with this comes a transformational agenda (Smith 2001; Locke 2004). This transformational value is of particular relevance in my study where the research not only explores Aboriginal history and experience, but relates aspects of it to nutrition.

Postcolonial theory is congruent with the ideology underpinning CDA. Its tenets - the need to challenge white superiority, the deconstruction of the relationship between the coloniser and the colonised and in this instance, the effect this relationship has had on nutrition - are central to the research reported here. My research situated in postcolonial theory draws on Fairclough's (2001) application of CDA in its examination of the impact of the continuing legacy of European conquest, colonisation and domination in remote Northern Territory Aboriginal communities. With its focus on the discursive strategies that legitimise control and relations of inequality (Fairclough 1995), CDA was seen to have particular relevance to sociological analysis of nutrition. It offered the possibility to reveal how power was diffused through various legal, governmental, missionary and health discourses and through the nutrition education system at both the micro level

in the learning and the macro level in regard to large scale nutrition reform (Locke 2004). It allowed for the exploration of dominance; defined by van Dijk (1993:249) as 'the exercise of social power by elites, institutions or groups that result in social inequality'.

My concern was to expose whose interests are served and whose interests are negated in relations of power within nutrition (Janks 1999). CDA is a critical tool in activating all these potentialities; it is a process, that when applied to sites of difference, enables a researcher to take on both broad and specific analysis. Janks (1999:60) writes that the 'strength of Critical Discourse Analysis is that the different dimension that it offers provide the means both for producing research questions and for analysis of data'. As such it was seen as an extremely important research tool and was therefore employed in this study to analyse, examine and illustrate the complexities of postcolonial influence, particularly power and knowledge and the binary structures they create.

2.1 Critical Discourse Analysis: Methods of Application

The literature describes several ways that CDA can be applied to the analysis of data. A widely used version of CDA draws on Halliday's systemic functional linguistics (Kocatepe 2005). This version was developed from a model which originally had three categories: vocabulary, grammar and text structure as illustrated in Table 2 below (Locke 2004). Fairclough further developed these to include analysis of genre and style (Kocatepe 2005).

Table 2: Adaptation of Fairclough's Discourse Analysis (Locke 2004).

Vocabulary	Grammar	Text Structure
Deals mainly with individual words.	Deals with words combined into clauses and sentences.	Deals with large scale organisational properties.
• Word meaning	• Modality	• Interactional control
• Wording	• Transitivity and time	
• Metaphor		

Wodak's application of CDA aligns with Fairclough's, in that it focuses on the discourse-historical method, attempting 'to integrate systematically all available background information in the analysis and interpretation of the many layers of a written or spoken text' (Fairclough & Wodak 1997:266). Halliday, Fairclough and Wodak all focus on the analysis of spoken and written text (Halliday 1985).

Alternatively van Dijk's (1997) CDA work, focuses on the role of social cognition and links structures of society to discourse structures. He demonstrates how societal structures influence discourse structures. He contends that CDA as a 'critique of discourse implies a political critique of those responsible for its perversion in the reproduction of dominance and inequality' and that such a critique should be structural and 'focused on groups, while involving power relations between groups' (van Dijk 1993:253). This perspective on CDA is well suited to an analytical process concerned with sites of difference and as such is employed in this research.

McConaghy (2006) believed CDA could also be applied via an analysis that unearths underlying assumptions, inherent ideas and power relations evident in the texts or data of an inquiry. This latter application was particularly useful as I was interested in understanding the complexity of participants' meanings and the application of recognising underlying assumptions, fixed ideas and unequal power relations. As a participant observer I was equally concerned to reflect on how I was socially positioned by the issues surrounding Aboriginal nutrition and how this personal positioning influenced the analysis. CDA as developed by van Dijk offered one means to achieve this.

In summary, my research investigated the colonial and subsequent postcolonial influence on nutrition, along with the relationships of and between socio-cultural practice, discourse practices and text (Locke 2004). The use of CDA applications developed by Fairclough, Wodak and van Dijk provide robust platforms for the analysis of data gathered in this inquiry. Fairclough and Wodak have defined the approach to enable a focus on spoken and written text and the application of van Dijk's version allows me to further explore power relations in action especially as there are site differences involved. The combination of these versions is particularly pertinent as the research was specifically concerned with how society's attitudes, values and practices both reflect and construct discourses of power in the field of nutrition of Australia's Aboriginal peoples.

3. Research Questions

As outlined in Chapter One, the research posited three underlying questions:

1. How have postcolonial polices and practices constructed the circumstances evident in contemporary nutrition for Aboriginal people in the Northern Territory?

2. How have postcolonial polices and practices constructed the educational experience of nutritionists and nutrition students?

3. How can policies, practice and the lived experiences of participants inform and guide new directions in contemporary nutrition for Aboriginal people in the Northern Territory?

The following outlines how these questions were addressed through:

(i) the process of data collection,
(i) the research setting,
(ii) the participants,
(iii) the tools used to gathered data and
(iv) the analysis and interpretation of the data.

4. The Process of Data Collection

Qualitative research often involves the use of a variety of tools to elicit the telling of a personal story or narrative (De Poy & Gitlin 2005). As such, multiple methods of data collection have been employed in the research, including:

(i) review of historical literature,
(ii) literary commentaries,
(iii) researcher and participant observation and
(iv) in-depth interviews.

These multiple data collection techniques constitute a thorough and vigorous approach as they overcome problems that arise from relying on a single theory, single method, or single set of data in an investigation (Minichiello, Aroni, Timewell & Alexander 1996; Burgess 1984).

4.1 The Research Setting

The research was limited geographically to the Northern Territory of Australia (see Figure 1). The Northern Territory is a vast region comprising one sixth the area of Australia, 'extending from the arid desert of Central Australia to the tropical Top End' (Morgan 2006:203). The geography and people of the Northern Territory are the major characters in this story and a

brief description of the current context is essential for locating the research.

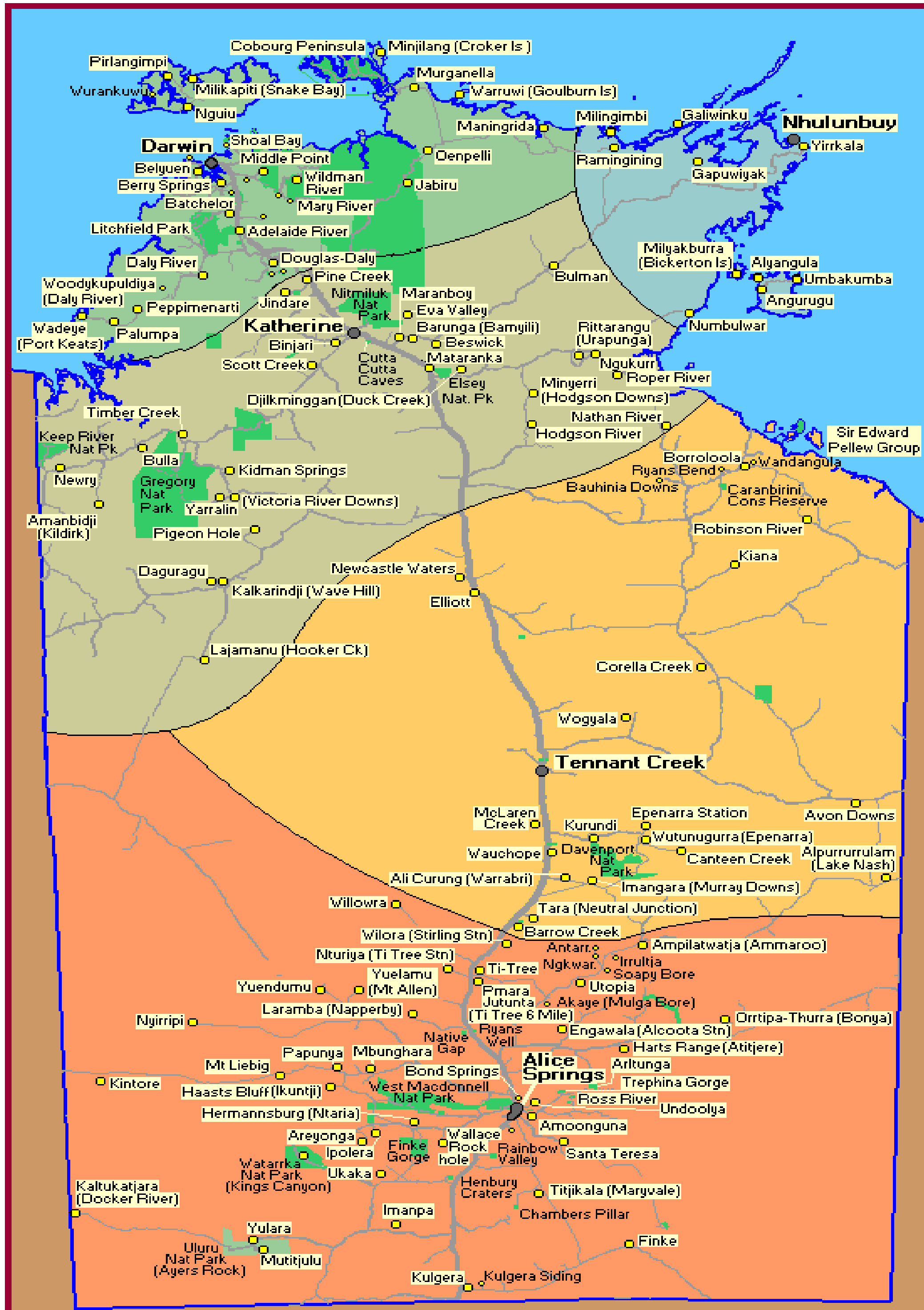

Figure 1: Map of the Northern Territory (Northern Territory Government 2008).

4.1.1 The Historical Context of the Northern Territory

The Northern Territory context presents a unique interplay between the determinants of health and health inequality. Despite the fact that it is a vast and remote territory, overcrowding is common, basic living standards are not always available, opportunities for health and education are unmet and significant economic disadvantage is experienced. It is a place where over time Aboriginal people have been killed, forcibly removed and relocated and expected to live in contrived conditions contrary to Aboriginal culture, customs and law (Attwood 1989). These conditions require elaboration because they form a crucial part of the picture of what has gone on in terms of nutrition for Aboriginal people.

4.1.2 A Snapshot of Colonisation in the Northern Territory

The Northern Territory was the last part of Australia to be occupied by European settlers. Colonisers arrived just over 150 years ago, seventy years later than colonial settlements elsewhere in Australia. It was the enormous wealth of natural resources that motivated this occupation; however, the non-Aboriginal population did not alter or expand significantly until the overland telegraph was installed in the 1870's (McGrath 1995). Despite the later arrival, the conflict between Aboriginal people and the whites was just as violent as elsewhere in Australia. The colonial conflict experienced in Central Australia resulted in the dismantling and scattering of groups; many people were decimated through murder, disease or diet and many more were forcibly removed from their lands (Read 1978b).

Following white settlement, the history of the Northern Territory can be described in terms of several distinct periods that were aligned with mining, military and pastoralist activities. Beck (1985) argues that these periods served to remove the sources of prior independence of Aboriginal people and created a new dependency. Concurrent with these periods was the movement of Aboriginal people into missionary or government run settlements.

4.1.3 The Population

Currently the Northern Territory has a distinctive population mix compared to other States and Territories in Australia (see Figure 2). Approximately thirty percent of the over 200,000 total population are people from an Aboriginal and Torres Strait Islander background (Wilkinson & Blue 2002; Trewin & Madden 2005; Australian Institute of Health and Welfare 2004). Other Australian states have higher populations of Aboriginal and Torres Strait Islander people, but in proportion they comprise less than four percent of the total population in each of these states (Trewin & Madden 2005). Aboriginal people in the Northern Territory are also the youngest population subgroup in Australia, with 54% being under 25 years of age (Australian Bureau of Statistics 2007b).

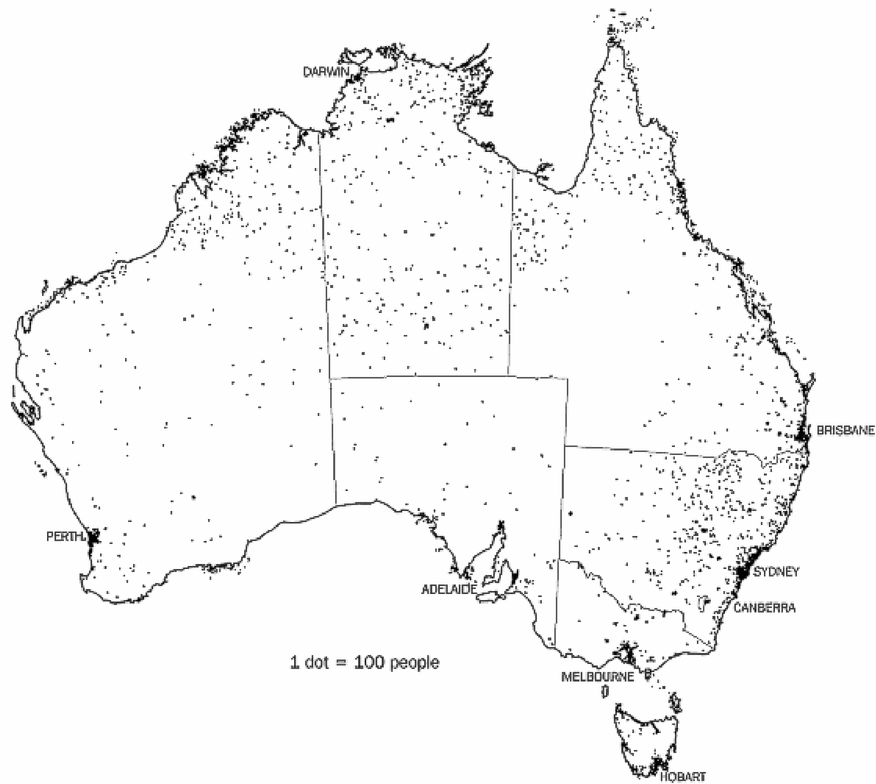

Figure 2: Map of Australia Indicating the Distribution of the Aboriginal and Torres Strait Islander Population (Australian Bureau of Statistics 2001).

The Northern Territory population of over 200,000 represents only 1% of the national total and has only two major urban centres with populations over 20,000 - Darwin and Alice Springs (Morgan 2006). Sixty five percent of the Territory's residents live in rural or remote areas, with 72% of the Territory's Aboriginal population living in remote towns and communities (Australian Bureau of Statistics 2006). The Territory has 641 discrete Aboriginal communities of which 570 have populations of less than 200, see Figure 3 (Australian Bureau of Statistics 2006). These communities are growing rapidly and do not have the range and quality of infrastructure and services available in larger towns.

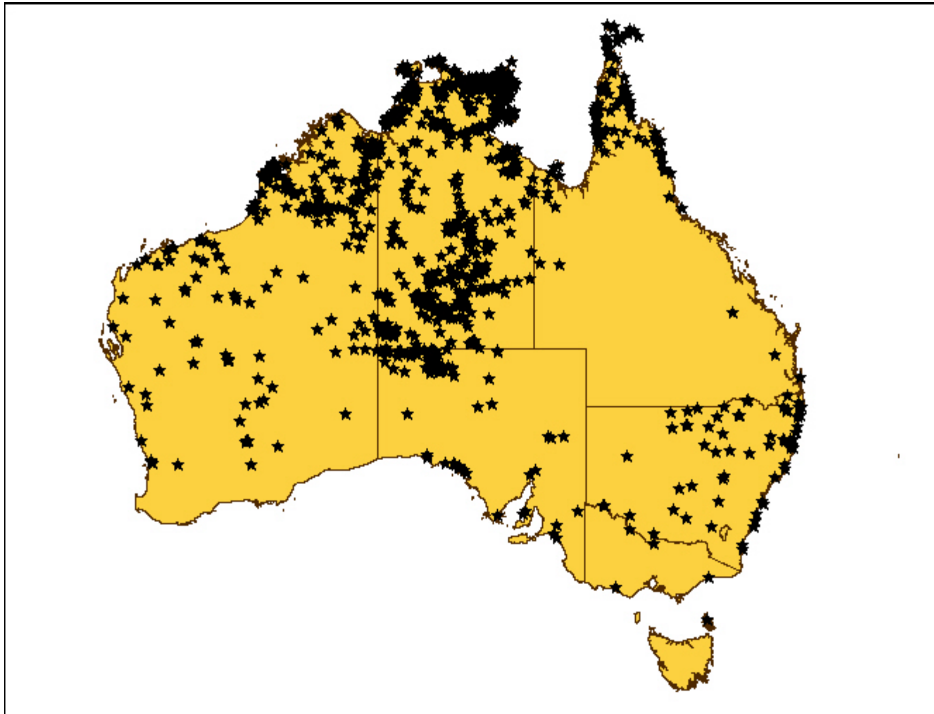

Figure 3: Map showing Discrete Australian Aboriginal and Torres Strait Islander Communities (Community Housing and Infrastructure Needs Survey (CHINS) 2007).

According to the Australian Bureau of Statistics (2006), 54% of Aboriginal communities do not have a local health clinic, only 6% have a pre-school and only 1% has a substance abuse centre. Furthermore, 43% of high school students in these communities remain 'ungraded', that is, they have not achieved primary school education. A 2001 report found that 21 communities had no organised water supply and that 61 communities had only a few houses with water connected (Australian Bureau of Statistics 2001). All of these factors result in Aboriginal people in the Northern Territory having no access to basic living standards let alone mainstream infrastructure services.

The communities are geographically dispersed, isolated and subject to seasonal weather conditions. To compound this, people living in these communities have limited ability to take advantage of social and economic development opportunities, making them one of the most socio-economically disadvantaged populations in Australia (see Figure 4). Food supply is directly affected by these factors, with most communities being dependent on a single store in their community or one in a nearby community.

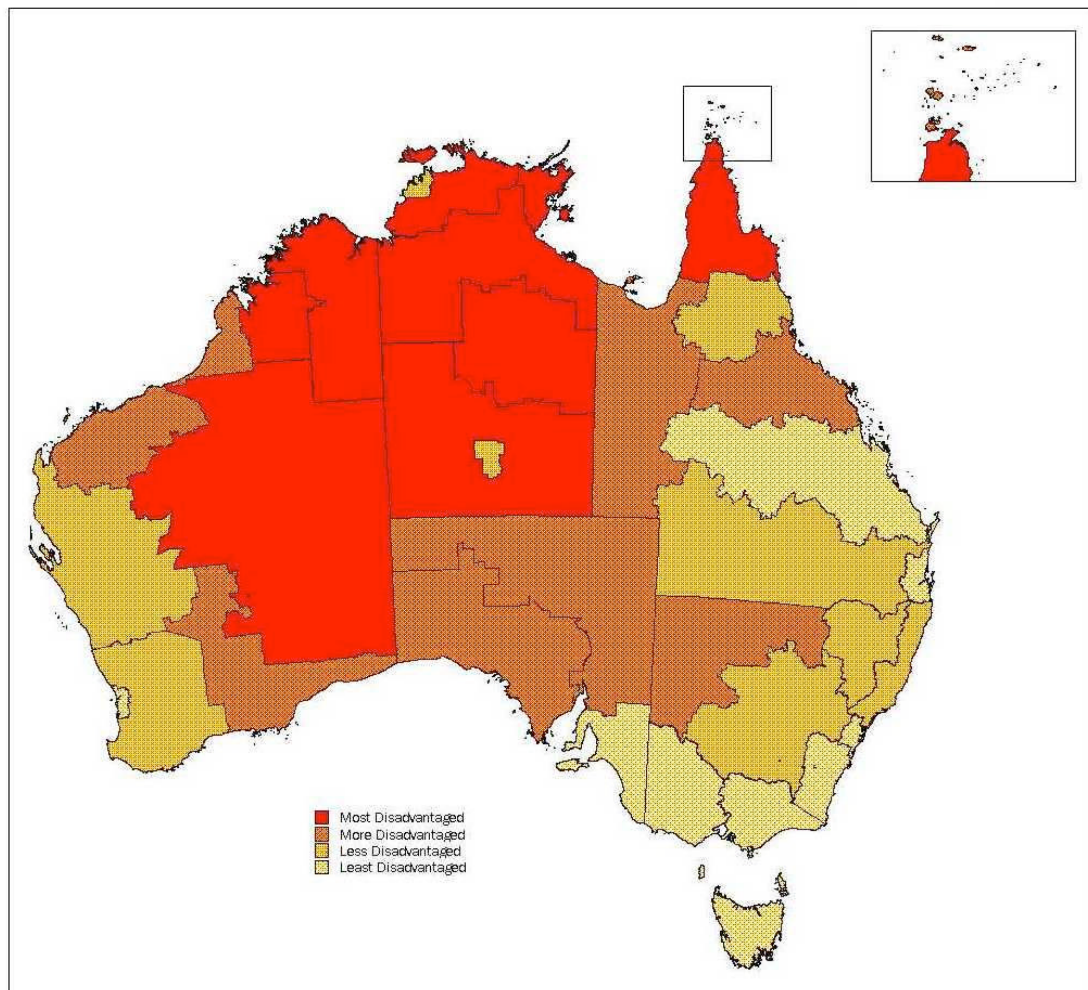

Figure 4: Socio-economic Disadvantage across Regions (Australian Bureau of Statistics 2007b).

Of specific relevance here are mortality rates due to nutritional and metabolic diseases, which are between 7 and 11 times higher for Aboriginal people than for non-Aboriginal people (Trewin & Madden 2005). Statistics indicate that 60% of Aboriginal children admitted to the Royal Darwin Hospital over the last 25 years suffered from malnutrition, 90% from iron deficiency and 50% from dehydration (Bauret, Brown, Collins & Martin 2001). Similarly, school screening in the Northern Territory indicated that almost 40% of children living in remote Aboriginal communities were anaemic and 22% were malnourished (Trewin & Madden 2005). Furthermore, the incidence of low birth weight in remote Aboriginal communities, which is closely associated with preventable maternal malnutrition, continues to be higher than that of non-Aboriginal babies (Hancock 2007).

Aboriginal children between birth and five years of age have malnutrition rates that are comparable to, or worse than, many developing countries and the rate of infant mortality for Northern Territory Aboriginal babies is three times higher than that for non-Aboriginal children. Statistics from 2006 show that 11% of children under five years of age in the Territory were stunted, more than 15% were underweight, 11% were wasted (a sign of malnutrition as a result of inadequate dietary intake or malabsorption) and more than 25% suffered from anaemia, or lack of iron (McDonald, Bailie, Rumbold, Morris and Paterson 2008). These are preventable, avoidable health conditions that compromise the human potential of Aboriginal children. This is clearly excessive and unacceptable particularly when international relief agencies regard a figure of 8% underweight as defining a state of nutritional emergency (Ruben and Walker 1995).

The Northern Territory is vast and remote and many of its population experience great difficulties in accessing health care, food and education. The health and educational status of non-urban Aboriginal people is chiefly determined by the terrain and living conditions available to them. Malnutrition is a result of and perpetuates inequitable outcomes and continues the cycle of social disadvantage and marginalisation (Condon, Warman & Arnold 2001). It is in this environment and under these conditions that I conducted my research.

4.2 The Participants

In-depth interviews were conducted with twenty-eight participants. The participants were chosen by purposive sampling as outlined below with the aim of bringing a variety of views, ideas and opinions to the research. The participants were chosen as they brought unique combinations of age, diversity and experience. I also acted as researcher/participant and like myself; all but two of the participants had worked or were working or studying in the Northern Territory.

By working and living with the other participants I had formed relationships with the majority of them which resulted in a greater degree of trust and willingness to talk in more depth about the points in question. All participants were giving of their time, thoughtful in their reflection and enthusiastic in their participation.

The participants formed two distinct groups – the students and the educators and were all referred to by pseudonyms as outlined below. The 'students', comprised 11 of the 28 participants. Nine were either past or current students in the nutrition course at the Institute, which at the time of my employment was a Diploma or Advanced Diploma in Indigenous Primary Health Care (Food and Nutrition); these were amalgamated later into a bachelor level degree. All were mature age (between the ages of 30-60 years), ten were female and more than half of these were trained Aboriginal Health Workers who had many years experience working in health centres across the Northern Territory. The two that were not studying at the Institute were studying postgraduate health externally via a mainstream tertiary education institution in New South Wales and living in remote Western Australia. These two were introduced to accommodate for contrasting ideas and concepts.

The 17 'educators' included seven nutritionists, one current nutrition lecturer, six current health lecturers (including nurses and a doctor), one diabetes educator and two previous health lecturers. Their breadth of experience ranged from one year to over 30 years, with the majority having more than five years experience of working in Aboriginal health in the Northern Territory. Although their roles differed, all at some stage had interaction with the Institute and the students. All the 'educators' were having or had previous frequent ongoing contact and interaction with Aboriginal people in remote community settings, Northern Territory towns and at the Institute. All had undergone brief training in cross cultural interaction as part of employment. There were two males and 15 females; ages ranged from mid twenties to mid fifties. All were tertiary trained and many had completed

postgraduate studies. Figure 5 provides a diagrammatic representation of the participants and Table 3 briefly represents the participants' status and background, by pseudonym name.

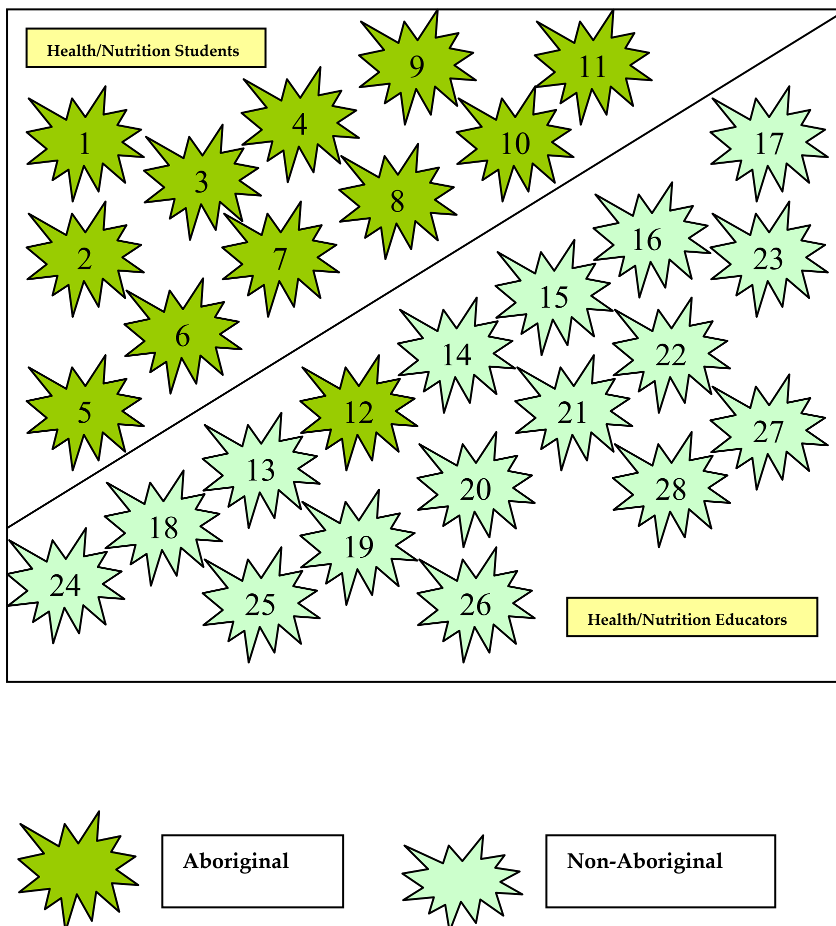

Figure 5: A Diagrammatic Representation of the Participants

Table 3: Background of Participants

Students
1. *Joy* – Mother/carer, a student at the Institute
2. *Mary* – Aboriginal Health Worker, student at the Institute
3. *Dawn* – Aboriginal Health Worker, student at the Institute
4. *Rose* – Aboriginal Health Worker, student at the Institute
5. *Tracey* – Aboriginal Health Worker, student at the Institute
6. *Eliza* – Aboriginal Health Worker, student at the Institute
7. *Penny* - Mother/carer, previously an enrolled nurse, a student at the Institute
8. *Jessie* – Mother/carer, student at the Institute
9. *Annette* – Post graduate student at university
10. *Rolf* – Post graduate student at university
11. Emma – Aboriginal Health Worker, student at the Institute
Educators
12. *Peta* – Nurse, previously a health educator at the Institute, currently a university educator
13. *Lee* – Nutritionist
14. *Sonia* – Nurse, previously a health educator, currently a health practitioner
15. *Paul* – Doctor, Health Educator at a University
16. *Angela* – Nurse, previously a health educator at the Institute, currently a health educator
17. *Fiona* – Nurse, previously a health educator at the Institute, currently a nurse educator
18. *Suzanne* – Nurse, Diabetes Educator
19. *Lilly* – Nurse, previously a health educator at the Institute, currently a health practitioner
20. *Andrea* – Nurse, current health educator at the Institute
21. *Lynden* - Nutritionist
22. *Cath* – previously a home economics teacher, currently a health educator at the Institute
23. *Rebecca* - Nutritionist
24. *Marissa* – Nutritionist, previously a nutrition educator at the Institute
25. *Sally* – Nutritionist
26. *Allie* - Nutritionist
27. *Mia* – Nurse, previously a health educator at the Institute, currently a health educator
28. *Melissa* - Nutritionist

4.2.1 Researcher as Participant Observer

Mann (2005), in her thesis on the experiences of disease prevention and health promotion in Northern Territory Aboriginal communities, talks of the journey of a PhD, nominating the journey as being as significant as the destination. Like Mann, my journey began well before candidature; it began when I came to the Northern Territory as a nutritionist. Of all the Australian States and Territories, the Northern Territory has the highest proportion of Aboriginal residents so as Humphrey, Weeramanthri and Fitz (2001:45) write, 'to work in health in the Territory' is to work with Aboriginal people. As a nutrition educator my role involved a community development approach to nutrition practice and education. Initially this was a role for which I felt ill-equipped and out of my depth. I remember my first day of teaching at the Institute; I was a young white woman confronted with a small classroom of middle aged Aboriginal people with whom I could not adequately engage or interact. I had moved alone to the Territory for this job and went home in tears that day and on many others, desperately trying to determine exactly where I had gone wrong: How I could improve my teaching skills and practice so that I might get the message of 'nutrition business' across? I asked myself why I was here? Was I doing anything useful? Or was my presence perpetuating the history of colonial and historical legacy? The journey involved an examination of my own positioning and a releasing of the preconception and historical bias with which I was burdened.

I sought solace and comfort from my nutrition colleagues as I was not making this journey alone; they also felt similar frustrations. The Territory was at times a hard place to be. It was 'demanding and frustrating, confusing and tiring' (Mann 2005:17), but simultaneously it was also the most privileged experience, full of challenge, uniqueness, spirit, diversity, culture, special memories and friendships. The story of the colonial impacts on Aboriginal people and how this affects nutrition takes form and shape through these friendships and the discourses which they produced.

My employment in the Northern Territory provided extensive opportunities to visit communities and observe and interact with community life, embedding me in the research sites. In the years that I was situated in the research environment, both prior to commencement and during the research period, I had the privilege to visit over 50 communities, most of which required pre-approval and permission from community governance. The purpose of these visits was to support the nutrition students in their education journey. Kowal (2006b:5) suggests this provides a 'head start', during which time rapport was established, making the subsequent field work during my research more productive. After commencing this research I kept a journal for ongoing reflection on the research process, as well as personal reflection, reflecting my own practices and their effects. Patton (1983) states that such reflection and introspection are important components of field research as they allow impressions and feelings of the observer to become part of the data. The journal was complemented by numerous discussions and debates with colleagues. In this way the physical participation in field activities was considered a research method in itself.

The data was enriched by the opportunities to observe many aspects of community life, including but not limited to, store operation, social and cultural protocols, infrastructure and lack thereof (including education centres, women's centres, aged care facilities and health centres), the degree of geographical and social isolation, rates of illness, widespread evidence of food insecurity and continuing colonial influence. These observations enhanced critical analysis of individuals' experience, their worlds and their data, each of which are shaped and bounded by history and politics (Mann 2005). Thus, the observations enabled a shifting between ethnographic analysis of circumstance and experience, located in the past and the present, respectively.

The observations also availed conversations that contributed to the inquiry and that were subsequently woven, through my discourse and commentary, into a recall of events, situations and interview outcomes. In this sense, practice stood between or mediated individual agency and social and cultural structure (Mann 2005). Muecke (1999:53) writes that 'seeing oneself as a visitor on the lookout for stories is quite a different thing from being a researcher equipped with theories'. The participant observation was therefore treated as a 'cultural gift' that I took away in the form of a story and as part of my own journey (Muecke 1999:49).

Bernard (2002:322) writes that participant observation is 'the foundation of cultural anthropology'. The subjective experiences of participants, their various ways of experiencing and interpreting the same situation and the meaning of the phenomena, are integral aspects of the research reported here (McMillan & Wergin 2002). The depth of meaning and appreciation that these

visits and observations afforded me as a researcher, as a nutritionist and as a white woman, cannot be underestimated.

4.2.2 Participant Sampling

Denscombe (1998) emphasises the importance of selecting key people who are representative of the population of interest and who are able to contribute valuable information. Patton (1990:169) claims that choosing participants who offer the greatest insight 'illuminates the question under study'. Participant sampling enabled the knowledge and expertise of two distinct groups to be examined. Purposive sampling provided information-rich cases for in-depth analysis and allowed for comparisons. Decker (2007) asserts that this type of sampling is best used when the population for research is unique, such as the Aboriginal population in the Northern Territory in this study.

The term participant is used rather than informant as I feel that the people interviewed were active participants from the inquiry's conception to completion. Their contribution was far more significant than simply informing the research; the participants shaped the research; they were teachers in my research and learning journey. Conversations with them, long before the research process began, helped structure the research and the research questions and allowed for ongoing research partnerships.

In turn these conversations helped colour and shape the methodology, data collection and interpretation, all of which were enriched by debate and discussion. This approach upheld ethical guidelines requiring researchers working with Aboriginal people, or on Aboriginal issues, to ensure Aboriginal participation in every aspect of the research (Kowal, Anderson & Bailie 2005).

The participant pool was fairly small as there were limited nutritionist positions in the Northern Territory and only a relatively small cohort of nutrition students. Twenty-five of the 28 interview participants were chosen by purposive sampling from this small pool. The remaining three participants were chosen by way of snowball sampling, which occurred when original participants nominated other people who were known to be information-rich (Siegle 2007). One additional participant was approached but declined the interview process. Reasons for this were not offered or sought.

I describe both groups of participants as having 'been around' in the Northern Territory, meaning that on average they have lived, worked or studied in the Northern Territory for some years. The vast majority of both students and educators were older than me. Only one (5%) of the educators was born in the Northern Territory as compared to five (45%) of the students. The participants are introduced in more detail in Appendix One and further information is given on their first appearance in the story.

4.3 The Tools Used to Gather the Data

4.3.1 Conducting In-depth Interviews

According to Minichiello et al. (1996:12), conducting successful in-depth interviews is aided by researchers having personal relationships with, or understanding of, the participants and their context, so that they can 'hear people's language and observe behaviour in situ'. Likewise, Patton (1983:196) maintains that the purpose of an open-ended interview 'is not to put things in someone's mind ... but rather to access the perspective of the person being interviewed'. The technique used in this research combined the two approaches of open ended and semi-structured interview style in order to elicit the maximum value from the participants discourse. This approach allowed an insight into an individual's point of view and meanings and therefore the words people use are of central interest (Minichiello et al. 1996). It also enabled a free flowing conversational approach in order to gain a heightened exploration and illumination of the subject (Patton 1983). Indeed the process of interviewing has been described as a method of walking through an individual's experience (Kilbourne, Switzer, Hyman, Crowley-Matoka & Fine 2006).

The contrast between non-Aboriginal and Aboriginal ways of communicating is highlighted in the interview process, especially in relation to different assumptions about appropriate and effective ways of seeking information. For Aboriginal people the most effective way of seeking information is as part of a two-way exchange rather than direct questioning, which is more prevalent in non-Aboriginal communications (Eckermann, Dowd, Martin,

Nixon, Gray & Chong 1992). The semi-structured conversational approach was necessary because direct questioning is not a normal social practice in Aboriginal discourse and this type of communication can often be evaluated negatively. This cultural difference was mitigated to a certain extent as I had known the participants for many years, thus mutual trust and respect had been established. The cultural difference was further alleviated by empathetic listening, providing information, support and a guarantee of reciprocity of information. The interviews were conducted in a relaxed conversational style, which facilitated the free flowing exchange of ideas between the interviewer and the interviewee, if required, or the construction of a free flowing narrative from the interviewee, with little or no input from the interviewer.

In-depth interviews were conducted with all of the 28 participants over an 18 month period. Each participant was interviewed once with interviews lasting between 20 minutes to two and a half hours. On average each interview lasted approximately one hour. The interview process was strengthened by the longstanding relationships I had with 25 of the participants before the research commenced. For the remaining three, a relationship developed as a result of the research process. A semi-structured open ended interview schedule guided the approach and direction of questioning, while allowing for flexibility. This approach presumes some common information is to be gathered, but not necessarily in a standardised and structured manner. Using a conversational style, I was able to adapt the wording and the sequence of questions to the context and 'feel' of the interview.

The open ended semi-structured interview entailed the use of broad topics to gain access to and guide the interview. The interview was then focused on issues that were 'central to the research question' (Minichiello et al. 1996:65). Based on Hamel, Dufour and Fortin's (1993) suggestions, the primary research question was translated into three broad areas of investigation:

i) What are the social relationships and structural practices that shape nutrition in the remote Aboriginal context?

ii) In what ways are contemporary Aboriginal food and nutrition determined socially?

iii) How can relationships inside Aboriginal nutrition governance be better managed?

These questions were not asked of participants in this format. Instead they were the foundation of the pool of questions contained in the interview guide (see Appendix Two).

Participants were given the opportunity to disclose experiences, situations, interactions and their meaning (Patton 1983). This was encouraged by allowing the participants to guide and lead the conversation. They raised issues that were important to them and I sought clarification when needed. At no point did I restrict areas of conversation or discourage the participants from expressing their views and feelings. All interviews were undertaken with the utmost care to optimise the quality of the information provided by the participants. I made an informed decision about what to include in the write up of the research based on reflection and the richness of the data. In so

doing, I performed an interpretative move as part of a human-as-instrument process (Connelly 2004).

The aim was to capture a particular moment in time - the geolocation and chronological historical moment. The transcripts were not member-checked with the participants as the completion of the full analysis of participant data was performed more than three years after the data was collected. In that time the participants may have moved on, not just in terms of their job, but their thinking.

The voices of the participants are presented through insertion of direct quotes inside the reporting of this inquiry, in an effort to decrease the possibility of misrepresentation or misinterpretation of meaning (Brimblecombe 2007). Perry (2002) supports the notion of ensuring qualitative research is trustworthy by providing detailed quotations and evidence for the patterns found in the data. Some quotes are quite lengthy to ensure that the meaning is conveyed fully and to honour the extensive and rich nature of the information collected. Each quote is followed by an identifier providing information about the participant's background, position and experience. This details their name and categorises them as either student or educator and signifies any professional affiliation.

4.3.2 Other Data - Historical Recount

The research seeks to add to the growing body of literature that explores links between the colonial history and present day outcomes. Thus, the historical, political and social discourses in the literature of the field are interrogated. This brief historical chronicle of nutrition in the Northern Territory is presented as a recount and provides a source of data for the research.

Colonial accounts or stories frequently begin with European contact, which denies or negates what occurred prior to this contact. Such accounts are usually authored by 'European academics or the colonisers themselves' and rob 'others of autonomy or agency' (Burnett 2002:33). The research formed a historiographical reflection, examining views as contested, dominant and socially constructed.

This source of data sought to identify and analyse meanings within historical documents or recounts so as to contribute to the construction of the current situation. The analysis revealed conflicts and tensions between ideologies or discourses, the propagation of power and particular forms of knowledge and marginalisation strategies. The historical information is considered data and is analysed in the same way as participant interview material.

The review of historical literature and literary commentaries was conducted using flexible boundaries, so that a broad range of information could be sourced and reviewed. These boundaries included a focus on literature based

specifically on the Northern Territory, both historically and contemporary. The search period was inclusive of any literature of political relevance to the governing and policies of the Northern Territory, and early colonial settlement in the mid 1800s through to the current day. This search was then further filtered for information pertinent to nutrition and health.

When conducting the historiography[13], participants' voices are added to give weight to the claims that are made when sharing the historical recounts, intersecting discourse with and outside of text. In this sense participant voice and institutionally privileged speakers are woven together to illustrate a particular topic or to reinforce statements.

5. Data Presentation and Analysis

Context was of great significance and importance in this research. There was a clear imperative to interpret the interview data by situating the participants' statements in the broader context of their lives (Lambert & McKevitt 2002; Eades 1992). This provided an opportunity for personal meanings and the individual's social context to be explored (Becker, Gates & Newsom 2004). Similarly, I was aware that reporting in the participant's language can result in a shift of discourse from the participant's language to my language and that of quoted text throughout the research and I was conscious to minimise

[13] Historiography is the writing of history especially that based on the critical examination of sources and the synthesis of chosen particulars from those sources into a narrative that will stand the test of critical methods (Encyclopaedia Britannica 2009).

this effect (Minichiello et al. 1996:13).

The interviews were audio-recorded and transcribed verbatim. It was important not to change the text and to stay true to the participants both for integrity and so that the reader could gain a sense of the authentic word (McGrath, Patton, Holewa & Rayner 2006). Original expressions, particularly those in Aboriginal English, were retained to avoid altering the authentic meaning of the statements (McGrath et al. 2006). The transcription was a difficult and time consuming process but was essential for full immersion in and understanding of the data (Fairclough 1992). It allowed for an intuitive process of initial thinking whereby all the typed transcripts were reviewed and hand written notes made to draw out initial thoughts around themes. These themes were identified in the language of the participants and were often tenuously linked in the first instance (Minichiello et al. 1996).

Patterns and themes were allowed to emerge from the data rather than being imposed prior to the data collection and were woven into the thesis (Patton 1983:306). Perry (2002:36) writes that patterns have to be 'synthesised from the data without losing sight of the rich, qualitative sources on which they were based'. The use of CDA with the interview transcripts ensured that this could take place. The themes were then supported by relevant literature which was used to support the analysis and interpretation of the interview data.

The participants' voices represent people recalling historical and contemporary events and making them come alive; they at once offer us insight into their opinions about the events, they disapprove, are angry, feel helpless, place blame or offer suggestions about how it could or should be done better. The participants' voice, my voice and the historical data together are the base from which the story of this research emerges.

5.1 Critical Discourse Analysis: The Analytical Process in this Inquiry

Connelly (2002) outlines a three step process of CDA analysis. The first step being an analysis of the social practice of which the discourse is a part. The second is an analysis of discourse practices, focusing on intertextuality and interdiscursivity and the third is the aspect of discourse and the analysis of texts. The macro analysis component therefore focuses on social and historical conditions. The meso level analysis or interpersonal analysis focuses on components of events and the micro analysis examines individual text or discourse (Connelly 2002; Brimblecombe 2007). The analysis presented here draws upon a macro level approach to CDA and does not focus specifically on the micro levels of vocabulary, grammar and textual style.

Given the above, my research adopts the framework for analysis devised by van Dijk (2001) and adapted by Connelly (2002) as represented in Table 4.

Table 4: Adaptation of Critical Discourse Analysis from van Dijk 2001 (Connelly 2002:106).

1. Linguistic Signs: lexical and surface structure • generalisations • nominalising phrases • lexical pairs • the use of persuasive and biased vocabulary
2. Pragmatic Signs • use of metaphor • questions • answers, evasions, contradictions • implications and presuppositions • use of pronouns such as 'I' and 'we' and their implied group references • inclusions, exclusion and allegiances
3. Discourses Flows • The dimensions of the relationship between discourse and power across the social domains of inequality, gender and race • 'we' discourse, justifications, blaming the victim/deficits/trivialisations, denials, constructing the other as enemy, patronisation and colonisation • Other discourses, where cultural differences in terms of social-political differences, deviations from the norms and values, pathologies, violence and threat are enhanced and magnified and similarities ignored or mitigated.

Analysis of the participant quotes was carried out in the research through a search for significant phrases or concepts. In the analytical process I was initially drawn to significant words or phrases, language and discourse that demonstrated regimes of truth (Foucault 1980). CDA was applied in order to deconstruct these words, phrases and discourses and their meanings. What was deemed 'significant' were those words, phrases or discourses related to

concepts of power and power relations, knowledge, values and racism and any discourses which enacted power or privilege structures. These were then analysed using CDA.

I engaged with and constructed as data, commentary on the narratives provided by the participants. These commentaries are reflections on what was said using postcolonialism as the theoretical lens as discussed in Chapter Two. The meanings behind the words, between the lines or left unspoken were analysed in addition to the narrative itself. Spivak (1974) refers to these as phrases or words that harbour an unresolved contradiction, which may support or contradict the actual text. I positioned myself as a human-as-instrument tool for analysis of data by operating within the lens of a well informed practitioner within the field I was researching. I came to the data with legitimate tools for analysis and was able to draw interpretations from the data through this lens.

Table 5 demonstrates how the analysis was performed using an extract of one of the participant's narratives. The words and phrases analysed are highlighted in the text box. This particular participant, Lynden, is a nutritionist who has been working in the Northern Territory for over 15 years and who has been particularly active in advocating for food security and supply issues and issues of nutritional and social injustice.

Table 5: Example of CDA Performed in this Research

<table>
<tr>
<td rowspan="3">Again it embarrasses me that I don't know which week is pay week. I honestly don't. I don't know if it was yesterday or its next Thursday. I honestly don't have money problems and I would expect that most nutritionists working in remote areas or on Aboriginal nutrition are probably in the same boat. They are not necessarily on the bones of their arse. We are privileged people in privileged situations with a privileged amount of education and we simply are doing what's on the job description and I find that offensive and I can't think of another word, but it's not ethical in my view.

Lynden: Educator - Nutritionist</td>
<td>1. Linguistic Signs: lexical and surface structure

• The use of persuasive and biased vocabulary – 'we are privileged people in privileged situations with a privileged amount of education'. The repeated use of the word privileged highlights the disparity at play.
• Generalisations – 'they are not necessarily on the bones of their arse'.</td>
</tr>
<tr>
<td>2. Pragmatic Signs

• use of metaphor – 'bones of their arse'
• implications - are that white people are frequently the beneficiaries of Aboriginal health
• the use of 'I' - it embarrasses me that I don't know which week is pay week, I honestly don't… I don't have money problems.
• the use of 'we' and their implied group references – in this case nutritionists
• inclusions, exclusion and allegiances – we have a privileged amount of education – there is a 'them' and an 'us' discourse represented – not necessarily negative from the speaker's point of view – but it is nevertheless a binary constructed from the practices of colonialism.</td>
</tr>
<tr>
<td>3.Discourses Flows

• The dimensions of the relationship between power across the social domains of inequality, particularly by race, in that having Western academic qualifications results in manifestation of the luxuries of global capitalism (Yew 2007). That holding Western education feeds profit and power, that its value is revered more highly than knowledge inherent in other cultures and enables whites to capitalise and create dominance.</td>
</tr>
</table>

	• Equity/disadvantaged – concept of it not being ethical that a white nutritionist would not have money problems – contradiction to the situation where the Aboriginal people they are working with are suffering extreme states of poverty and marginalisation. • Where cultural differences in terms of social-political differences, are enhanced and magnified – Lynden recognises the inequities and questions both the ethics of the system and of nutritionists.

This analysis involved both an interpretation of the participant's utterances and a 'moving between' them. This 'moving between' involved looking at the discourse and the interaction between what was said to me and knowing the context of the participant voice. Knowing this allowed me to move between what the participants said, my interpretation of what they said and how the participants' voices related to each other. This then enabled me to draw comparisons between the participants. The analysis utilises a descriptive approach, identifying the discourses employed in the text or language choice and then relates this discourse to the historical, socio-political and socio-cultural background and draws interpretations from the tapestry that is created (Kocatepe 2005).

My purpose was not to offer criticism or judgement about participants' statements, but to deconstruct them to reveal the unspoken or embedded meanings in addition to those on the surface of the utterances. Throughout the research I was simultaneously reflecting and adding my own thoughts as I deconstructed what the participants had to say. To some extent this relied on having an insider view and a shared familiarity with the participants' communities, families, studies or work. Using these views and positions I

was able to account for the relationships between discourse, knowledge and power.

6. Ethical Issues

Research into Aboriginal health is often described as 'difficult and challenging' largely due to ethical and emotional issues inherent in research with vulnerable populations and sensitive topics (Carey 2007:1). Research with Aboriginal people has frequently been conducted with the view that Aboriginal people are 'the subjects' rather than 'active partners in the research process' (Brimblecombe 2007:76). Brimblecombe (2007:76) writes that:

> The *Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research* recognise that the combination of two world views in a research process is not straight forward and 'takes time, care, patience and the building of robust relationships'.

Similarly, the Institute's research and ethics policies require that the researcher be prepared to 'travel over cross cultural territory' (Batchelor Institute 2000:8) and to 'take into account the knowledge and experience of people participating' (Batchelor Institute 2000:3). The Institute believes that this 'travelling', decentring process requires the non-Aboriginal researcher to be prepared to 'undergo a highly personalised form of learning' (Batchelor Institute 2000:8). This learning carries risk as:

> One does not become 'decentred' without becoming involved in cross-cultural interactions in which one's social security, demeanour, self-assurance, and let it be said, manipulative power, drawn from years of social intercourse based on refined knowledge of an accustomed set of cultural rules and etiquette is put at risk (Batchelor Institute 2000:8).

In addition, research conducted at the Institute is intended to be 'conceptualised through the Institute's 'both ways' education philosophy'. In practice this philosophy requires the 'involvement of Aboriginal and Torres Strait Islander traditions of knowledge with Western educational traditions' (Batchelor Institute 2000:5). Likewise Pelto and Pelto (1978) advocate for conceptualisation being discovered by analysing the thought process of the people being studied, rather than imposed from a cross cultural or ethnocentric perspective. This approach relies on a sensitivity, responsiveness and acknowledging 'Aboriginal ways of sharing knowledge and views' (Brimblecombe 2007:13).

To achieve this and to have 'access' to interview students from the Institute, I entered the process with a 'preparedness to honour culturally different values, needs, practices and perspectives' (Batchelor Institute 2000:7). Varied experiences and expertise, as well as different points of view and backgrounds, were welcomed and sought.

It was imperative in this research to include both Aboriginal and non-Aboriginal voices. I was careful not to act or be seen to act as an 'insider' in regard to Aboriginal culture or heritage and therefore the interviews of Aboriginal people and data analysis were not conducted from an 'insider view' (Patton 1983). My position prevents me from claiming to understand the perspective of Aboriginal people and I have no intention to do so, as this would be a cross cultural imposition. However, I was ideally placed to understand and represent the views of the educators and nutritionists. In the process I acknowledged the impact of my culture and my view on the research (Miller & Rainow 1997).

I applied for and gained ethics approval from both the Institute's Research and Ethics Committee and the Human Research Ethics Committee of the University of New England. The research was designed and conducted in compliance with the National Health and Medical Research Committees (NHMRC) *Guidelines on Ethical Matters in Aboriginal and Torres Strait Islander Health Research*. In accordance with ethical practice, the participants were provided with an outline of the research and its aims and informed consent was recorded, thereby respecting the participants' right to make an informed decision about their participation (Carey 2007). In addition, I clearly outlined the purpose of the research, the intent of the questions, timeframe and potential outcomes to each participant at the commencement of interview and allowed time for reflection and questions post the introduction.

All participants were interviewed in a respectful way. This meant 'acknowledging and affirming the right of people to have different values, norms and aspirations; and recognising the contributions of others' (Brimblecombe 2007:80). Interviews were conducted in a place and time of the participant's choice, adhering to cultural protocols as recommended by de Crespigny, Emden, Kowanko and Murray (2004). The majority of the interviews, particularly those with the students, were conducted face-to-face in the Northern Territory. This process required patience and flexibility, fitting interviews into convenient times for the participants and avoiding any major disruption to their lives.

All participants were informed that they could terminate the interview at any time and that no personal information would be disclosed. Pseudonyms were used to protect anonymity; however, some general information about the participants' role and experiences has been included for contextual purposes. For those known to the field or inside the field, the de-identification proves more difficult, particularly given that the professional groups are small. Ultimately those who participated will recognise words or details about themselves, however, I am confident that the privacy of the participants 'has been respectfully guarded' (Kowal 2006b:59). Respectfully guarding confidentiality was essential for participants in this research because of the sensitive cultural nature of the information (McGrath et al. 2006). In accordance with acknowledging that the participants are the 'rightful owners of the knowledge' and the inherent notion of reciprocity, all transcript material was offered back to the participants (McAullay, Griew & Anderson 2002:13).

7. Summary

This chapter outlines the research setting, the participants and the methodological framework in which the research was based. It outlines the research questions and how they were formulated. In doing so it has provided contextual background for the voices of the participants. The research is framed in a qualitative methodology which guided the inquiry of information sources and allowed me to draw on my own experiences as well as those of others around me. The information sources included a review of historical and contemporary literature and commentaries, participant observation and in-depth interviews. CDA was applied as a research tool to draw out sites of difference, power and knowledge and to examine the colonial and postcolonial constructs that create these differences. CDA allows a documentation of how the situation of Aboriginal nutrition in the Northern Territory is portrayed and how it might move forward.

The voices of the 28 participants were essential to the integrity of the research and were carefully, respectfully and ethically captured. The data is presented through these voices to critically analyse their meanings in context with the historical data and to create and sculpt the research outcomes. The following chapters give life to a story that seeks to be honest and transparent in conveying a chequered colonial history, its legacy to contemporary nutrition and some hope for future improvement. They illustrate the historical conditions of colonial and postcolonial malnutrition as constructed by colonial agencies. They demonstrate how colonial agencies were and are motivated by power, tracing the journey of food and nutrition as an object of

power relations within historical relationships and illustrate how food for Aboriginal people in the Northern Territory has become part of an oppressive and unequal social order.

CHAPTER FOUR

COLONIAL LEGACIES: NUTRITION IN THE NORTHERN TERRITORY

A right of occupancy ... Why not say boldly at once the right of power? We have seized upon the country, and shot down the inhabitants, until the survivors have found it expedient to submit to our rule

(E H Lander 1884 cited in Reynolds 1996).

Having detailed the theoretical framework and analytical methodology in the preceding chapters, this chapter introduces the historical content within which the research was conducted. It introduces the story of the invasion of the Northern Territory, detailing how food distribution and access were used as a colonising strategy. It provides insights into postcolonial practices including the removal of people into missionary or government settlements and the coercive practices used by pastoralists to harness and profit from the labour of Aboriginal people. It describes the sites of contested power including practices surrounding communal feeding, rationing and at the extreme, genocide. It reviews literature written about colonial legacies in relation to the nutrition of Aboriginal people in the Northern Territory and draws on oral history accounts from the research participants.

1. Introduction

The literature reviewed here will demonstrate that nutrition is a deeply political issue, related to colonisation, dispossession, dependence and discrimination. It will also demonstrate that the impact of history on nutrition for Aboriginal people has not been well explored and has been frequently ignored. It is proposed that the contemporary issues of Aboriginal nutrition arose out of colonising experiences, a fact that needs to be acknowledged and understood before desirable change is achieved. While the examination of the pre-colonial diet[14] is warranted, it is beyond the scope of the research as the central focus here is postcolonial nutrition and its history.

This chapter reviews literature that recounts the history of colonisation – its progress and evolution in the Northern Territory from the 1860s through to the Second World War. This period provides a snapshot of much broader and significant colonial practices throughout Australia. An exploration of food and nutrition practices and their impact on Aboriginal people is also narrated alongside the history of colonisation. Examination of historical facts, original policies, contemporary writings and voices are presented substantiating the link between colonial history and contemporary nutrition.

[14] The nutritional status of the majority of Aboriginal people was considered to be more than adequate prior to European contact (NHMRC 1996). Policies were imposed in postcolonial periods, followed by the decline in health of many Aboriginal people, who were no longer eating 'bush tucker'. Providing evidence that these policies interrupted nutritional standards.

Nutrition is but one site of contact, conflict, convergence and disadvantage between Western rulers and Aboriginal people (Arnold 1988). Boughton (2000) argues that Aboriginal people are not just disadvantaged because the term implies a passive state; beyond disadvantage, they have been oppressed, exploited and dispossessed. These are outcomes of colonisation and they draw attention to the imbalances of power. In effect, dietary colonisation has been realised within the sum of all colonising activity and has persisted beyond many other imposed changes.

2. The Concept of Colonialism: Colonisation in the Northern Territory

Colonial society has been described as being 'immigrant fragments of metropolitan Europe set up in far distant places to meet European economic, penal and military needs' (Haebich 2000:67). Gandhi (1998) contends that colonial action and policies supported orthodoxy, authoritarian and patriarchal thought and used state power and physical force to subjugate and secure Aboriginal people. In Australia white colonialists regarded themselves as superior to Aboriginal people and destined to prevail over them (Brady 1996).

Colonisation has followed similar patterns around the world. Two types of colonisation have been described, the first being the physical conquest of land and the second being a conquest of the minds and bodies of the colonised, using force and coercion to conquer the so-called 'civilised' and the 'primitive' (Nandy 1983). Austin and Parry (1998) describe colonialism as a

regime of crushing paternalism in which the distinction between privileges and rights is blurred. In either form, colonialism is impelled by ideological formations, which presume that certain people require domination and knowledge attached to that domination (Said 1983). Colonisation, resulting in Europe's expansion into other regions of the globe, was assisted by 'biological imperialism' (Arnold 1988:10). Throughout the period of colonisation, the needs of the whites were constantly given primacy over the needs of Aboriginal people (Haebich 2000).

Social Darwinist racism dominated the attitudes of white Australia and gave 'scientific' and ideological justification for Aboriginal people to be treated poorly (Reynolds 1990; Smith 2003). The whites believed they were a superior race, needing to 'breed out' Aboriginal people, as Haebich (2000:133) documents:

> These views … promised the disappearance of the internal 'menace of colour', leaving a White Australia based on 'racial unity, exclusiveness and sanctity' where 'whiteness' was the passage to citizenship and the relative power, privilege and responsibility this bestowed.

By the twentieth century, the white perception was that Aboriginal people could not live independently from the whites. Aboriginal people were considered legally inferior, denied legal rights as 'British subjects' and denied access to benefits and services (Miller 1985). A separate administration governing their 'rights' was enacted through welfare benefits, rations and institutionalisation (Haebich 2000). This provision of support was termed benevolence, but was no more than paternalistic control.

3. A Brief Historical Account of Northern Territory Colonisation: Settlement Through to the 1930s

Colonisation of the Northern Territory occurred much later than in New South Wales and other areas of Australia, with the first contact between Aboriginal people and white settlers taking place in the mid 1800s. This continued until the 1960s when Western desert people from Central Australia were 'brought in' to white settlements by welfare officials (Condon, Warman & Arnold 2001).

When the whites came to settle in the Northern Territory in the 1860s, Aboriginal people were displaced from their traditional lands; they were hunted and caught like animals, removed from their families and escorted by police over long distances in unsuitable conditions (Thomson 1989). The colonial administration rapidly led to the development of settlements, fringe camps, missions and stations. The once self-sufficient people were forced into a situation of food deprivation and became fringe dwellers begging for food, tobacco and alcohol (Flynn 1963).

First settlement led to the destruction of food sources and subsequent starvation of Aboriginal people who were forced into unfamiliar territory in distant lands belonging to other Aboriginal groups. Colonial success was, therefore, often at the expense of Aboriginal people and the native flora and fauna. The only alternative was to submit to the dominant rule in lands being settled by the whites (Woolmington 1988). Ultimately survival decisions forced them to forego their previous physical, social and cultural freedoms.

Like elsewhere in Australia, there was an unspoken acknowledgement that Aboriginal people would become a dying race. The whites felt sure that Aboriginal people would die because they had shown themselves as incapable of adapting to white man's civilization (Woolmington 1988). Moreover, deliberate actions were taken to ensure that the Aboriginal population would not survive. In the face of overwhelming pressure to comply and conform, Aboriginal people were subjugated under the hand of oppression and indeed began to die out, or were killed (Reynolds 2006).

One example of these forms of actions was the Barrow Creek Massacre in 1874. Known as one of the last major massacres in the Northern Territory, an estimated 70 Aboriginal people were killed. It was an attack launched by whites as a form of retaliation because Aboriginal people had killed stock for food. It has been argued that such stock killings were driven by a desperate need for food rather than any antagonism towards whites (Kimber 1991). The leader of the massacre was a state trooper who was exonerated of any charges and instead treated as a hero.

In 1884, the *Northern Territory Times* printed the phrase, 'backward the natives must go before the tide of civilisation' (cited in Brady 1996:44). By this time white colonialists felt that they had superior wealth, knowledge and power and their duty was to confer and impart this to Aboriginal people. This position represented a shift in thinking from extermination to assimilation.

By 1909, Protectionist legislation was based on the ill-conceived belief that most Aboriginal people had been detribalised and had 'accepted' a white way of life. Neither of which was particularly relevant nor correct in the Northern Territory (Markus 1990). Under the *Aboriginal Protection Act* of 1909, Protectors were appointed with the power to remove Aboriginal people from camps near towns to reserves or missions (Thomson 1989). In the guise of protection, the colonialists cultivated views of Aboriginal inferiority, which they felt justified the repressive paternalism (Austin 1993). The Protector role was introduced to 'make Aborigines friendly to the settlers, induce them to labour, lead them to civilisation and religion' (Aboriginal Education 2008: online).

With the advent of federalism, responsibility for Aboriginal people's welfare fell to government institutions and politicised Aboriginal people's issues for the first time. The tragic era of forced dispersal, often used as a euphemism for shooting and killing (Austin 1992), soon followed as Aboriginal people were pushed into government institutions, missions and pastoral stations. The *Northern Territory Aboriginal Act* was introduced in 1910 and legislated for the removal, relocation and detention of Aboriginal people to reserves. The introduction of the *Aboriginal Ordinance* in 1911 then created a shift from 'pacification and dispersal' to more authoritarian control.

The year 1911 also marked the Federal government's Native Welfare Branch taking over control of Aboriginal affairs from the South Australian government, which had controlled the Northern Territory since 1863. This created much confusion and dispute with respect to funding and

responsibility and proved to be a backward step as the Federal Government's Native Welfare Branch had little or no understanding of the unique conditions of the Northern Territory (Condon, Warman & Arnold 2001).

The *Aboriginal Ordinance 1918* further extended the Protector's control over Aboriginal people. Females were under total control of the Protector, unless they received permission to marry a white man and all Aboriginal children were wards[15] of the state. During the 1920s the pace of forcible removals increased. By the 1930s, the vast majority of Aboriginal people were living in three principal circumstances; Christian mission stations, pastoral stations or in government institutions.

In 1938 John Ferguson and John Patton, renowned Australian Aboriginal activists, produced a document called *Aborigines Claim Citizen Rights*, in which they stated:

> You are hypocritically trying to 'protect' us; but your modern policy of 'protection' (so called) is killing us off just as surely as the pioneer policy of giving us poisoned damper and shooting us down like dingos (cited in Markus 1990:179).

In a contemporary context, this powerful condemnation could be regarded as an accusation of ethnic cleansing. Like so many aspects of the colonial treatment of Aboriginal people, protectionism proved to be detrimental rather than beneficial to their health and culture.

[15] Being a ward of the state meant that the government was considered the legal and moral guardian and the biological family no longer had any responsibility. As a consequence, children were often forcibly removed.

3.1 Missions and Government Settlements

A shift towards more humanitarian sentiments began to grow in Australia toward the end of the nineteenth century. This movement held beliefs about equality - that Aboriginal people were equal to all other humans in God's eyes. The establishment of missions grew out of an element of religious fervour. However, despite their beliefs in equality the humanitarians essentially acted as agents of the state by implementing the policy of the day, albeit within their own theological and moral ideologies.

The government issued rhetoric and propaganda indicating that special reserves on good land had been allocated to ensure that Aboriginal people were fairly treated and their rights were protected (Markus 1990). However, being placed in these reserves usually meant people were unable to leave or access outside areas. Restricting movement beyond reserve boundaries was akin to imprisonment (McGrath 1995). Missions and government settlements therefore contributed to a dependency on food rations as most people could not readily access traditional sources of food. This institutionalisation prevented people straying from missions and government settlements because of the availability of food and shelter (Read 1988). The missionary and government settlement period resulted in the lives of Aboriginal people being irrevocably changed. It can be seen then that such dependency on whites and their way of life was forced upon Aboriginal people. All previous liberties were stripped away.

> Once indigenous people had been rounded up and put on reserves the 'indigenous problem' became embedded as a policy discourse which reached out across all aspects of a government's attempt to control the natives (Smith 2003:91).

Miller (1985) asserts that government stations were a curse on Aboriginal people, as those who lived on these stations were subjected to severe oppression and corruption. They acted like a dumping ground for drunks and illegitimate children and a nursery for future employees (Read 1978a). Haebich (2000:383) writes that:

> The dormitory, the meal and the classroom were sites integral to the civilising project. They … fulfilled other agendas such as weaning children from parental influence … ensuring attendance at school, church and chores, and allowing strict surveillance through proximity to white staff. Experiences of inferiority and powerlessness, of grinding control and grim strategies of survival, were also learned in these environments.

Decisions in missions and government settlements were made with little or no consultation with Aboriginal people and religion was ultimately used to justify colonial decisions, resulting in a predictable and sinister pattern of authoritarianism (Read 1988). In these settlements denial of food and physical punishment were used to reinforce the missionary's prayers. There are examples of Aboriginal people being issued with food and tobacco for simply turning up in a mission and spot rations were given to those who attended church. In other missions, regular rations were given to those who both stayed in the missions and came regularly to church (Read 1988). In other missions church attendance was voluntary but was usually only secured with the lure of food. However, the temptation of tobacco and

alcohol[16] from the townships or pastoral stations was frequently stronger (Broome 2001).

Anglican, Methodist, Catholic and Lutheran missionaries were active in the Northern Territory (Markus 1990). Djandilnga and Barlow (1997) argued that all of these missionaries were largely unaware of the inappropriateness of bringing together many groups and families on land that often had little significance to those groups and how their behaviour may have offended Aboriginal culture.

The Lutheran Church established the Hermannsburg mission in 1877 and for a while was the only functioning mission (Haebich 2000). They had difficulty keeping Aboriginal people on their mission, especially in times of plentiful rains. In an attempt to persuade people to stay they provided morning rations and used food to encourage the children to attend school (Austin 1992). In 1886 the Jesuits established a mission known as the Queen of the Holy Rosary Station at Daly River. Like others, it focused primarily on the children because of their high mortality rate and the belief that the young souls could be saved (Thomson 1988). An example of the preferential treatment given to children took place at the Roper River mission on Christmas Day in 1915, with meals distinctly favouring the children. Dinner for the children was kangaroo and a vegetable with plum pudding for dessert, as compared to a small portion of goat meat and a pannikin of flour for the adults. Likewise, tea for the children consisted of scones, cake and gingerbread, whereas adults received a supply of flour (Riddett 1998).

[16] During colonisation tobacco, alcohol and opium were used to pacify and exploit Aboriginal people and landowners, but tobacco became the dominant substance in this endeavour (Brady 2002).

Despite this, traditional dietary practices were not supplanted on all missions. The Jesuits at Daly River, for example, were supportive of traditional foods contributing to the diet. A hunt for wallabies, duck, geese and fish was conducted several times a week, resulting in a significantly higher amount of meat in the diet (Flynn 1963). This mission attempted to meet the nutritional needs of its population by encouraging the inclusion of traditional sources and built a kitchen in the new settlement to encourage food preparation (Flynn 1963). This mission was an exception. The majority of settlement supervisors insisted Aboriginal people conform to white farming and cultivation practices and avoid their traditional diet. Lee, grew up in this particular mission in 1970s and 1980s, became a health worker in the local health clinic and later moved interstate to commence tertiary studies. The example Lee gives indicates that the mission in the 1970s continued to value Aboriginal ways of gathering food and speaking. This can be connected to early practices and beliefs held by these particular missionaries in the 1800s. Lee's contribution shows that such culturally inclusive practices, which began back in the 1800s, have had positive repercussions for the Daly River community.

> From what I remember during that time, and it may be the particular group of people that were there as missionaries, was that they never really once stopped Indigenous people from actually speaking the language or from not going out hunting bush foods and collecting foods. Actually every second Friday that I was at school we were told, the whole day was used to actually go out and learn traditional hunting skills with the women … and that was a way, I suppose, that this particular missionary group knew that Indigenous people had to retain that…
>
> (Lee: Aboriginal Educator - Nutritionist).

Lee recounts her experiences of growing up in this community in a positive way. She talks about access to bush foods and the fact that bush food collection skills were integrated into the schooling experience. This was unusual as the majority of missionaries felt that starvation was inevitable if Aboriginal people maintained their hunting and gathering existence (Austin 1992). Lee explores the dimensions of the relationship between missionaries and Aboriginal people, indicating that Aboriginal people retained their right to bush food collection by way of permission from the missionaries and because such collections were a scheduled practice every second Friday. This scheduling of activities is indicative of the authority and power of the missionaries and colonialists. However, the permissive act of approval to continue these practices renders the practice itself as less revered and the practices of the white missionaries as superior.

In contrast, at Port Keats in 1935, the people were still nomadic hunters and gatherers. However, in a relatively short period of time, the mission converted the people to dressed village dwellers and took responsibility for their food (Flynn 1963). With the mission controlling the provision of foods, vital functions of bush food were inhibited. Haebich (2000) demonstrated that bush foods provided several crucial functions, firstly as a much needed nutritional addition to an otherwise inadequate diet, secondly to prevent starvation and thirdly to provide or retain an ongoing link to cultural heritage. Aboriginal people's periods of willingly staying in mission settlements generally coincided with periods of drought or declines in bush food availability. Outside these times they were known to sneak out of missions to supplement their diet with bush foods. Thus they lived

intermittently in missions. Poland describes the motivating factors for Aboriginal people coming into missions or government settlements:

> April! Australian autumn. Not much more fruit to be gathered in the bush. The cold wind makes fishing harder and less rewarding. The natives and their dogs are getting thinner. They are beginning to feel cold; their tobacco is almost at an end. So they have to make the bitter decision to give up their free and easy life for a while and go to the mission station and work there (cited in Reynolds 2006:189).

During the 1930s, Ernabella station in Central Australia was taken over by the Methodists and Haasts Bluff which was initially established by the Lutherans became the depot for government funded rations (Beck 1985). Word of the ration station at Haasts Bluff spread and attracted many people (Folds 2001). Rose, a woman in her fifties, grew up in a mission in Central Australia. She talks of her experience with rations, of having to line up for meagre portions of non-nutritious food and fondly recalls the weekend food gathering activities:

> I grew up in a mission … It used to be a mission a long time and well everything was all right then. We use to line up for sugar and tea and a little bit of flour when we was kids for our week-end ration and a bit of dried fruit. There was a lot of date palms growing then, so we use to get a bunch of dates and we was happy we used to go straight down to the river to the creek and we use to catch fish and that. In those days it was, we was just happy and there was not grog involved then like the other things now they have in around in the communities. We was just lucky … We use to get water from the creek soak it and make our tea and with our flour make a little bit of damper and that was good. That was what nutrition we had and then bush tucker.
>
> (Rose: Student – Aboriginal Health Worker).

What Rose relates here is evidence of an approach that did not deny Aboriginal people their freedom or cultural integrity. It appears that this particular mission provided limited rations, while allowing collection and consumption of bush foods. Here the contrast between ration and non-ration foods becomes clear as the variety in ration diets is near to non-existent contrasted with the suggested wide availability of bush foods. The pleasure experienced in the gathering of these foods, including the social element, is palpable. This is understandable given the contrasting, controlled and contrived practice of lining up for rations.

The missions and government settlements managed to maintain a tenuous hold in the Territory, with little financial support provided by the government (Austin & Parry 1998). The lack of funding put great strain on the type and availability of rations and missions often ran short of food. They were generally dependent on what they could produce and meals were repetitious and offered little nutritional sustenance (Thomson 1989). Government settlements were usually funded according to the number of 'half caste' children present. Consequently settlements with large 'full blood' Aboriginal populations were significantly marginalised and that ultimately led to large scale starvation (Kidd 1997).

In 1973 the government decided to cease the approval of new mission settlements (Djandilnga & Barlow 1997). At this time there were 13 missions responsible for over 60% of the Northern Territory Aboriginal population (Beck 1985), making them the most imprisoned race in world (Read 1988). Some of the missionaries chose to stay on after this time to help set up

independent communities (Read 1995). Missions had played an instrumental role in the colonisation process and had either deliberately or inadvertently used food to control, influence and modify the lifestyles of the majority of the Aboriginal people in their 'care'.

Parry (1998:254) states that 'early twentieth century mission stations in the Northern Territory were sites of contested change to Indigenous ways of living which has long term ramifications for the health of the people'. Views about Aboriginal people held by the government and missionaries throughout this time perpetuated a theme of colonial power. Government strategies and the colonising practices of the missionary movement were part of a wider colonising force and changed the life patterns of Aboriginal people. They were exploited using strategies related to food including rations, dining halls and kitchens all of which undermined their traditional way of life (Flynn 1963). Dorman and Perkins (1996) write that the history of Aboriginal missionary and government settlements is steeped in colonial shame and many non-Aboriginal people have no knowledge of this history and its current day impact.

3.2 Pastoralism

The impact of mission and government organisations on the Aboriginal way of life was compounded by the effects of pastoralism. The *Aboriginal Act* of 1910 stated that the Chief Protector and the police were responsible for the welfare of Aboriginal people. However, in reality it was the pastoral landowners or station managers who actually had power and responsibility,

as the majority of Aboriginal people worked for them. Under this arrangement the treatment of Aboriginal people ranged from benevolent to barbaric depending on the attitude and resources of their 'keepers' (Lewis 1997).

When referring to pastoralist activities Read (1979:7) wrote that 'all we can do is point to the universals: European dominance, long hours, little pay, an unbalanced diet and a totalitarian control over the way life was lived'. Haebich (2000) argues that Aboriginal people were literally at the mercy of the pastoralists who had unbridled power and could do whatever they liked with little or no consequence. Liddle (cited in Austin 1993:140) wrote of his experience of being sent out to work on a cattle station at the age of 14 and running away from the station shortly after:

> I run away from there because I was just living there with, you know, just Aboriginal people; nothing to eat practically; no flour, tea or sugar; we was living on only goat meat and vegetables, and then these other blokes … used to come round, you know, and give you a bit of tea and sugar, or flour or something like that … and then a couple of times a bagman came along there, you know on camels? And they gave us a bit of flour and tea and sugar.

There are several points to draw from Liddle's story; firstly that he was working on a station at 14 years of age, in harsh conditions that would have included long days of hard labour, conditions so adverse that he chose to run away. He also comments that there were only Aboriginal people working there which indicates that the pastoralists were exploiting cheap Aboriginal labour. Both these points and the likelihood that there was no payment other than food are direct examples of a postcolonial stance.

Liddle mentions dietary practices on the stations citing virtually nothing to eat which demonstrates the postcolonial practice of using food to control. It is interesting to note his preference for tea, sugar and flour over goat meat and vegetables. This preference demonstrates that he has adopted colonial dietary habits and sees meat and vegetables as inadequate and unacceptable even though these would have been closer to a pre-colonial diet.

In 1918, Commonwealth Government regulations stated that the only requirement for pastoralists wanting to employ Aboriginal people on their stations was to have a permit. There were no other restrictions and no minimum wage requirement (Read 1979). Until minimum wage was introduced in the 1930s, pastoralists were frequently paying Aboriginal people as little as one-fifth the non-Aboriginal wage outlined in the *Wards Employment Ordinance* (Read 1995).

Marissa, a white nutritionist who had worked at the Institute and had just returned from living in a remote community employed in another field, raised the issue of the right to equal pay. Marissa supported the concept of equal pay although she could see the challenge it created:

> ... you know if you are working with anything to do with Indigenous people then inevitably in a conversation it will come up about the problems that are occurring in communities with whoever you are talking to. Someone was saying that all the problems started when we gave them equal pay and I sort of look at it and say how you could not give them equal pay is beyond me and that was a really positive thing as far as I am concerned, but at the same time that also meant that a lot of workers, a lot of especially station owners put Indigenous people off work because they didn't want to pay them that amount of money and if they

> were going to pay black fellas the same as white fellas then they would rather employ white people.
>
> (Marissa: non-Aboriginal Educator - Nutritionist).

Marissa raises the inevitable issue of the Aboriginal 'problem'. Here the use of inevitable indicates expectation and complacency and 'problems' refers to broad social problems in the communities and indicates the common blame the victim's approach. She uses the binary of black and white and talks about the preference of employing whites due to the introduction of equal pay. Marissa is voicing her thoughts about the dimension of the relationship of power and the inequities across races, expressing the use of income as a form of violence. Similarly she uses the binary of 'we' and 'them' indicating inclusion and exclusion. This preference of valuing white labour or knowledge over Aboriginal labour or knowledge, is the lived experience of Aboriginal people both historically and contemporarily.

On the pastoral stations of the early 1900s, rationing established and maintained a situation of virtual slave status for pastoral workers. This status continued until citizenship rights were granted to Aboriginal people in the late 1960's (Lewis 1997). Prior to this the treatment of Aboriginal people on pastoral stations, especially in regards to the provision of food, could only be regarded as harsh and separatist. Those of mixed race background were sometimes treated better; although Markus (1990) states that it was never to the same standard as the whites.

Markus (1990) cites the dominant value system and the lack of profitability in the pastoral industry as the reasons why pastoralists were not concerned with the nutritional status of Aboriginal people in their employment. The poor diet provided on pastoral stations had major consequences in terms of nutritional status and contributed to high death rates. High infant mortality rates of more than 31 deaths per 100 live births at Wave Hill in the mid 1900s and only 10 out of 21 babies surviving the first year of life at Limbunya Station were a direct consequence of poor diet (Read 1995). A notable early pastoral family related their experience with infant mortality at Wave Hill, reporting that three babies were born on their station in a short period of time, the first stillborn, the second survived, in the third both mother and baby died (Read 1995). Most likely the diet of these women was dry bread, sometimes 'supplemented' with goat meat and tea, hardly nutritionally adequate to sustain a successful pregnancy or post partum experience.

In 1945, Carrington, the then acting Chief Protector, found that dietary conditions for Aboriginal people employed on stations were acceptable. However, this finding was rebutted a year later by Berndt, an anthropologist, who found that the food on stations consisted only of beef, damper and tea and occasionally porridge infested with weevils (Read 1979). It was not just the food itself that was inferior; the environment or conditions in which Aboriginal people had to eat were also inferior. Being separated from the whites to eat and using separate utensils only added to the apartheid-like practices.

Pastoralism reflected all the colonial influences and exploited and exhausted Aboriginal people for white gain. The use of food and food practices mirrored the approach used in missions and government settlements but took it to another level by making it contingent upon the provision of labour in return for basic human needs.

3.3 Mining

The other major industry to enter the Northern Territory was mining. Like pastoralists, mining companies continued the inequity when they arrived, setting up townships for white mining employees fully equipped with water supply and sewerage disposal. The same basic sanitation was often not provided to Aboriginal people in nearby mission or government settlements (Cawte 1996). Nowadays mining companies pay royalties to traditional owners for the use of their land. These royalties and the supposed 'wealth' they bring have not led to better health, nutrition or lifestyle improvements for recipients. In fact it has at times acted as a source of contention, as Joy illustrates:

> I know that Aboriginal people get a lot of money from royalties and what are they doing with it? I feel from what I've heard and I can't talk first off because I don't live out there, but they're peeing it against the wall, that's an awful expression. When they could be helping their own people.
>
> (Joy: Aboriginal Student).

Here Joy indicates a degree of jealousy. It appears she is ready to make judgements and assumptions about how much people are receiving in royalties and what they are spending them on. She uses the metaphor of 'peeing it against the wall' to indicate wastefulness and thoughtlessness, with an underlying discourse of blame. She does not acknowledge the loss and destruction of traditional land and environment that the mining creates and that the royalties are essentially payment for this. While admitting she doesn't have first hand experience given her self reported 'white man's' lifestyle and upbringing, she is not immune to racial tensions and othering of her own people as indicated in the phrase 'they could be helping their own people', blaming the victim for not helping their own and placing herself in exclusion from Aboriginal people she refers to. In this way she sees herself as separate. This concept of self help not being enabled by white society is clearly what postcolonialism is about and this exclusionary practice may well be a result of postcolonial discrimination and a product of assimilation practices.

4. Food as a colonising strategy

Within the settlements and pastoral stations food was used to directly control the behaviour of Aboriginal people. The subordination of Aboriginal people through colonisation by the dominant, non-Aboriginal culture has determined and continues to determine the health status of Aboriginal people in Australia today, although the effects of colonisation continue to be, by and large, trivialised or disregarded by the white colonialists.

Hunter (1996) argues that past and present socio-cultural and socio-political effects of postcolonialism continue to dictate the level of influence on nutrition. Food has been used as a central colonising strategy throughout colonial and postcolonial practices and is a strategy which has various manifestations such as rationing, dining halls, community kitchens and gardens, and wages.

4.1 Food used for Murder, Punishment and Exploitation

Not only has food been used in the subordination and control of Aboriginal people, but Austin (1993) states that food was used as a method of delivering punishment, including food adulteration and deprivation. These techniques were more common than the use of physical violence. For example many people were poisoned by food tainted with sheep medicine, which when administered produced a violent salivation and a painful death (Woolmington 1988). Along the Canning Stock Route and to the south, there were many accounts of Aboriginal people dying as a result of being fed poisoned meat (Folds 2001). A far more obvious and 'effective' practice was poisoning the drinking water (Egan 1987). Not all acts were direct, frequently food would be used as a lure or trap, in which people were coerced into areas and murdered, or removed to government or mission settlements.

Government inquiries into such occurrences only encouraged the perpetrators to switch to more covert forms of punishment, including poisoning the flour given to Aboriginal people and their families. Documentary evidence detailing how many people met such fates is not available, but Broome (2001) suggests that a large number of Aboriginal people suffered agonising deaths in this way.

Less violent but equally as damaging was the use of food as a method of exploitation. There were many cases of children being 'removed' or 'borrowed' from their families to be used as cheap labour in exchange for food (Haebich 2000). This labour was not classified as slave or forced labour, according to the *League of Nations Slavery Convention,* because in theory coercion to work was absent. Coercion may have been generally absent but so was payment, with many Aboriginal people never receiving the wages to which they were entitled (McGrath 1995). They received food and tobacco, in lieu of wages, until 1933 when regulations to receive tobacco[17] as part payment was deleted (Austin 1993). Despite the obvious exploitation of Aboriginal labour and the use of food as currency it was not classified as slave labour. However, Haebich (2000) asserts that the notion of slavery must be recognised and acknowledged here. Examples include the Granites mine in Central Australia, in which Aboriginal people were expected to work eight-hour labour intensive days, with only flour to sustain them. Not surprisingly they suffered from exhaustion and malnutrition as a result of

[17] The control of food and nutrition was negatively impacting on the health of Aboriginal people but the additional promotion of and use of tobacco, as remuneration would have inevitably compounded the risk factors for the early onset of disease and death.

this deliberate ill treatment[18] (Markus 1990). Disproportionate wages were frequently encountered with the usual wage for Aboriginal people around the early 1900s being between 5 and 10 shillings per week and around 2 to 3 shillings per hour for white workers (Austin 1993).

When food became unavailable or rationing ceased, Aboriginal people were frequently forced to steal food, often leading to their imprisonment. The Protector in the early 1900s, Percy Wood, recommended imprisonment with restricted meals of only bread and water as an appropriate punishment for food theft. By comparison, prisoners incarcerated for other crimes were in receipt of three meals a day and were often better fed than when they were free (Austin 1992). Aboriginal people caught stealing large quantities of food, or who committed serious crimes received severe punishments and often the sentence was death by hanging or shooting.

The use of food as an instrument of power fundamentally influenced the nutritional status of Aboriginal people. Power has been central to the colonising process and has taken many forms, including slave labour and deliberate acts of poisoning (Broome 2001; Egan 1987). The ongoing effects of colonial regimes and latent colonial resentment have been underestimated and remain remarkably unchanged, specifically in reference to altered diet. An historical acknowledgment and understanding of these acts and their

[18] Over the years in the Northern Territory there have been some white people who have been genuinely concerned and interested in Aboriginal nutrition and welfare. Credit should be afforded to those people who were legitimately concerned with Aboriginal nutrition and welfare. Dr R J Morice for example, was the Protector of Aboriginal people in 1876 and supported the health and wellbeing of Aboriginal people and Dr Tony McLeay who was the resident doctor at Utopia in the early 1980s, who was reported as being particularly interested in the state of nutrition and had in fact prescribed diets for many people in that community (Bagshaw 1993).

outcomes is central to the recognition of barriers to successful nutrition interventions.

4.2 Rationing

At the extreme, food was used for murder or entrapment, but less extreme and more pervasive uses of food to exert control over Aboriginal people were prevalent as well. Rationing was one of the principal colonial practices in the Northern Territory. It was the most widespread colonial practice (Rowse 1998a) central to civilising projects and acted as a gatekeeper for nutrition knowledge and social action. Rationing practices in Australia were part of a pattern highly reminiscent of colonial conditions worldwide (Eckermann et al. 1992). The story of rationing in the Northern Territory includes themes of colonial attitude, concepts of racism, discrimination and population control. The practice of rationing helped the colonisers 'to reproduce moral discourses alternative to a discourse of indigenous right' (Rowse 1998b:98-99):

> The paternalism of both prescriptive and permissive rationing subtended a confidence that disposing colonial law was beyond moral interrogation. To ration was to construct oneself as a moral person; it was considered a self-satisfied benefaction (Rowse 1998b:120).

Rationing as quoted in the *Northern Territory Welfare Branch Annual Report* (1971:77), was expected to 'bring about major improvements in health, and adoption of European eating habits should have the effect of making Aboriginal people more acceptable in the community generally', indicating that the Western diet was viewed as superior.

Initially rationing served a role in scientific explorations; food was given to Aboriginal people to placate them when scientists and explorers were visiting their lands. Historical records of the Horn expedition in Central Australia indicated that rations were distributed so that explorers had less reason to feel endangered and were able to 'buy' the cooperation of Aboriginal people and collect their artefacts (Rowse 1998a). The colonialists later rationed for a variety of reasons; as a way of maintaining social order, to foster power and control, to ensure segregation and to Europeanise and Christianise (Dare 1999). Haebich (2000) also states that the distribution of rations was a population control measure aimed at pacification. Early settlers held the belief that rationing would serve as a means to govern Aboriginal people and replace violence. Clearly the colonialists had well-defined expectations as to the behaviour of the recipients in return for the provision of the rations (Dare 1999).

Through its various uses, rationing maintained authoritarian rule. An example provided by Morris (1994) was the requirement that people should assemble for rations, which was a deliberate act to subordinate Aboriginal people. The act of lining up and waiting to be given food is a visual, physical and psychological manifestation of power and control, aligning with

Foucault's power theory. Morris (1994) also claims that rations were symbolic of disrespect; the black tea being likened to dust, the inferior brown sugar being distributed instead of the white sugar that Europeans would use and the poorest quality of meat. Rations reinforced the notion that white society was superior and hence more deserving of superior quality products (Morris 1994).

Rationing depots were often moved due to changes in land ownership and the availability of government staff and funds. The movement also had the effect of moving people on or displacing them (Folds 2001). It was a deliberate act instigated to clear Aboriginal populations who were at the mercy of such movement. Macbeth (1997:89) argues that this was a reflection of unequal social relations where the 'poor have little resilience, either economically or nutritionally, and are the first to migrate during famine'. As such it is another layer of the colonialist using the provision or removal of food as a means to control the Aboriginal population and maintain their position of power.

Rowse (1998b) recounted Pastor Albrecht's view of rations, writing that he was of the opinion that handing out food would result in corruption of the recipients. Likewise, Stretton (cited in Austin 1992:72) raised concerns about rationing practices, indicating his lack of support, believing that distribution of food to Aboriginal people would 'hasten their death'. Stretton suggested that if people had to return to bush life after having been provided with food and rations, they would not be tolerant to the potential lack of food and cold.

In an attempt to minimise over-dependency on rations some settlements or depots gave out foods on the condition kangaroo ears were presented to indicate that they had been hunting to support themselves (Folds 2001). Sadly prostitution, an exploiting and subordinating practice, often provided a more profitable income than hunting or gathering, with payment in the form of money, rations or clothes (Reynolds 2006). Items earned by the women were often shared among the family group and were frequently responsible for preventing starvation. Aboriginal women would have felt they had no choice but to turn to this option in order to provide for their families and white men would have taken advantage of that predicament. There is evidence, however, that Aboriginal people attempted to improve their situation through trade with colonialists to supplement meagre provisions. Some Aboriginal people traded in items such as animal skins and artefacts as well as food such as fish and wallaby; with the basic unit of exchange being a pound of flour (Reynolds 2006).

Aboriginal people were paid for labour with rations to ensure an ongoing employment pool. If they did not do what was considered a reasonable amount of work, rations would be withdrawn or they would be expelled from the reserve or settlement (Read 1988). Rations were also distributed to people who were not an active component of the workforce, primarily women, the aged and ill. Economic discrimination followed; Aboriginal people were unable to receive the old age pension and the maternity allowance on the grounds that they had already received rations. This was the beginning of welfare dependence and was one of the many examples of postcolonial deceit.

In 1932 rations issued to Aboriginal people amounted to only half the official welfare relief (Read 1988). Critics of the Aboriginal Protection Board argued that rations weren't always received and that the allocated ration for a child (4 lbs. of flour and an eighth of a pound of tea), was insufficient for the nutritional requirement of a growing child (Read 1988). Section 71 of the 1953 *Aboriginal Welfare Ordinance* outlined the illegalities of denying Aboriginal people food. The intent of this section was to overcome entrenched historical practices of food control used by pastoralists, missions and government settlements. To skirt this legislation and avoid giving Aboriginal people food, they were commonly banished from settlements and missions, rather than have them there and deny them food (Read 1995; Miller 1985). This is a clear example of an adherence to the notion of institutional uses of force and coercion (Gandhi 1998).

Rowse in his book *White Power White Flour* (1998a) describes the moral framework that governed rationing practices in the Northern Territory. He outlines how rationing was a significant part of broader political activity which involved maintaining 'a political economy … conceived as an enlightened adjunct to police authority' (Rowse 1998a:102). While the police had great latitude in their ability to assert power and authority, control over food was considered less overt, less violent and more humanitarian.

In addition to the police, missionaries, pastoralists, miners, administrative officers and officials were all responsible for rationing (Rowse 1992), drawing them all into a pseudo vigilante role (Kimber 1991). Mudrooroo (1995:93) proclaims that the consequence of this was that all these groups acted as the

‘Master’ in the distribution of rations with the Aboriginal role of the ‘Servants’ or slaves. The power of this authoritarian role frequently resulted in bullying, insults and people having to even beg for food. Some recipients chose to starve, rather than be exposed to this behaviour (Markus 1990).

Reynolds (1987) explains that Aboriginal people may have perceived the provision of food as a right owed to them, as part of a reciprocal relationship in exchange for their land. Colonisers by contrast perceived food as a ‘gift’. Likewise, Aboriginal people may have considered other handouts, such as blankets and clothing, as a form of compensation or a reciprocal right (Martinez 2007). As a consequence when the handing out of rations ceased and cash forms of payment were introduced, Aboriginal people may have felt that the whites had let them down (Reynolds 1987). These incongruent views about the intent of rations and the advent of a cash economy exacerbated an already fragile relationship. The removal of a practical and readily consumed product with an abstract currency brought with it complexity and choice that neither were prepared for. It marked the introduction of the concept of Western capitalism into Aboriginal communities and added weight to the consistent theme of white superiority.

Rationing commenced in the mid 1800s and continued over 100 years until the 1960s. The 1964 introduction of cash payments was an outcome of major reforms in social welfare legislation and resulted in Aboriginal people gaining access to financial remuneration and social security payments (Rowse 1998a). In one sense this change meant assimilation had reached its goal, with food consumption being ‘liberated’ from rationing and the associated

administration (1998a:10). Ultimately the inadequacy, insecurity and variability of the rationing practice had a profound effect on dependent populations.

4.3 Communal Feeding Practices

By the twentieth century government staff and missionaries involved in Aboriginal welfare decided to institute mass feeding programs believing it was the only way to avoid spiralling malnutrition among the population. Ration supplies were replaced with kitchens and dining halls that provided three meals a day. The communal meals became contested sites of emptiness and physical and emotional abuse, reinforcing feelings of rejection for Aboriginal people. McConaghy (1991) holds firm that domination of the colonised has clearly been mediated through instruments and practices such as ghettoisation, communal feeding kitchens and rations and that all of these feeding practices were attempts by the missionaries and government officials to try to convert or encourage Aboriginal people toward a European style of life or religious doctrine.

Rationing practices, dining halls, community gardens and kitchens imposed certain forms of regimentation. Meal times became structured and non-negotiable, which would have undoubtedly been distressing to people who had not previously been subjected to such regulation. Very contrived conditions were created that removed any of the ritual of sharing a meal (Bell 2002). Attempts by the missionaries and government officials to regulate, control and Europeanise Aboriginal people extended to table etiquette. De

Certeau, Giard and Mayol (1998 cited in Bell 2002:13) wrote that the 'table is a social machinery as complicated as it is effective'. Foucault (1977) argued that by the ordering of time and space, all things became an object of regulation, control and discipline. This affirmed the ideology of colonial power, of power circulating through strategies of regulation and exclusion (Castle 2001).

Dr Cook, Chief Medical Officer and Protector of Aboriginal people ,1927-1939, supported the concept of 'controlled nutrition in a supervised hygienic environment', documented in policy to be enforced in missions and settlements (Kettle 1991:121). During his tenure communal feeding practices became the vogue and several different arguments were used to justify the practice, including benefits in nutritional value. However, in many instances there was not sufficient funding to allow for crockery and cutlery. A more realistic explanation of the introduction of the practices might be that it was cheaper than installing cooking facilities in people's houses.

The meals consisted of meagre and monotonous rations, a marked contrast to the meals served to the white staff (Haebich 2000). Typical meals served included: a breakfast of bread and fat, or bread and treacle; a lunch of bread and treacle, sometimes hot soup; and a dinner of corn porridge, sometimes with a potato (Haebich 2000). At the Myilly Point Home for children in Darwin, the lack of emphasis on nutrition was alarming. One of the childhood residents, Daisy Ruddick, tells of her memories and recalls that the children looked like those in concentration camps and would literally fight for food in order to avoid hunger (Austin 1993).

The development of communal kitchens demonstrated an undermining of elders' authority and reflected the attitude that Aboriginal people were incapable of feeding themselves (Altman 1987). To compound this, meals were often eaten under the watchful authoritarian eye of the Aboriginal police or mission staff who ruled the dining halls with the 'strap' (Haebich 2000). The dining hall practices added additional problems in terms of cultural avoidance relationships, which are cultural relationships that prohibit certain people from making contact or communicating with each other. Such components of Aboriginal culture were rarely the concern of the administrators.

Generally meals were served with colonial ritual; they were very orderly with bells to indicate meal times, mass-seating arrangements and suppressed social interaction. The meal became a highly controlled event, removed all spontaneity and disrupted usual social alignments and interactions (Haebich 2000). At the Roper River Mission in the mid 1930's, a bell rang to indicate to Aboriginal 'in-mates' that it was time to line up outside. People would hold a tin plate with their name stamped on it, wait for grace to be said and then each person would receive an equal portion of poor quality food (Read 1978b). The belief that Aboriginal people had no concept of time provided ideological justification for practices (Smith 2003). Indeed, the emphasis on precision, time and static space were completely foreign to Aboriginal people and generated untold frustration.

Regulation and regimentation occurred up until the 1960s at the home for 'Part-Aboriginals' at Melville Island. People here were placed on the cooking roster and were woken each morning at five, by a clap or a bell, to light the fire and bake the bread. Breakfast was served at eight, which was after mass and dinner was served at five in the evening prior to going to rosary (Read 1978b). Food and routines were linked to the time of day and set religious practices. These inflexible imposed rules are invariably present in most institutional schedules, including prisons and boarding schools, demonstrating a white bureaucracy careless of human need (Austin 1993).

Aboriginal people were to become Christianised peasants, who would learn about Western foods and domesticity and learn to cook food in the white manner (Haebich 2000). It was yet another angle in the forced conversion and social change imposed by the colonialists (Wells 1998). This practice did not necessarily result in the outcomes expected as Mary suggests. Mary grew up in a mission settlement and is currently an Aboriginal Health Worker in that same community:

> The old people knew of what they used to get because back in the mission days when they use to go to this one big, they used to call it the eating house, and they use to go there for meals … they didn't tell them what foods were good, and what to eat, just more or less the easy way out … Um, I think having the eating houses and that, it more or less made them rely on [white] people … they used to just serve it up in the kitchen and people didn't know how they cooked it so people relied on going to the eating house and things like that and it didn't give them any opportunity for them to work out things and do things for themselves. Therefore, they were helping them out by doing that, but it really didn't help them for now. It didn't teach them anything.

> Like now they rely more on take-aways. They should be encouraging them more. Like going out into the communities and helping them, having lessons and teaching them how to cook and things like that, for the communities, you know.
>
> (Mary: Student – Aboriginal Health Worker).

Mary is talking about the lack of skill transfer as food was given as a handout, taking responsibility away from the people who ate it. She talks about the 'eating house' having taken away opportunity. European skills were not gained as expected and instead people were pushed into a reliance on paternalistic practices and an addictive dependence. Interestingly she then calls for 'them', referring to white people, to now go out and teach Aboriginal people how to cook. The prospect of having white people come to teach cooking would essentially be a neo-colonial activity perpetuating postcolonial practice.

Community gardens were another enforced colonial practice. The colonisers believed that Aboriginal people needed to learn the productive efforts of their own labour and felt that hunting and gathering was inappropriate and unacceptable (Reynolds 2006). The missionaries deliberately set about changing the traditional hunting exchange economy and introduced farming and agriculture (Dewar 1992). One example was at the Jesuit mission at Rapid Creek in Darwin in the 1890's where each family group was allocated a garden plot that they were supposed to tend and grow their own food. Similar practices had been successfully implemented in South American missions, but the implementation in the Northern Territory failed to take into account the adverse climate and poor soil quality, which made such an endeavour extremely difficult if not impossible (Kettle 1991).

Bagshaw (1993) tells the story of the Maningrida kitchen constructed for community-wide use, using produce from the community garden run by the Department of Aboriginal Affairs up until the 1970s. It was closed only a few months after construction was completed, despite being built at considerable cost. While it was operational it was responsible for providing three meals a day to community members. Any leftover fruit and vegetables were left to rot as government policy directed that left over food could not be sold or given away. People were punished if they tried to collect any of the left over produce. Despite examples of waste and punishment, Rose, an Aboriginal woman in her fifties, remembers the community garden in the mission she grew up in with fond regard. She talks of the fresh fruit and vegetables as things 'the missionaries use to have' rather than things she used to have, this may indicate that the best produce was kept by the whites. Indicating white superiority, inequality and power within food production and supply and a privileging of white's needs.

> Some nice things too, cause there used to be a big garden, mission garden with everything in it. Like fruit and veggies, like cabbages, pumpkins, carrots, celery, silver-beet and all of those things the missionaries use to have.
>
> (Rose: Student – Aboriginal Health Worker).

Another phase of feeding control was the sale of meal tickets, by the Welfare Branch. These tickets were sold within defined timeframes and again relied on the imposition of a forced routine of people's activities. The rationale of this initiative lay in constructing forms of knowledge (Slemon 2001 cited in Castle 2001), teaching Aboriginal people the value of money and effective time management. However, like prior initiatives such as rationing, control

over the meal tickets was frequently used as a form of punishment (Wells 1998).

All of these practices imposed constraints, prohibitions or obligations on Aboriginal people and as Foucault (1985) would describe, were projects of docility. Foucault (1985:136) wrote that a body which was docile could be 'subjected, transformed and improved', involving a 'scale of control'. Relative to the context of this research, the body is an object and a target for the colonisers to assert power over the colonised. The docile body could be 'manipulated, shaped, trained'; processes which were governed by time, space and movement (Foucault 1985:137).

The dominant white feeding pattern of three meals a day at regimented times (Clements 1986) continues in contemporary Aboriginal institutions, such as the Institute, indicating the persistence of postcolonial practices. The main campus of the Institute is geographically isolated and provides student accommodation for short residential education programs. Students represent every adult age group and background and many students travel for residential study from remote traditional communities. The kitchen at this campus consists of a servery and mess hall and is a modern day version of a government or mission run dining hall. Students have no alternative but to adhere to very rigid feeding times, traditional white institutional food choices and experience dining in a manner similar to modern prison systems. The students are responsible for maintaining the hall's cleanliness and preparing dishes or washing their own dishes prior to servery staff collecting them. The question that begs to be asked then is why an Aboriginal controlled

organisation adheres to a postcolonialist food practice when their stated mission is to respect and reflect the cultural and lifestyle needs of Aboriginal people, people who have a much more relaxed attitude to time and food and have difficulty adhering to this rigidity.

Further ethnocentric assumption and dietary erosion occur within the colonial structure of hospitals, where Aboriginal people are offered only Western style food. Ellis (1996) found that this often resulted in Aboriginal patients leaving the hospital earlier than they should or experiencing longer recovery periods. This led to the introduction of an innovative program which made bush food available to hospital patients, leading to decreased recovery times and an improved opportunity to remain connected to traditional and cultural food practices.

At the heart of the colonial encounter are relations of domination, regulation, exclusion, marginalisation and punishment. The colonialists were the apparatus of repression through these practices and included representation from religion, pastoral and mining industries, education and the government. They legitimised the use of power and ensured its representation through dietary colonisation.

5. Summary

Colonisation by the British in other parts of the world involved the conversion of Aboriginal people to Christianity and the Northern Territory was no different (Austin & Parry 1998). From the creation of the first reserve in 1888, Aboriginal people were subjected to exclusion in missions, settlements or stations. They were placed in enclosures and restrained from leaving. Practices were largely paternalistic and tried to alter the social norms and customs of Aboriginal people (Beck 1985). The use of food and rationing practices were central to much of the coercion during colonisation. They colonialists brought rapid and harmful changes to the nutritional status of Aboriginal people from a situation of adequate food availability and high nutrient value to low levels of availability and poor nutrient value.

This chapter has given a brief historical account of the methods by which the food and nutrition of Aboriginal people has been subject to colonial and postcolonial control. It examined how food has been used as a mode of power, control and structure. It depicted a violent and immoral imposition on the lives of Aboriginal people. Despite the mix of self-interest and misguided welfare from colonialists, missionaries and pastoralists, Aboriginal people were routinely and systematically controlled. They had no choice but to accept the decisions and direction of the more powerful entities – the government, the church and the pastoralists.

This chapter and its historical overview are preparatory to further historical exploration in Chapter Five. It has set the scene for explaining the longer-term ramifications of colonial food supply and nutrition practices and illustrates dietary colonisation, dependency and their impact. It leads to further exploration of the issue of power in the field of nutrition for Aboriginal Australians in the Northern Territory.

CHAPTER FIVE

HISTORICAL DETERMINANTS OF FOOD AND NUTRITION

One wonders, in fact, if those who contribute to keeping these masses hungry do not know exactly what they are doing, since famished, lethargic, diseased people are notoriously bad at overthrowing anybody

George (1978).

The historical context outlined in Chapter Four covered the period from colonisation to the Second World War. This chapter continues the exploration of historical context surrounding postcolonial nutrition from the mid 1940s Second World War period, right up to the Commonwealth Government Intervention in the Northern Territory in 2007 and 'the Apology'[19] in 2008. The government policy shifts from assimilation, self-determination, welfarism to reconciliation and the subsequent effects of these on nutrition in the Northern Territory will be examined. More recent practices involving food and domination will be shown as continuing the perpetuation of the marginalisation experienced by Australia's Aboriginal people. What emerges from this historic tracing is that nutritional disadvantage is directly related to postcolonial discourses and regimes. By weaving the voices of research participants lived experiences into the exposition of these events, light is shed on the politicisation of Aboriginal issues and modern or neo-colonial rationing practices.

[19] Since conducting the participant interview component of the research, a new Labour government has been elected and shortly after taking office, the Prime Minister issued an apology to the Aboriginal and Torres Strait Islander people of Australia.

1. The Second World War

The period leading up to the end of the Second World War saw a shift towards a 'scientific regard' for Aboriginal culture. Aboriginal people were treated more humanely and views of inferiority declined. Humanitarian groups pressured the Commonwealth to address the excesses and neglect in the Northern Territory (Austin 1993). The *New Deal Policy*, announced by Commonwealth Minister McEwan in 1939, included the provision of education for all half-caste children equal to that of the whites. This equality, while welcomed, did not extend to other Aboriginal children and was typical of the double standards applied to selective groups of Aboriginal people at the time.

With the outbreak of the Second World War, the army took responsibility for providing both non-Aboriginal and Aboriginal people with shelter and food. This realised an even greater drift of Aboriginal people toward missions than had been experienced previously. According to Altman (1987) this was based on three factors; curiosity, the attraction of goods not previously available and the chain migration caused by centralization of groups from missions. Read (1995) asserts that this movement was not just a 'drift'. People were forcibly relocated through necessity, as services were provided at fewer sites than before. Broome (2001) argues that while Aboriginal people's curiosity was indeed a factor, the predominant motivator to move towards missions was the need for food.

In Read's (1995) text *Contested Ground: Australian Aborigines under the British Crown*, Kwementjaye Jamijinpa of Willowra Station provides evidence that food was used to motivate and control. He tells of having to bring his own people, the 'bush people', into the army camps. This movement of people was enforced by using the promise of food and rations as a lure and the threat that if they did not come in voluntarily they would be shot by the colonialists (Read 1995:282).

When the Japanese advanced south and the bombing of Darwin commenced, non-Aboriginal people and Aboriginal children were routinely evacuated. Aboriginal adults were not evacuated and were treated as second-class citizens unworthy of safeguarding (Flynn 1963). However, Lewis (1997) states that the army (mostly comprised of Australians from southern states) was actually fairer to Aboriginal people and operated with a greater degree of responsibility than the pastoralists or station managers who had previously 'controlled' them. Rowse (1998a) suggests that this may have been due to increased demand for their labour during the Second World War, leading officials to treat Aboriginal people in such a way that they would become active members of the army and the national economy.

Herein lies a powerful commentary on the value of Aboriginal life – on the one hand the whites believed that Aboriginal people were utterly dispensable during the bombing raids, but on the other hand they were deemed sufficiently valuable to be included in a range of wartime activities. Despite the contrasting attitudes, the underlying tenet was that Aboriginal life could be exposed to greater risks than whites were expected to accept.

2. Assimilation

The Northern Territory led the push toward assimilation (Read 1995), including the development of a register of Aboriginal people. Just prior to the start of the Second World War in 1939, Commonwealth policy dictated that Aboriginal people would be assimilated into dominant white culture (Austin & Parry 1998). Assimilation was the key government policy from 1941 to 1968 and despite its paternalism, was thought to offer some benefits to Aboriginal people (Miller 1985). However, the change in policy from protectionism to assimilation did not serve to decrease the level of control over Aboriginal people, nor increase their levels of independence. The expected outcome of forced assimilation into white society was that Aboriginal people would take-up the same lifestyle as non-Aboriginal people. They would think, act, dress, eat and live like white people. In this way they would be 'successfully' assimilated (Read 1988). The 1958-1959 *Northern Territory Annual Report* stated:

> It is the policy of the government to promote and direct social change among Aborigines in the Northern Territory in such a way that they will eventually become indistinguishable from other members of the Australian community … (1958-1959:40).

Despite this sentiment there were still differences in attitude based on colour and race. Degrees of whiteness became a widespread preoccupation with policy makers. 'Half-caste' people were fed better, clothed better and educated better than 'full-blooded' Aboriginal people. They were viewed as having more hope of becoming white (Markus 1990). Degrees of assimilation were assessed on 'quantity of blood' (Arabena 2006:87), a method used by

many, but this did not take into account the more abstract and critical uptake of Western lifestyles which would have been a more effective indicator of 'real' assimilation. While 'full blood' Aboriginal people became wards of the state (guardianship by the government) from 1953 to 1964, concessions were made for 'half caste' people, including more access to education, ease of movement into white areas and some maintenance of family ties (Haebich 2000). These concessions were enshrined in official amendments to the *Aboriginal Ordinance* in 1953 releasing all 'half caste' people from the restrictions previously placed on them.

The forcible removal of Aboriginal children of mixed descent into Aboriginal children's homes run by the state continued (Austin & Parry 1998). This institutionalisation was designed so that children were trained to be cooks, cleaners and needleworkers, to then be farmed out to white families as virtual slaves. The removal of children effectively mimicked the colonial practice of removing Aboriginal people from their homelands and controlling their thoughts and actions. The effects of this were exacerbated by the destruction of parental and familial relationships and a loss of connection with culture that has had repercussions through the generations and on into the lives of today's Aboriginal people.

The colonialists continued to believe the legitimacy of their power and position in society enacting techniques and patterns of domination across all facets of public and private life (Loomba 2005). Reynolds (2006) writes that the power and material abundance of the colonialists was overawing and intimidating for Aboriginal people.

The Northern Territory housed the nation's largest population of non-Aboriginal people from various nationalities, including a large percentage of Chinese people who had come to the Territory in search of gold and other nationalities who sought wealth from cattle and mining. These people were also seen to be 'others' although they were considered more sophisticated and civilised than Aboriginal people. This intensified social attitudes and the role of institutions in trying to maintain white or middle class power regimes (Austin 1993). By the late 1960s, the government came to the realisation that the assimilation policy was ineffective in achieving its original objective and eventually this led to the abolition of the assimilation policy and its replacement with self-management by Aboriginal people.

3. Self Determination and the Referendum

The 1960s marked a period of expansion of civil rights world wide. Across many countries Indigenous peoples, minority groups and women were being extended rights (Barkan 2000:xxvi). In this time of radical political change some impact was felt in Australia, revealing a shift of thinking away from the so-called paternalistic benevolence of assimilation, toward a greater willingness to recognise Aboriginal people and their place in Australian society. This was not, however, a spontaneous or immediate change. A Referendum to alter the Australian constitution in 1967 and give citizenship rights to Aboriginal people, ultimately lead to a policy change from assimilation to self-determination (see Figure 6). The latter was designed to provide opportunities for Aboriginal people to direct their own lives (Rowse 1998a). Self-determination set out to promote and support Aboriginal

people's struggle for autonomy, independence and cultural strength (Stephenson 1993). Self-determination meant Aboriginal 'agency would now be rendered in terms of its moral plenitude and cultural authenticity rather than its ethical lacks and historical attritions' (Rowse 1998a:41).

Figure 6: Float in the 1967 May Day Procession (University of Queensland 2009).

In the Northern Territory, there were several significant events in the struggle for equality, in particular land rights and citizenship. The Wave Hill walk off in 1965-1968, which was a protest for equal wage recognition in the pastoral industry and the Bark Petitions at Yirrkala in 1963 (see Figure 7), a protest against the mining of sacred land, both drew unprecedented political and media attention. Indeed, the Bark Petition's initial failure transformed into a protest movement that later led to the establishment of the tent embassy[20] at Parliament House (Barkan 2000). Despite the policy of self-determinism the

[20] The tent embassy is a protest camp established in Canberra in 1972 and maintained since by a contingent of Aboriginal and Torres Strait Islander activists.

active resistance to ongoing domination and exploitation in these and other protests was not well received by the authorities of the time. It did, however signal the first steps toward Aboriginal attempts to assert their right to better treatment and conditions.

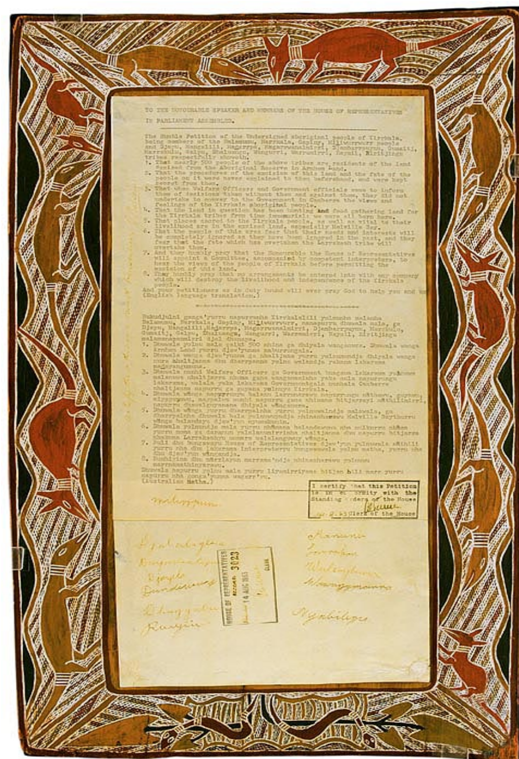

Figure 7: Bark Petition (National Archives of Australia 2009).

The 1967 referendum also gave Aboriginal people the right to vote. The fact that there was the need for a referendum is direct evidence of colonial power, in that up to that time only whites were allowed to vote. The yes vote in the referendum was a response to several events such as those described above and the ongoing protests about racial inequity (see Figure 8). Another factor in white Australians' support of the referendum was the recognition that Aboriginal Australians had the right to an adequate standard of living and a

higher standard of heath (Human Rights and Equal Opportunity Commission 2006).

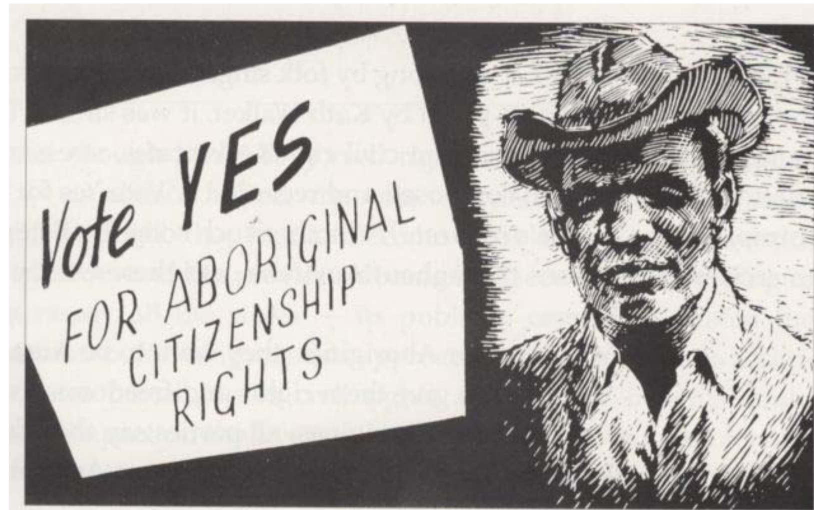

Figure 8: Herbert McClintock Drawing from *Common Cause*, the Journal of the Miners Federation of Australia (University of Queensland 2008).

The referendum ensured that Aboriginal people were no longer subjected to legal restrictions as 'protected people' (Australian Electoral Commission 2002:9) and served as a significant marker for the commencement of land rights claims and acts (Reid 1990). These have, in themselves, been cited as a leading force in the improvement of health outcomes. Although these acts were initiated through colonial power and control, the outcomes enabled greater self determination and autonomy for Aboriginal people and have heralded the possibility of improved health outcomes.

The post referendum period in the 1970s marked another change in political and practical consciousness (Edmunds 1995). The time coincided with world-wide liberation in dress codes, moral codes, sexual attitudes and greater access to tertiary education. While Aboriginal people experienced the same phenomena, it was also a time when the acquisition of their rights (particularly land rights) was a catalyst for further struggles for equity and social justice.

One consequence of the land rights claims of the 1970s was the development of the outstation movement in which Aboriginal people were allowed to return to and create smaller more remote settlements on their traditional lands. A review of related literature found that 'the positive health effects of this movement, long asserted by Aboriginal people themselves, is now receiving scientific confirmation' (Condon, Warman & Arnold 2001:148). It was found that people who returned to their homelands or outstations were in better physical health than those who elected to stay in existing settlements (Lupton & Najman 1995). One reason for this health improvement is the decreased dependence on store foods (Burgess, Johnston, Bowman & Whitehead 2005). The outstation movement demonstrates Aboriginal people's unwillingness to continue to accept the role historically cast for them within the wider (white) Australian society (Hetzel 2000) and a rejection of ongoing postcolonial regimes. It represented the beginnings of new found autonomy in remote Aboriginal communities.

The eligibility of Aboriginal people for social security entitlements commenced in the 1970s, resulting in unemployed and non-working Aboriginal people being paid some form of cash benefit (Haebich 2000). The right to social security has been conjectured as another form of subjugation, a locked in dependency rendering the same kind of panoptic control that the ration regimes created. However, it did enable people to move about more freely and contribute financially to the homeland or outstation movement. The reinstatement of people to their traditional lands or outstations reversed at least some of the stress caused as a result of being forced to reside in settlements and having to accept conditions such as communal dining halls and rations. The outstation movement is thought to have led to a greater sense of control for Aboriginal people, enabling them to make decisions about their living circumstances that may not have been possible since the colonising impacts of the mid nineteenth century.

The election of the Whitlam labour government in 1972 was followed by the introduction of the policy of self determination and heralded the establishment of the *Department of Aboriginal Affairs*. The Department took responsibility for funding Aboriginal organisations (Bartlett & Boffa 2005) and was formed as a result of an amalgamation of several groups such as the *Office of Aboriginal Affairs*, the *Department of Internal Affairs* and the *Northern Territory Welfare Branch* (Mudrooroo 1995).

The 1970s was a time of major political change in the Northern Territory, with the social and economic base diversifying from the insular pastoral era of the 1960s to one of wider commercial concerns. During this period the majority of Aboriginal people were receiving less than white wages or remained dependent on social welfare payments (Haebich 2000). Racist attitudes toward Aboriginal people continued to pervade the dominant culture, an inheritance from the colonial past. One explicit example was the response of Magistrate G F Hall to a 1972 riot in the Central Australian community of Papunya. He reportedly told the police that they 'should of opened both barrels' on Aboriginal people (Haebich 2000:28). Likewise, as recently as 1976 an author of history referred to Aboriginal people from Arnhem Land as untamed inhabitants (Austin 1998). So in spite of the intention and rhetoric of self-determination and self-governance, the attitudes of colonialism often remained resolute.

> Even into the early 70s at Papunya, the government could still acknowledge that it was actually imposing health and education programs for 'humanitarian reasons … recognising that this course of action would 'be at the expense of self-determination in some instances' (Folds 2001:78).

Throughout the years of assimilation and self-determination the presence of food as a lure, as a wage, as a form of punishment and as a means of survival remained constant. Conditions of inadequate food supply and poor nutritional outcomes continued with little urgency for them to be adequately addressed (Neill 2002). This was an indictment on all levels of government but was easily dismissed or forgotten at elections when other issues gained far more prominence and political interest. One journalist, Neil (1966 cited in Morrissey 1998:8) wrote that 'self-determination had become a cloak for government inaction masquerading as cultural sensitivity'.

4. Welfarism

John Ah Kit, Aboriginal MP, stated in 2001 that it was almost impossible to locate a functioning, healthy Aboriginal community in the Northern Territory not because 'functioning communities are not sought or desired, but rather because the community, through no fault of its own, is fragmented by historical brutalities and current day welfarism' (Neill 2002:24).

The Australian Government commenced the 'cash' welfare benefit, as a replacement for the supply of material goods or rations in the 1960s and 70s, which resulted in many Aboriginal people becoming totally dependent on welfare from 1962 (Altman 1987). Full wages, albeit not always equal, were paid to the employed, while the sick, widows and mothers were paid pensions (Djandilnga & Barlow 1997). By 1964 social security benefits provided up to forty percent of the mission income, as wages were not paid directly to Aboriginal people.

Folds (2001:41) states that welfare should be considered 'a disempowering experience engendering passivity', one which alters traditional or cultural life patterns. This is explained by one of the participants Paul, a doctor, who worked in various remote communities in the Northern Territory:

> I think welfarism also had this strange intersection with traditional Aboriginal culture … anecdotally the explanation that was given to me, was that men considered true parallels between the different hunting gathering roles in traditional culture. In that men were responsible for getting the big stuff, the kind of kangaroo and the

> fish and the women got the little stuff you know the lizards, the plants and the roots.

> There was a direct equivalence drawn between unemployment benefits, which was men's money, commonly called sit down[21] money, which they managed with no reference to their wives and families; and the family allowance was seen as that, that it was the allowance for the family. This was somehow the equivalent of the small food that the women looked after and you know I found that, you know there is kind of a perverse correlation.

> I am not sure, you know I think that was only very anecdotal but there were constant problems in terms of the way in which the financial resources were provided in a way that really was quiet problematic for women wanting to do the right thing nutritionally for their families.
>
> (Paul: non-Aboriginal Educator - Doctor).

Paul alerts us to some of the difficulties brought about by the introduction of welfare payments. He admits it is only anecdotal, but draws comparison between the pre-colonial gender based hunting and gathering roles and welfare payments. He uses the term 'anecdotal' several times reinforcing his acknowledgement that the information is a component of assumption and interpretation on his part. He supports women in their plight to do the right thing for their family and at the same time contrasts this with men not doing the right thing. He implies group or gendered references in regard to roles and responsibilities, demonstrating the domains of difference across gender and race. He uses the term 'perverse correlation' for a cultural comparison and acknowledges that problems occurred as a result of the introduction of

[21] Aboriginal English for government income support including unemployment benefits, sole parents allowance, and pension etcetera.

welfare. He exposes the deviation of the practices from the white norm and aligns cultural practice with welfare or income. Paul talks of the cultural differences, inclusions and exclusions.

Welfarism increased when families relocated from the environment of a mission or settlement to traditional lands, which often had limited services. There were extremely limited employment opportunities in these remote communities with no alternative other than welfare benefits to survive. In areas where work was available, people recognised that the wage was equivalent to welfare payments and they chose to accept the benefit rather than work for a substandard income. In some cases the costs attached to being employed, made the decision to work in lieu of welfare benefits, quite unattractive. These costs were not purely fiscal but also inclusive of social and familial responsibilities, community status, personal meaning and discretionary time. This inequity and the expectation that it is acceptable for Aboriginal people to work for substandard and below award pay remains largely unchanged today.

Income levels varied between the types of welfare benefits. These discrepancies in income levels frequently led to people being the target of family or community conflict. Marissa, a white nutritionist who had worked at the Institute and who had lived and worked in a remote Aboriginal community, talks of her experience:

> They would come to the [workplace] because they knew that things were going on, like there was food provided or whatever and humbugging[22] and people owing for something or other … I suppose the thing about that company being based in the community itself is they were always looking for staff, so pretty much anyone who wanted to work could work.

> I guess a lot of the ill feelings came when people constantly said, yeah I will work, I will work, because you let me come here, but they never did. So I guess in that way it can come back to sit down money. Where if people are getting paid to not work, getting the dole and they are not encouraged to work, then they won't, if they are earning the same amount of money either way, so there has to be more incentives to work.
>
> (Marissa: non-Aboriginal Educator - Nutritionist).

Marissa expresses the frustrations and difficulties caused by the inequity in a working income as compared to a non-working income. She also expressed her frustration with people not attending work when they said they would. Interestingly she uses the phrase 'because you let me come here' in reference to people attending a workplace, in this instance an Aboriginal organisation in an Aboriginal community. She uses the Aboriginal English term 'humbugging', a term used to describe a common situation in a culture of reciprocity. Similarly, she highlights the inequity or discrepancy of pay rates, when frequently Aboriginal people are renumerated at a much lower level than their white counterparts. This illustrates deficits in financial power, constructing Aboriginal people as less in worth and value, with welfare serving to perpetuate this. Simultaneously reinforcing the power held by the whites, both financially and socially.

[22] 'Humbugging' is an Aboriginal English term for repeatedly asking a person for something, frequently money.

Welfare dependence brought with it a form of cultural oppression that contributed to further deterioration in nutritional status (O'Brien 2000). Sally, a non-Indigenous nutritionist who was based in an Aboriginal community states:

> There is a lot of dependence on the welfare system which has taken away that depth of value and purpose which has led to a lot of dysfunction, addictions that people see today. All these things affect the diet at varying levels like not just from a low income, not having the money to provide well for all the family and too many problems today to worry about long term future health as well … I see it happening in many, many ways but yeah seems to me to come back to that level of having lost a sense of worth and purpose in life.
>
> (Sally: non-Aboriginal Educator - Nutritionist).

Sally draws parallels between welfarism and a loss of purpose in life, leading to dysfunction that in turn affects the diet, illustrating the disempowering effect of welfarism. She evidences welfarism as the root of dysfunction on many levels and explains the disadvantage caused by this particular colonial construct. Sally demonstrates that negative dietary influences are one of the outcomes of welfarism and that they are not solely contained within a vacuum, but reliant on many levels of cultural, historical, political and social influence. She highlights the flow on effect from a historical stance of control to a modern system which maintains control and alters choice and independence. Her statements make a case for nutritionists to understand the broader context in which Aboriginal people live and make decisions within the economic and social confinement of welfarism and how these decisions impact food choice.

5. Beyond Self Determination to Reconciliation

In late 1980s and early 1990s bi-partisan support led the Australian Parliament to pass the *Council for Aboriginal Reconciliation*[23] *Act* and the establishment of the *Aboriginal and Torres Strait Islander Commission* (ATSIC)[24] (Barkan 2000; Langton 2001; Morrissey 1998). A resurgence of Aboriginal issues followed, including the Mabo high court decision on land rights in 1992 (Broome 2001). The Mabo decision rejected the concept of 'terra nullius' refuting the colonial belief that Australia was an 'empty' land prior to the British arrival. It represented the first legal challenge and a symbolic victory over the colonial domination of Aboriginal people and their lands and provided the impetus for future activism.

Ongoing politicisation and media attention of Aboriginal issues gained momentum culminating in a significant national public display of support represented in the *Peoples March for Reconciliation* with in excess of 200 000 people streaming across the icon heart of Australia - the Sydney Harbour Bridge in 2000. Despite popular acclamation, the much published act failed to

[23] Reconciliation involves justice, recognition and healing. It is about helping all Australians move forward with a better understanding of the past and how the past affects the lives of Aboriginal and Torres Strait Islander people today. Reconciliation involves symbolic recognition of the honoured place of the first Australians, as well as practical measures to address the disadvantage experienced by Aboriginal and Torres Strait Islander people in health, employment, education and general opportunity (Reconciliation Australia 2009).

[24] ATSIC was an arm of government run by an elected board of Aboriginal and Torres Strait Islander people. It was responsible for a large proportion of service provision to Aboriginal and Torres Strait Islander people. Morrissey (1998:103) wrote that ATSIC offered Aboriginal people a major role in the process of government that went 'beyond mere advisory functions to the real decisions about priorities and the allocation of resources'.

persuade the Howard Government of the day to adopt reconciliation or to issue an official apology for past atrocities, including the Stolen Generations[25].

Australian Aboriginal people, unlike New Zealand Maoris and the First Nation people of Canada were not party to any treaty following the British invasion and colonisation. Langton (cited in Dutton, Grossman, Seth & Gandhi 2001:7) suggests that the absence of a treaty 'continued to disfigure the ways in which Indigenous Australians are discursively constituted as autonomous national subjects'. She argues that a treaty would provide status for Aboriginal and Torres Strait Islander people within 'the Australian polity that has historically and legislatively been denied them' (Dutton, Grossman, Seth & Gandhi 2001:7). It has been argued that the absence of a treaty or more formal recognition has contributed to the lack of progress in Aboriginal health and malnutrition (Kunitz 1994).

The lack of active policy for reconciliation and the absence of an apology were believed to have far reaching implications. However, the actions needed to be obvious and committed if they were to bring about any change. Melissa is a non-Aboriginal nutritionist who lived and worked in government organisations in the Territory for almost nine years, in Katherine, Alice Springs and Darwin:

[25] The Stolen Generation refers to Aboriginal and Torres Strait Islander children who were forcibly removed from their families and communities by the State and Territory governments of Australia. While Indigenous children were taken away from the very beginning of colonisation, the Stolen Generation more usually refers to children removed under deliberate government policies from the beginning of the 20th century until the 1970s (Victorian Aboriginal Legal Service 2009).

> I mean the government policy to date has definitely not helped this situation so I think if government were to look at that and do something about that and I don't know what the answer is. I don't know whether saying sorry is the answer to that. I'm not quite sure but actually truly committing to doing something about Indigenous health and well-being would be an amazing place to start.
>
> But definitely the recognition of history and where we are at today and the fact that this is not okay that people live like this in our country and the fact that it goes just beyond health and that other areas definitely need to be working together and working with communities.
>
> (Melissa: non-Aboriginal Educator - Nutritionist).

Melissa expresses her doubt about the effect an apology would have and demonstrates almost desperation in suggesting that anything should be tried. Her desire for the government to try different strategies suggests limited confidence or knowledge of the contribution that she and other nutritionists can make and represents an acceptance of the government's power and responsibility in this situation. She simultaneously acknowledges that past policy created the situation and that a new approach is required. The discourse that recognises the responsibility for past events shows an insight into the colonial legacy and a capacity to include this knowledge in her practice. She expresses her desire for social justice, highlighting the poor conditions people live in and calls for the government and people to work together to improve the situation.

Bartlett and Boffa (2005:56) argue that factors contributing to poor nutritional outcomes for Aboriginal Australians, as compared to other Indigenous people throughout the world, include the lack of treaty obligations, 'buck-passing' and jurisdictional conflict between Commonwealth and State and Territory Governments. State or Territory Governments have vested interests and are more likely to be influenced by concerns such as mining and land rights and less concerned with issues of nutrition and social service. Therefore, Kunitz (1994) and many others support the concept of Aboriginal issues being controlled by Commonwealth rather than State Governments. However, the advantage of Commonwealth control is dependent on the political party in power and the extant policy in relation to Aboriginal health. Neill (2002:17) writes:

> The Howard Government has adopted the poll-sanctioned oxymoron 'practical reconciliation' as a mantra, repudiating the symbolic value of reconciliation and implying that past injustices are irrelevant to the health … problems that beset Aboriginal communities today.

By comparison, Reynolds (2000) argues that true reconciliation can only occur when Aboriginal people's history and experience is acknowledged by non-Aboriginal people, which may include a treaty-like manifesto as a way of providing more formal recognition. This is in line with postcolonial theory and the idea that colonialists must review and recognise their own position before progress can be made.

6. Acknowledgement of History and 'Sorry'

In 2008, a monumental acknowledgement of historical actions and events was delivered by Prime Minister, Kevin Rudd in the *National Apology to Australia's Aboriginal and Torres Strait Islander people*. This act of contrition consisted of an apology across many dimensions. The Apology carried deep symbolic meaning for Aboriginal people from many generations, including the Stolen Generations (see Figure 9). Moreover, it set in place some aspirational goals for Australia to pursue as described by the following excerpt from the Apology:

> A future where we harness the determination of all Australians, Indigenous and non-Indigenous, to close the gap that lies between us in life expectancy, educational achievement and economic opportunity.
>
> A future where we embrace the possibility of new solutions to enduring problems where old approaches have failed.
>
> A future based on mutual respect, mutual resolve and mutual responsibility.
>
> A future where all Australians, whatever their origins, are truly equal partners, with equal opportunities and with an equal stake in shaping the next chapter in the history of this great country, Australia (Rudd 2008:online).

Figure 9: Kevin Rudd, Apology to the Stolen Generation (New South Wales Nurses Association 2009).

These statements are oppositionally positioned to the hegemony of power and control in colonialism. While noble in intent, there may be some who would be cynical of the political motivation behind the speech and claim it to be pure rhetoric. Ultimately, the steps required to achieve meaningful and effective progress toward the future espoused in the Apology will only be realised in actions. Foremost among the priorities for change are improved health and educational opportunities for Aboriginal people.

Another recent declaration is the *Close the Gap* campaign which focuses on eliminating the 17 year life expectancy gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians. It has been championed by over 40 Aboriginal and Torres Strait and non-Indigenous organisations (Altman, Biddle & Hunter 2008). The 'closing the gap' discourse is receiving heightened and negative attention due to its focus on the reduction of statistical inequality, which is not a new approach and has a

long and unsuccessful history in Australia (Altman, Biddle & Hunter 2008), rather than reducing the imbalance in power and control which is the real gap (Pholi, Black & Richards 2009).

This counter narrative of addressing structural power is the key strategy in achieving equality. Morrissey, Pe-Pua, Brown and Latif's (2004) argument is that the health of Aboriginal people needs to be understood within the context of their degree of power over their health and circumstances. Statistical equality therefore becomes inept and what is required is a range of indicators that measure the increase in power and control held by Aboriginal people (Pholi, Black & Richards 2009).

7. The Northern Territory Intervention

The most recent government action to 'improve' the situation in remote Aboriginal communities is the *Northern Territory National Emergency Response Bill* (2007). This was introduced as a result of the outcomes of the *Little Children are Sacred* (June 2007) report commissioned by the Northern Territory Government and the subsequent decision by the Howard Government to intervene to protect children from sexual abuse. The Howard Government decided to declare an emergency situation, make new laws, provide additional law enforcement and conduct health checks in 73 communities in the Northern Territory. The Bill remains a policy of the Rudd Government at the time of writing. The Intervention was described by Glowczewski (2007: online) as a governmental emergency plan involving the deployment of army

and police to communities rather than 'listening to the proposals they [Aboriginal people and other experts] put forward through reports and recommendations for many years'. The Intervention extends to action within the community stores, further explored in the following chapter.

The lack of consultation evident in the Intervention furthers the postcolonial binary of the whites being superior in knowing what is best for Aboriginal people and Aboriginal people having to conform to rules imposed upon them. In effect, this is no different to the early colonial attitude of whites believing that Aboriginal people were incapable of looking after themselves and their families. Resulting in Aboriginal people being treated unjustly and remaining suspicious about yet another program conceived by government and thrust upon them.

A recent speech by the Minister for Families, Community Services and Indigenous Affairs in 2008 echoes colonial and postcolonial attitudes. Statements such as - 'we need to improve living conditions', 'we need to make sure money paid to parents and carers by the government for feeding children is not used for buying grog or gambling', 'we need to show people that it is possible to own and control your own house' (Brough 2007) - are remarkably similar to statements made in the earlier protectionist and assimilation eras. The risk of history repeating itself is real when the government of the day bases its decisions on such prejudiced views. As a consequence, the Intervention appears to be reintroducing and reinforcing the colonial legacy and undermining the symbolic progress made towards self determination by

the Apology and the acknowledgment it represented of responsibility of white dominant policies and practices for historical events.

Future policy and practices need to be disentangled from the dictatorial colonial legacy of oppression and control. Deep-seated attitudes will continue to influence decisions at all levels of society unless systematic change occurs to improve the social and health standing of Aboriginal people. To bring about systemic change requires significant shifts in cultural, political and logistical thinking. This is the only way a real commitment to closing the gap between Aboriginal and non-Aboriginal 'life expectancy, educational achievement and economic opportunity' can be made (Rudd 2008).

8. Health Reforms

Concurrent with the changes in policy, government action and consequential shifts in rhetoric have been developments in health reform. One of the more positive outcomes of self-determination was the emergence of Aboriginal community controlled health. It was at about this time that the high rates of malnutrition in Aboriginal Australia were being compared to those of third world countries. This embarrassed the Federal Government and led to increased support from State Governments in an effort to improve the situation (Kunitz 1994). Mainstream services for Aboriginal people became marginally more accessible but could not adequately or appropriately attend to all needs of Aboriginal peoples (Haebich 2000).

Health services based on the principles of primary health care (Wilkinson & Blue 2002) were introduced by involving Aboriginal people in the organisation and delivery of services that were accessible, appropriate and meaningful to them as clients. Mudrooroo (1995) asserts that community controlled services were created as a response to negative experiences encountered by Aboriginal people in mainstream health services, such as a lack of cultural competence, inappropriate communication and unwelcoming physical environments and rules. Their formation acted as an expression of Aboriginal agency and as an example of collective action, a way of redesigning health care to be more responsive to the underserved (Mayers & Couzos 2004).

Anderson (1994) suggests that to be culturally appropriate health service provision has to be provided in forms, structures, settings and languages which Aboriginal communities can identify with and access. They are ultimately political organisations, acting as vehicles in the push towards increased self-determination and have maintained their strength and purpose. The funding and operation of community controlled Aboriginal medical services continues today. Unfortunately, the processes and benefits of community controlled health services have not been replicated in other areas of Aboriginal life – welfarism and its impact on diet and nutrition being but one example.

In 1995-1996 per capita spending on health services for Aboriginal and Torres Strait Islander people was only 8% higher than for non-Indigenous people. The highest ratios of Aboriginal to non-Aboriginal per capita spending

occurred in the Northern Territory, as would be expected given the costs associated with remoteness. However, the funds were still insufficient for major improvements to occur (Deeble, Mathers, Smith, Goss, Webb & Smith 1998). Differences in spending, however, stood in stark contrast to the difference in death rates, which were up to three times higher for Aboriginal people (Deeble et al. 1998).

Indeed, poor nutritional status was confirmed by infant mortality rates not improving during the 1980's and the 1990's and with at least 21 percent of people reporting they were worried about going without food in the 1994 National Aboriginal and Torres Strait Islander Survey (Australian Bureau of Statistics 2007a). The reconciliation movement prepared the way for better things to come but rapid improvements in health and nutrition status were never going to be achieved in the short term. Thompson and Gifford (2000:1468) state that:

> racism and the institutionalised lack of recognition about sovereignty over land only act to further perpetuate ill health. The evidence is mounting for the negative effect of racism on health.

Aboriginal people today continue to be victims of racist acts and have historically been excluded from decision making in Commonwealth and State programs designed to improve their nutrition and well-being. Individuals, groups and independent politicians have accused governments of adopting an 'out of sight out of mind' position in their disregard of the health and welfare needs of Aboriginal people, resulting in significantly lower standards of health and longevity (Calma 2006; National Rural Health Alliance 2006).

Many cite the lack of progress in all aspects of nutrition experienced by Aboriginal people as largely due to the policies of successive Australian governments which have to date typically included short-sighted 'solutions'. Despite government employees working to bring about the best solutions and improve solutions, too often these policies have failed to recognise the true causes of malnutrition or issues of food access and as Golds, King, Meiklejohn, Campion and Wise (1997:389) state, have imposed solutions that 'disregard community participation and involvement'. The lack of progress is perhaps due to decisions, policies and practices having been ill conceived – due firstly to the ignorance of the historical legacy and the implications and ramifications this had and still has, secondly the failure to learn lessons about cultural exclusivity and necessity of ownership of decisions and policies on the part of the people they will impact and thirdly, knowing that any policies, programs or education need to be filtered through Aboriginal people's present contexts, present understandings, beliefs, values and realities not white people's realities and values.

9. Summary

This chapter continued the exploration of historical aspects and introduced contemporary issues through reference to health reforms and nutrition. The analysis drew upon the voices of research participants to articulate how Aboriginal people are affected and showed the effects of these historical and contemporary strategies on their personal and collective circumstances. Examination of political policies such as assimilation, welfarism and concepts of self determination, which are all products of historical relationships,

demonstrates that these polices and the forces behind them are not easily reversed or changed (Kunitz 1994).

Government policies over recent years including reconciliation and the Apology, were reviewed to reveal a chequered path in the acknowledgement of harmful historical influences and the current ambition to correct disparities between Aboriginal and non-Aboriginal people. If achieved, even in part, the nutritional status of Aboriginal people has the potential to be improved within a postcolonial social and political context that is more conducive to health.

History provides a background to placing current issues in perspective and the previous two chapters have given an overview of the colonial and postcolonial influence on Aboriginal nutrition in the Northern Territory. While that accounts for much of the nutritional disease and deficit it is important to recognise that there are present day contributors to these adverse outcomes as well. Contributors such as remoteness and the community store will be examined in the next chapter.

CHAPTER SIX

REMOTENESS: DISTANCE AND DISEMPOWERMENT IN FOOD CHOICE

Tell me what you earn and I will tell you how to eat

George (1978).

This chapter examines power and remoteness and the consequences of colonial past in terms of inequities in access, distribution and the commodification of food. This chapter emphasises that barriers to accessing food are largely attributable to remoteness. This remoteness frequently results in the community store being the only source of food supply and therefore solely accountable for the availability, accessibility and affordability of food. While the store is isolated it is not immune to external influences, including media, advertising, white profiteering and government control; usually to the detriment of Aboriginal people. In outlining the story of the community store, it is seen to be an icon (although not always a positive one) in remote Northern Territory life, an expression of control and politics, dependant on ethical management. What also emerges from the examination of this 'icon' is how access to food and infrastructure surrounding it continues to operate in a discriminatory way. Similarly the economic constraints experienced by Aboriginal people serve to exacerbate the situation and

undermine nutritional choices. This chapter describes ongoing postcolonial practices, particularly those emphasised due to remote location, and their effect on food and nutrition. Figure 10 illustrates how the aspects of this chapter are connected. It acts as a signpost on the themes covered, themes that have emerged from both the participant data and the literature.

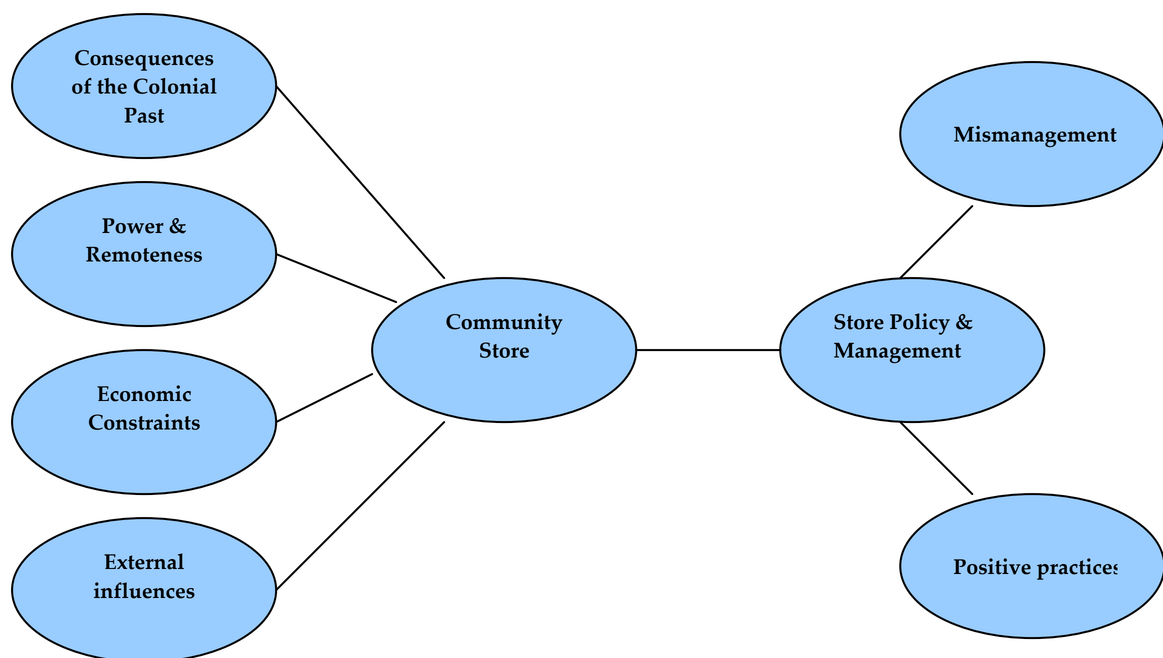

Figure 10: Schematic Overview of Chapter Structure.

1. Consequences of Colonial Past

The practices and mentalities of the colonial past of the Northern Territory are still evident, although not so blatant, to this day. Food was, and still is, used as a source of colonial power over Aboriginal people. Reynolds (1987) suggests that food being used as a tool with which to barter and trade power, is an ongoing demonstration by colonisers of white Australian possessiveness

and power which is characterised by individualism, capitalism, gross inequality and hierarchy. These adverse practices result in the perpetuation of an ongoing power imbalance serving the interests of the colonisers and denying the interests of the colonised. It manifests physically for Aboriginal people in ill health and increased mortality.

In 2006, the Liberal Health Minister Tony Abbott, when referring to remote Aboriginal communities, made the comment that 'he would not rule out subsidising the cost of fresh food, but it would happen only if communities committed to changing their diet, eating less and exercising' (Healy 2006:1). The contingent nature of this comment illustrates perfectly a conundrum where one action may simultaneously both promote and block desirable health behaviour. The right to healthy affordable food is not something that should be used as a bargaining apparatus as it denies access to food as a basic human right and makes it conditional upon reciprocity. In addition, it follows paternalistic trends of politicians blaming others for situations affecting them. Clearly 'a regular supply of affordable, good quality, fresh fruit and vegetables is a much cheaper alternative to kidney dialysis and the other health complications caused by inadequate diet' (Healy 2006:1).

Tony Abbott's thinking is equivalent to the postcolonial practice of food being used as a reward for good behaviour such as the missionaries rewarding church attendance. Although this is an attempt at delivering mutual benefit, the power in this exchange rests completely with the government. Aboriginal people in this instance continue to be disempowered and are placed in a situation of accepting decisions which they have no part in creating. Those

who live remotely are often more disempowered by such decisions as the issues created by remoteness, limit the choices available to them. This is a clear example of how postcolonial attitudes continue to shape contemporary Aboriginal nutrition.

2. Power and Remoteness

Remoteness creates issues in terms of access to food and health care due to the geographical distances from major population centres; but in a more sinister and largely invisible way remoteness directly impacts on equality and empowerment. The social, political and cultural conditions that envelop Aboriginal people conspire to constrain and in some cases make it impossible to achieve healthy lifestyles. McDonnell and Martin (2002:2) assert that remote communities are 'circumscribed by structural impediments, in particular transport costs, problems of governance' and the cultural context. As such, the burden of endemic poverty, over inflated prices of non-nutritious foods and inadequate community health and housing infrastructure can all be interpreted as insidious forms of structural violence (Arabena 2006). Social structures such as historical centres and local stores magnify the effects of colonialism. It is in part the perpetuation of these colonial practices which affect the health outcomes in remote communities.

In this sense, remoteness is a direct causative factor of health outcomes (Strong, Trickett, Titulaer & Bhatia 1998). Maley (2005:3) writes that Australians who live in more remote locations have a 'shorter life expectancy,

higher death rates and are more likely to have a disability'. Likewise, when conducting the *National Aboriginal and Torres Strait Islander Health Survey* in 2004-05, the Australian Bureau of Statistics (2007a) reported that long term health problems such as heart disease and high blood pressure were higher in remote areas than in non-remote areas and that diabetes was almost twice as likely to be reported in remote areas than in non-remote areas. These statistics can be linked back to the lack of basic foods (Burns, Gibbon, Boak, Baudinette & Dunbar 2004).

Remote community stores are often the sole supplier of food to the community and therefore largely dictate the dietary intake of Aboriginal people living in remote communities. As such they have the unique ability to act either as agents for positive change or to contribute to persisting malnutrition, exploitation and poor nutritional practices.

3. The Community Store: Neo-colonial Rationing Agents

When rationing was discontinued in the 1960s and a cash payment was introduced by the government, the establishment of remote stores soon expanded. Early community stores were primitive and confined and in some instances were little more than a shed (see Figure 11). The colonial assumption was that the flexibility of a cash economy would lead to increased independence for Aboriginal people in the Northern Territory. This proved to be a foreign concept, the lack of food supply options worked to create a new

dependence on the store. Participant, Lee provides an illustration of early store operation in Daly River in the 1970s:

> The store itself was just basically like a little shed and didn't have refrigeration at that time and when it did get refrigeration it had like a household fridge and one of those big chest freezers. So food was brought in on the community truck, so you had ice-cream that melted and everything else and then it was re-frozen. Firstly there were the basic foods introduced into the store and they were usually your sunshine milk, your sugar and tea and other flour and other sort of foods.
>
> (Lee: Aboriginal Educator - Nutritionist).

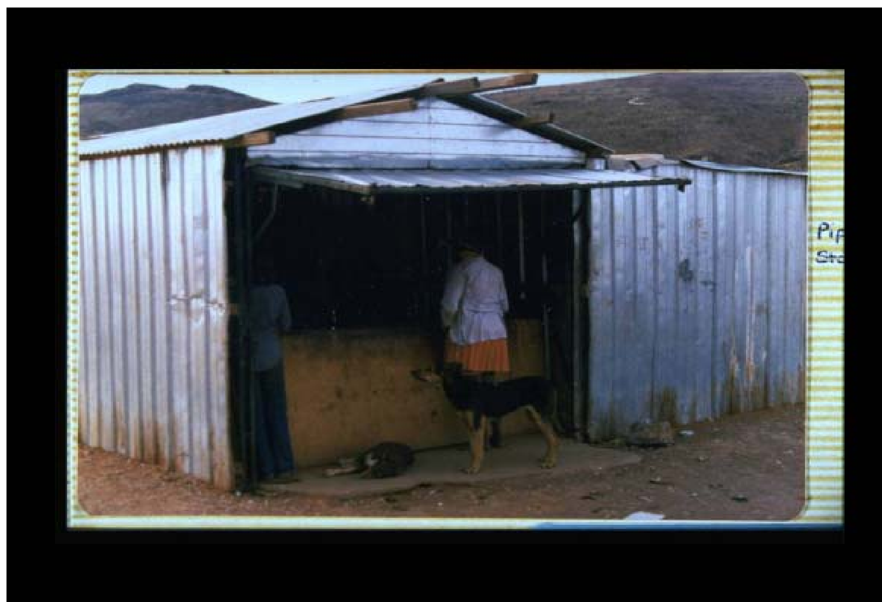

Figure 11: Early Community Store (Tregenza n.d).

Lee demonstrates that the food introduced into the stores were 'basic foods', the same as ration foods, a continuation of the postcolonial pattern. She indicates that it came to be acceptable that food would melt and then be refrozen and that no one particularly cared about this; that the superior

attitudes of the whites meant that it was acceptable for Aboriginal people to have substandard food provision. The lack of refrigeration would have compromised food safety and hygiene and impacted on the health of the community. Lee explores the dimensions of social inequality in store provision, that it is acceptable for Aboriginal people to have nothing more than an un-refrigerated shed for a store. It presents evidence of a paternalistic practice of providing for a group that are unable to provide for themselves, a discourse of 'caring for'. This magnifies cultural differences and demonstrates who continues to hold the power and who is marginalised. Providing further evidence that postcolonial practices are still shaping every day food choices.

The goods purchased from community stores were generally those items that were regularly stocked and available, for example - tea, sugar and flour (Bagshaw 1993). They have become the expected dietary norm and were high turnover and high profit items. When one participant was asked why she felt people continually choose these foods, she responded:

> When people were first provided rations there was obviously the flour, tea, sugar and corn beef kind of stuff that they were provided with and I wonder what it is that has not helped Indigenous people move out of that, you know, very limited choice and limited brands comes with that as well.
>
> (Melissa: non-Aboriginal Educator - Nutritionist).

Melissa outlines the continuation of postcolonial rationing practices. She states that people are making limited choices, a blaming the victim discourse, in that Aboriginal people are making only limited unhealthy choices, not that the whites are only providing limited and unhealthy choices, that whiteness prevails in regard to dictating Aboriginal outcomes. She innocently questions what it is that has prevented Aboriginal people from making broader choices. However, if analysed further it becomes clear that this discourse of not knowing, could be about not recognising postcolonial limitations placed on Aboriginal agency and autonomy. This discourse indicates that individuals need to think about improving their conditions rather than allowing those that exploit or dominate them to be responsible for those conditions.

The community store became a neo-colonial practice when it was no longer providing rations and through its availability of stock, it dictated food habits. Aboriginal people on remote communities were limited in their choice and were dependant on cheap and durable food that was often nutritionally inadequate.

> So people started to access those foods from the store more … Once upon a time there was a huge community garden, but people used to grow food in their own houses, in their own yards and that stopped, so people stopped growing their own food, they were then accessing the store more.
>
> (Lee: Aboriginal Educator - Nutritionist).

This reduction in choice is reinforced by changes to community activity and as dependency on the store increased the opportunity for dietary autonomy of Aboriginal communities further decreased. This loss or deterioration of

community gardens again restricted food choice, increased dependency on the stores and impacted on the health of the people. The store becomes an institution that owns and extends power; whites become the beneficiaries again. Lee, Bonson and Powers (1996) conducted a study on the effect of retail store managers on Aboriginal diets. The outcomes of this study supported the notion that 'store managers wield considerable power over the food supply of remote Aboriginal communities and raise questions concerning the ability of Aboriginal community members to influence their own food supply' (Lee, Bonson & Powers 1996:212).

Brimblecombe's (2007) research raises the very likely potential for widespread confusion about dietary recommendations and the issue of current credibility of dietary advice, highlighting the fact that dietary advice and recommendations given previously are now condemned. She writes:

> Where sugar was considered by government as an essential ration, it is now condemned by health professionals. Where early weaning of infants was recommended, prolonged breastfeeding is now promoted. Where a butter ration was encouraged due to concern for inadequate dietary intake of vitamin A, current advice is to reduce fat intake (2007:181-182).

The prevailing white dominant knowledge, despite its changeability is seen by whites as being the truth and the expectation is that people should accept that unquestioningly despite the confusion. This confusion causes conflict over the adoption of healthy eating habits as well as for store practices including store policies, product display, promotion and purchase within stores. This framework is a product of government institutions and demonstrates how postcolonial knowledge directly impacts on the education

of Aboriginal communities and consequently their nutritional choices. By developing more tailored information campaigns specifically targeting Aboriginal people, a more effective and accessible message could be conveyed and better nutrition could be the result.

3.1 Politics of Community Stores

Community stores are institutions in remote Northern Territory Aboriginal communities. The store is often the main economic enterprise, the main provider of food and commonly the only provider of banking services (McDonnell & Martin 2002). Initially stores were little more than tin shacks or businesses run off the backs of trucks, but many have now evolved into modern enterprises complete with computerised point of sale systems and substantial profit margins.

Allie suggests stores are:

> ... a form of social control, they are a social institution that we have created to control Aboriginal people, or part of that was the store and it was a convenient way and I reckon it would have been one of the major mechanisms to control people socially.
>
> (Allie: non-Aboriginal Educator - Nutritionist).

Here is an example of Allie speaking the discourse of the postcolonial practice of white food structures or institutions being used as a way to control and coerce, as a way of legitimating power, dominance and social order (van Dijk

1993). Reflected here is the belief of one nutritional educator that the store acts as a major mechanism of control and how it has a significant impact. Allie demonstrates a focus on the relational character of power relationships; where there is power there is control. This data reflects a common perception that the controlling effect of community stores is wide reaching. There is no disputing the fact that the stores in Aboriginal communities in the Northern Territory are the sole source of food, clothing, white goods, personal and household cleaning products, cooking utensils, banking and other merchandise; and often the only 'white constructed' social meeting place.

Other participants echo Allie's account of the social significance of stores, Dawn for example stated that the community social life is the store, as it is the community meeting place.

> When you live on a community your social life is the store, there is nothing else, so people go to the store to meet, to shop, to eat and that's their meeting place, that's their social life.
>
> (Dawn: Student – Aboriginal Health Worker).

Dawn's data illustrates the potential for an abuse of equity and dependency – that Aboriginal people are dependant on the store for social interaction and are therefore dependant on the store manager. The concept of community controlled stores or stores that have to abide by a set of rules in regard to opening time (together with stocking guidelines) would contribute to overcoming this dependency. But at a deeper level the dependency is more universal, it is more about colonialism's forced dependence of the colonised

by the colonisers and it takes much more than store opening hours to rectify this.

The social lives of people could therefore be controlled by the manipulation of opening times and the conditions of operation. Given the store is a social institution and the only source of food supply, it becomes central to both the community's physical health and emotional wellbeing.

Fiona, a nurse who spent several years as a lecturer at the Institute, tells of a store that she visited near Uluru, initially as a young person in the mid 1980s and then some 20 years later:

> It was very bare and basic and I remember I didn't actually expect there to be a store like that, even as a 15 or 16 year old. They were frying up chips and having a take-away and that was totally the reverse of what I thought I was going to see. I went back to that community 20 years later travelling through, not in a professional position but with a person who used to teach in that area. I didn't see any change to the dogs and I didn't see any change to the conditions on the outside, the store was bigger and there was still a take-away section … and of course you can't expect people not to have a store.
>
> (Fiona: non-Aboriginal Educator – Health Educator).

Fiona had expectations of what she was going to see based on her own cultural conditioning or world view. Fiona assumed when she first went to Uluru that she would see food practices that were more traditional not the cooking of hot chips. After a return visit 20 years later she mentions the types of food encountered and was surprised by the conditions of the store and lack

of change over time, using the descriptors bare and basic. Like other participants, she highlighted the reliance on the store and at the same time was clear about the necessity of having a store in each community. Fiona's expectation (on the occasion of her first visit) that communities around Uluru would be traditional was a reflection of what she wanted to see, that is, the iconic Aboriginal lifestyle. She may be expressing disappointment that the poor food habits of urban diets had also penetrated Aboriginal communities and that they remained twenty years later. The discourse is an ideological contestation, an expectation of what Fiona was expecting to see as opposed to what she saw.

Whether a store is conducted as a service or as a profitable enterprise has ramifications for the health of Aboriginal people. There is not one model upon which community stores operate, but there are certainly common trends that have emerged over the years. Some stores are governed by Aboriginal bodies and some are privately owned and operated. However, those owned and governed by Aboriginal communities or bodies are often run by whites. As such, these stores have frequently been conducted as a business outside of Aboriginal people's control or influence and are sites where power, abuse and dominance are frequently enacted.

To report that stores are frequently run by white profiteers often with little moral or ethical consideration, can be substantiated. Brimblecombe (2007), who carried out an in-depth study of stores in an Arnhem Land Aboriginal community reported that the monopoly of the store and the absence of any alternative competition breeds a 'take it or leave it' scenario, with the store

becoming a business monopoly. This encourages conditions conducive to exploitation, neglect and apathy, and if not managed appropriately, actively contributes to poor health outcomes. Decisions around how the store operates with minimal input from an Aboriginal customer base has both direct (stock, opening hours and payment) and indirect impacts (a meeting place in the community) usually

3.2 Store Management and Policy

Almost all of the participants raised the issue of stores, their policies, or lack thereof and the impact they have both on the health and social cohesion of Aboriginal communities. Participants similarly mentioned profiteering, mismanagement and the impact store management and policy can have on cost and quality of food. Paul reflected on the effect of early store interventions in the 1990s in one remote Arnhem Land community:

> I think the other thing that really hit me was the way in which, and this is what the dietitians were looking at, was the way in which the store policy actually had a profound influence on Aboriginal nutrition. So first off just documenting it, so there was disturbing but quite exciting data coming out about the quantity of sugar consumed and the way it was consumed and the initiatives in terms of the cost of fresh fruit, the availability of fresh fruit and vegetables and the relative costs, so cost differentials to other things in supply.

> The way in which government or community shops basically were against a rounded diet for many communities, and the way in which the worst dietary items were prominently displayed or subsidised or cross subsidised at the expense of fresh fruit and

> vegetables and more nutritionally positive things. So the early turn around of store policy was a profound difference, particularly when Aboriginal community members themselves played a role in that.
>
> (Paul: non-Aboriginal Educator - Doctor).

Paul has succinctly highlighted the need for good store management and policy and the fact that poor policy or implementation can have a detrimental effect on community health. He refers to the impact that store policy can have if well managed and implemented and if healthy foods are made available and accessible. He summarises his point by stating that improved store policy makes a significant difference especially when the community play a role in its development. This community role means that Aboriginal people are able to self determine and able to create a 'profound' difference when they actively contributed to store policy. Prior to policies being introduced, stores frequently demonstrated a capitalist mentality and often succumbed to profiteering – being individually managed. Postcolonialism demonstrates that such practices must be confronted before progress can be made.

Store policy is therefore important, but who implements policy – the manager – is according to Goebel and Tuivavalagi (2006:4) the single most important factor affecting the range and quality of food, as the store manager is 'responsible for selecting the range of product, receiving it and then managing storage and sales to give the product its best chance to satisfy the customer's needs and provide a financial return'. Store managers can act as agents of change and can create engagement with and empowerment of the community, not only in terms of health but also in terms of their ability to be

involved in decision making and social change. Mary provides an example of the differences a store manager can make:

> Yes, we've got two stores ... Top shop is council owned and bottom shop is mission owned. The manager of the mission store is good. He'll talk to me if he gets new products in and he'll say is this good and I'll say no, not really and he won't get it. He is real good. He will talk to us. He even goes over to the clinic and talks with us and we'll say no, no, that's not good for you, or we will say can you get this in and he'll get it in. And at the top shop the fruit and veggies are quite cheap - for one orange its 10c, banana and mandarin are 20c, so the kids you know sometimes go with 50c and buy 5 oranges instead of buying lollies.
>
> (Mary: Student – Aboriginal Health Worker).

Mary describes the stores in her community. One of the stores is known as the mission store, illustrating a continuing active mission mentality, despite missions being dismantled some 30 years prior. Regardless of the postcolonial connections that the presence of a mission store presents, Mary recounts the success of the store in terms of its community engagement that community members, or at least those employed in the health centre, are actively included in decision making. This relates to the good practice mentioned by Paul previously. When asked if this store was subsidising goods to be able to provide the cheaper prices, Mary replied:

> Yeah, they'll bump the prices up on smoke[s] and you know the bad food, then their veggies are cheap then. Bump up the fags.
>
> (Mary: Student – Aboriginal Health Worker).

There are many similar examples of store managers manipulating the communities they serve both positively and negatively. Price altering is a common practice in some remote community stores and indicates an interest in methods to support access to healthy products and in making less healthy ones less attractive. This requires commitment on the part of the store manager and a degree of concern for the health of a community. However, Brimblecombe (2007) suggests that this may actually further disadvantage Aboriginal people, by way of the money spent on increased priced luxury items leaving less for healthy items. Store policy is essential in promoting and supporting healthy choice and community health although it must be managed well and supported by other strategies so that problems such as that raised by Brimblecombe can be managed. At present there is a view that much more can be done in this area. An awareness of the colonial influence still pervading the stores and a willingness to confront and overturn this through community engagement and self determination will certainly help.

Eliza, an Aboriginal woman who has been working closely with people in remote communities for over 25 years, also demonstrates her frustration. She expressed disappointment with the lack of progress and change, stating that sadly there had been no real change in the time she had worked in Aboriginal Health. She felt strongly that until there was greater government engagement no change would occur and called for enhanced policies and procedures.

> We don't make a great deal of difference, we don't … and until there are policies and procedures in communities, there will be no changes to the nutritional status of people. Food is very expensive, it's often rotten. I don't think we make an impact. Until there are … the government … this has to come from the top down.
>
> (Eliza: Student –Aboriginal Health Worker).

Eliza offers some commentary on a solution. She argues that policies and procedures need to be put in place in communities. In addition to good store policy, effective implementation must be achieved; central to this are successful store management practices. She also indicates the wider context within which the stores operate by mentioning that 'food is expensive, it is often rotten'. By inference she is condemning the government and its inadequate provision of food to the stores. Without those basic enablers in place improved store policy will remain ineffective. This recognition of governmental dependencies is a further subtle example of postcolonial influence and conditioning.

3.3 Store Managers Manipulating Communities

Goodman and Redclift (1991) report that one of the more negative effects of store management is when nefarious store managers take advantage of the decreased consumer competition created by remoteness, particularly as food is the ultimate commodity in any economic system. For Aboriginal people, the economic system and reliance on community stores, constitutes power in their society. Aboriginal people in the Northern Territory are particularly vulnerable, given their forced dependence on a single outlet or provider. Buchanan (1982:25) confirms the proposition of food as a commodity:

> …it is the poor who starve while there is always plenty of food for those with the money to pay for it. This is because the people who have control of or own the land are interested in food not primarily as something to be eaten but rather as something which is bought, sold and gambled with for profit.

The control of this commodity can have a profound effect on the community. Mia reflects on this as it applies to store managers and how it affects people in the communities:

> Why are these people just allowed to be in these stores and just make heaps of money. I'm sure if it [store management] ever went back to the Council and Aboriginal people had more control of it, they could have their own people in the store and then the education groups could come in to assist them with having more nutritional food in the shops, or if they wanted to they could go back to bush tucker, have more empowerment like that. There is too much control there by white fellas.
>
> (Mia: non-Aboriginal Educator – Health Educator).

Mia refers to the ongoing dominance of the whites reflecting a discourse of racism and colonialism, by using the term 'these people' she distances herself from the white people she is referring to. Store managers can be completely un-skilled, never worked in retail before and yet will still be chosen over local people to manage a remote community store. While never admitted, this preferential employment is almost invariably based on colour rather than merit. Many observers suggest that racist attitudes are abundant in this context and attached to these attitudes is the further devaluing of Aboriginal knowledge and control so widespread in postcolonial practices.

Similarly, many participants raised the issue of store managers manipulating the community to maintain control over the supply of money. Lilly talks about store managers only being interested in money making:

> A lot of the store owners and managers are non-Indigenous. The majority, and its very judgmental, are out there to make money rather than worrying about if they are giving a proper service, so they will stock things that are easy for them to stock, cheaper for them to stock to make more money out of.
>
> (Lilly: non-Aboriginal Educator – Health Practitioner).

Mia felt passionately about the effect this was having on people and communities and called for increased control:

> Well yeah, that is just a huge crime as far as I can tell. I can't believe that we still have that. I mean I know that nutritionists and dietitians from the government are very active in going out to the stores and trying to promote and encourage healthy foods. But the shop owners, they are usually white people, they are not Aboriginally controlled, who are really, as far as I can see … they have just got the power and they make the money and they couldn't really give a rat's bum what the people eat as long as they make money out of the store and that should be banned.
>
> (Mia: non-Aboriginal Educator – Health Educator).

Mia illustrates her anger when she talks of the power and control held by white store owners and managers. She raises the capitalistic approach of store managers and their lack of concern and engagement in community welfare. Her reference to 'a huge crime' expresses a strong response and offers for consideration the point that the behaviour of some store managers is within criminal proportions. An equally strong assertion that 'they couldn't really give a rat's bum' shows the disdain that she feels store owners have for the local people and perhaps in turn the disdain that she herself has for the owners. Mia draws a binary between the store managers who do not care and the nutritionists who do care.

Allie introduces the point that the situations arising in stores are a consequence of history; a consequence of the colonial past and the patterns of domination forged in that past.

> Its like we've got these stores and they are not serving Aboriginal people the way they should and we are not going to do anything about it because we don't really care. You know working with stores is the most difficult thing to do and it's because of all the history. It's not just that store managers are difficult, it's a whole complex kind of sociological event and history is a huge part of that.
>
> (Allie: non-Aboriginal Educator - Nutritionist).

Within her narrative there also lies a latent colonialism. Her ownership of the stores through the use of 'we've got these stores' and the belief that they are provided to 'serve Aboriginal people' expresses the position that Aboriginal people cannot self-determine. She has recognised the sociological effects of a colonial history on the stores. She speaks collectively about whites stating that 'we don't really care' and potentially does not perceive the underlying bias toward store managers.

Another non-Aboriginal Nutritionist, Melissa, in contrast to Allie talks about the store as being a source of oppression and how interactions with the store manager present as a site of negative interaction. For many nutritionists, working with store managers is the least favoured component of their work as it inevitably leads to conflict. Melissa, like many other participants, offers further confirmation that people in the remote stores can be there for their own financial gain. She shows her frustration with these realities:

> Obviously a lot of work and a lot of understanding about food and nutrition have come through working with store managers and my experience is largely that they are a hard group to work with. They change over as much as we change over. That's difficult. They don't always have training and sometimes I think they are clearly just there for their own reasons.

> They are not there because they want to be in remote communities to try to do the best by the community, so I think that is obviously one of the other big problems. Trying to break down the barriers with them is a huge, huge job and sometimes I just don't think you are going to manage to do that … I think oppression in a number of areas, specifically obviously related to nutrition would be the store. It is only just one area but people's interaction with white people to start with, with store managers specifically, and their expectations of what's okay.
>
> (Melissa: non-Aboriginal Educator - Nutritionist).

Melissa shows some interesting shifts through this data source - she positions herself as 'other' compared to the whites of the store managers - 'they are a hard group to work with' and 'they are not there to do their best for the community'. The inference here is that the nutritionists are the health workers, that the roles are divided; one looking after the community and the other taking advantage of them. She shifts to a shared perception 'they change as much as we do', sympathising with them and the joint struggle they have. She then infers that there is a battle to be fought with them – but it is not her/we who is going to fight it – it is 'you'– she is passing the problem onto someone else. There is much to be interpreted in the last comment 'it is only just one area but people's interaction with white people to start with, with store managers specifically, and their expectations of what's okay'. The people that she refers to are Aboriginal people and she is commenting on the

importance of personal interactions between them and white people in general and store managers in particular. This recognition indicates that she still perceives a divide between the races and questions both non-Aboriginal and Aboriginal people's expectations.

In a best case scenario the community store has the potential to have the most important nutritional impact in any remote Aboriginal community, provided it is appropriately stocked, economically priced and well governed. In short, remote stores have a social responsibility to supply healthy foods to communities, especially to those that depend entirely on the store, and that the opposing objectives of profit and social responsibility should not be usurped (Webb & Leeder 2007). However, what stands to prevent the achievement of this is frequent mismanagement.

3.3.1 Store Mismanagement and Profiteering

An example of how mismanagement of a store ultimately impacts on the nutritional status and wellbeing of community members can be illustrated through the example provided by the Willowra store in Central Australia. This store's non-Aboriginal manager was unceremoniously evicted from the community in 2004 after complaints of mismanagement and profiteering, leaving the community with an outstanding debt of $190,000. In an Australian Broadcasting Commission (ABC) interview conducted by Lindy Kerin in 2005, a letter written by the former store manager was produced. She wrote 'I have drained the store in more ways than one and still I haven't sent it broke' (Kerin 2005:online). Despite the significant debt the store

remained operational as it was the only source of food supply for several hundred people. Of interest is that this store manager later ran as a Country Liberal Party candidate for a Central Australia seat in the Northern Territory parliament. Moreover, through political affiliations this person of dubious ethical standing could have current or future input into policy formation and government decision making.

Attitudes of colonial mentality such as this still exist among many white people. This mentality results in whites having power and believing that they can exploit others, especially those with less power and skills. In fact, the majority of participants were able to cite examples of white superiority manifesting in financial exploitation and profiteering; examples of non-Aboriginal people benefiting from Aboriginal interests.

> I remember going out to one community in my very, very early days here. There was a store that was run by a non-Indigenous person and it was a pretty small store but I nearly fell over when I saw, and I had no real concept of the whole issues with food supply until I saw a packet of black and gold spaghetti, you know just the stuff you have to boil, like its not even a can and it was $7.40.

> I just thought where do you start in terms of promoting good nutrition and promoting all the things that we think are right when you have to pay that sort of money with the little money that people have got and that price is dictated by somebody who is coming into the community and deciding that's what's best … but some of that non-Indigenous control stuff is a big factor. Power of non-Aboriginal people over Aboriginal people … again I think people are entitled to an appropriate, I mean its a basic human right to have access to food, a supply of food and its affordable and all those sorts of things, accessible and affordable.

> But I think that the non-Indigenous people have had quite a lot of control in that sort of stuff, certainly in terms of pricing and access and I think stores are a really big example of how food supply can be really affected by non-Indigenous people, what they assume is right and wrong.
>
> (Rebecca: non-Aboriginal Educator - Nutritionist).

Rebecca's recount of events reflects her view that power, control and manipulation impact on non-Aboriginal people's lives. She highlights profiteering and talks of her own naivety when first coming into communities. She uses the discourse of white power, highlighting the ability of whites to dictate prices and create situations of inequity and dependence, of inflicting their dominance on people already financially disadvantaged. This illustrates the contemporary situation as being little different to colonial rationing where whites dictated what could and could not be eaten, what was and was not accessible; the only difference is the cash exchange. With such structural and racial impediments, Rebecca is right – 'where do you start'? At a deeper level Rebecca's use of 'where do you start' is her acknowledgement of a desire to do something about this – she exhibits a sense of agency.

Other participants also raised the issue of store managers manipulating the cash economy and compared this to the ration economy. They gave examples of a practice whereby people's bank cards and personal identification numbers were held by the store managers. In this illegal practice, people are allowed to 'book up' their purchases and pay for them in a lump sum on pay day. This system of exploitation leaves people perpetually broke and at the mercy of the store manager (Kowal 2006b). Eliza suggests that:

> Governments need to be working and there needs to be policies and procedures for people working in remote communities. Quite often store managers aren't even trained to run a store. They have no idea so governments need to put in place policies and procedures for people who are employed in remote community stores.
>
> (Eliza: Student – Aboriginal Health Worker).

Eliza is proactive; she suggests what the government should do to take control of the situation, via appropriate policies and procedures to protect people from exploitation and store mismanagement and to provide clear guidelines to the store management. This is interesting in that ultimately it is the government who has allowed the situation of profiteering, manipulation and denial of basic human rights to occur. Not just in the instance of stores as a neo-colonial practice but in many postcolonial practices to do with food.

The program of education opened up to Aboriginal people, creating health workers such as Eliza, gives her a more informed and empowered voice. Her education is an enabler which could allow her to intervene and take part in formulating store management policies which would in turn address some of the common issues. To redress colonial imbalance and contribute to self-determination and a community empowerment style approach, this control needs to be informed, guided by and led by Aboriginal people.

One reason for the inflated prices in community stores is due to structural difficulties as a consequence of remoteness. However, McDonnell and Martin (2002) argue that it is just as likely that the high prices reflect capitalism and

the market power of the store. Grassi (1977:53) writes that safeguarding of minority cultures cannot be isolated from being 'overwhelmed by a hegemonic culture typical of society sustained by the logic of profit and consumption'. Several of the participants referred to the market power of the store and commodification as representing racist tendencies, manipulating and maintaining control, in some instances reaching racist proportions. Both non-Aboriginal and Aboriginal participants felt quite strongly about this issue and the injustice it perpetuates.

> The experiences of walking into the store … seeing the out of date foods, very low level of fruit and vegetables available and the condition of the fruit and vegetables. Then getting an understanding of the way in which that store manager has been manipulating the community to maintain control over the supply of money and all things to do with money in that community.
>
> (Lynden: non-Aboriginal Educator - Nutritionist).

Lynden demonstrates both mismanagement and profiteering and was representative of the view of many of the participants. This is a profound expression of direct colonial influence impacting on the contemporary nutrition of this particular Aboriginal community. One action which would improve the situation would be to reduce the level of store mismanagement. Additionally, an investigation of adverse store circumstances needs to be conducted and there needs to be a method of protecting consumers from negative influences.

Leonard (2003) in the instrumental *FoodNorth* report, made strong recommendations for structural and governmental change in the area of food supply broadly and stores more specifically. She wrote that if a 'store governing body makes a commitment to stocking healthy food, the requirement to do this can be listed in duties and responsibilities of the store manager and included in their employment contract' (Leonard 2003:68). The *FoodNorth* report made four key recommendations which were to:

1. establish a high level 'whole of government' approach to resolve issues of food supply
2. secure funding to implement a North Australia Food Supply project
3. establish a monitoring and evaluation system, and
4. include nutrition as a core component in the new national Aboriginal Health Worker training package and as an option within the new national Population Health package

Recommendation two went on to inform a national cross jurisdictional project focusing on *Remote Indigenous Stores and Take-aways* (RIST). The Remote Indigenous Stores and Takeaways (RIST) Project was established in 2005 by the South Australian, Western Australian, Northern Territory, Queensland, New South Wales and Australian Government Health Departments to improve access to a healthy food supply for Aboriginal and Torres Strait Islander People in remote communities. The project aimed to establish and improve standards for 'healthy' remote stores. To reach the goals of the project, funding was provided for a project officer and several resources were developed.

The remaining three recommendations of *FoodNorth* have remained just that – recommendations - they have not been implemented. Only with implementation could such suggestions bring real change and be sustainable. Such change could contribute to Aboriginal people breaking free from colonial practice and this could assist the health of a community. That such simple but effective steps have not been implemented before begs the question why? As committing to stocking healthy food and enforcing and monitoring this would contribute to breaking the cycle of colonial dominance and decrease control from the negative agencies.

3.3.2 Positive Store Practices

Not all store managers are operating in such a negative manner; many are enthusiastic, caring and ethical. One example is the store at Docker River, which has demonstrated significant success in the promotion of generic brands. This has been a mutually beneficial situation, as not only are foods cheaper and more readily available, but the store has been able to maintain the same profit margin. This store's success is attributed to the fact that large food companies have not produced their generic brands with a picture on the label so that the product is identifiable to consumers with low literacy levels which was not previously the case (Price & Bugg 2005). Lynden supports the success of the Docker River store:

> I'm surprised I guess sometimes people who sound as if they don't know much go ahead; go on to do extraordinary things, like the store managers out at Docker River, which is about a third of the way to Perth from here [Alice Springs]. Out in the middle of nowhere they have taken a store in a community that the community was embarrassed by … a story in the Age or some big

> paper about children starving. They have turned that store right around from something that was being exploited and a whole community being exploited by the previous store manager, to now one that attracts customers from other communities.
>
> They have never been busier than what they are now because people in the region recognise that this store has things that their stores don't have and they don't need to travel to Alice Springs or anywhere else to buy it … that store has done something you can only attempt to achieve in an urban area and that is to increase their market share and they have done it. It's remarkable … there are other examples of stores that have done great things as well.
>
> I haven't got to see them but I understand what's occurring in the Katherine region with the Fred Hollows Foundation, its been remarkable and worthy of praise and what ALPA has been doing for the past 31 years is worthy of our admiration and praises as well.
>
> (Lynden: non-Aboriginal Educator - Nutritionist).

This example provides a positive case study and examples of the power of the store and the ability to induce positive change and still make a profit, when in the right hands. It is a postcolonial account of success when the store is in the hands of whites who genuinely want to make a difference and are not there to profiteer. In this the 'they' are a couple who were school teachers in a nearby community who recognised the store as being fundamental to the health of Aboriginal people, so they decided to try to make a change. This is an example of how power can positively impact on a community, however, the power is still in the hands of non-Aboriginal people and it is non-Aboriginal people with no retail experience who were given an opportunity to run the store rather than local Aboriginal people. The store managers, although

white, have exhibited behaviour which shows them as concerned for the remote community rather than separate and dominant to it.

Other examples of projects that have involved the managers of local community stores in the Northern Territory, include those conducted by Lee, Hobson and Katarski (1994). They included activities conducted around shelf labelling for identification of healthy foods and price adjustments of unhealthy products. As well as the *Minjilang Good Food and Health Project* which worked with store managers from 1989 to encourage people to eat store food most like bush foods – foods that were low in fat and sugar. The store manager at the time made several changes as a result of this project, including the provision of lean meats, wholemeal bread and diet drinks along with shelf labelling to identify the healthy choices. These actions resulted in increased sales of fruit and vegetables, overall weight loss of community members (Lee, Bonson & Yarmirr 1992; Yarmirr & Bonson 1996) and improved nutrient levels (Lee, Bonson, Yarmirr, O'Dea & Mathews 1995).

Other positive examples are the stores run by Arnhem Land Progress Association (ALPA), a not for profit organisation with a nutrition policy as a component of their business charter (McMillan 1991). The ALPA nutrition policy was implemented in five remote community stores in 1990 and reviewed in 1993 (Lee, Hobson & Katarski 1996). As well as those stores now run by a company called Outback Stores, set up in 2006 in response to the needs of meeting health and nutritional requirements of Aboriginal people in remote areas. The company prides itself on building strong relationships with the communities it works with, including returning profits to, the

community. Like ALPA, Outback Stores employs a nutrition strategy to try to ensure the provision of a healthy food supply.

Unfortunately negative stories are more common, where high turnover and superior attitudes of store managers and poor or inappropriate stocking can create unsupportive environments for healthy living and situations of capitalism and manipulated consumerism.

4. Capitalism and Consumerism

With the impact of colonisation, remote communities have been readily exposed to the effect of Western society, including capitalism and consumerism. There is little doubt that capitalism has also greatly impacted on Aboriginal culture and health and that postcolonial concern was more about generation of colonial wealth than about the welfare of Aboriginal people (McConaghy 1991). Dependence on material goods and capitalism fostered social stratification and in turn dietary variations (McIntosh 1995). The modern effects of urbanisation, social stratification and capitalism are well ensconced despite the remote location of many Aboriginal communities (Gracey 2000b). This extends to consumerism, food trends, food supply and demand. Manifesting in the corporatisation and commodification of food, increased consumption of convenience foods, choice restriction and white power in the acquisition of goods and services.

4.1 Corporatisation and Commodification of Food

On a global scale large food companies enact power and control over food. This power and control is most acutely felt in remote communities where there is restricted choice, which is further manipulation by advertising. A politically active nutritionist in the United States, Marion Nestle, has closely examined the role the food industry plays in 'creating an environment so conducive to overeating and poor nutritional practices' that it creates confusion about the basic principles of a good diet and health (Nestle 2002:1). She insists that food companies do not see themselves as social service agents and their agenda is not to ensure adequate states of nutrition for all; instead their interest is in corporate success for shareholders and this is achieved through the sale of high-margin or high volume food. The ethics of food choice and food promotion are therefore not considered in any meaningful sense (Nestle 2002). Cannon (2005:704) subscribes to the same notion:

> Nutrition advice has been distorted by trade groups protecting the interests of milk, baked goods, soft drink, sugar and salt, with massive budgets spent on lobbying legislators; and also by national and global nutrition foundations controlled or influenced by those sectors of industry whose products are energy dense, high in fat, sugar and/or salt.

Figure 12: Fridges of Soft Drink in Remote Community Store (Personal Collection).

Nestle (2002:360) states that diets are selected in a marketing environment in which billions of dollars are spent convincing us 'that nutrition advice is so confusing and eating healthfully so impossibly difficult, that there is no point in bothering to eat less of one or another foods product or category'. This heavy influence by multinational food companies clouds the ability of us all to make informed decisions about food choice (Nestle 2002).

The proliferation of pervasive promotion through advertising means the majority of the population receive nutrition information from the media (Nestle 2002). This often results in incorrect or inappropriate messages being directly conveyed to the broader public and attempts to correct misinformation through nutrition education and promotion can itself result in confusion or mixed messages. Typically when contrary information is received the more dominant or more frequent source is usually rated higher

or recalled more easily and this is the message that has the power and money underpinning it. Take away food and soft drinks are the standout example in understanding this phenomenon (see Figure 12). Governments do not have the money to compete against the vast advertising budgets of large food companies that seemingly have a stranglehold on the marketplace, reducing opportunities to correct misinformation and to promote healthy products.

Both Cannon (2005) and Nestle (2002) highlight corporate communication and advertising as an expression of power. In her role as a CDA proponent, Wodak (1996:27) furthers this concept when she discusses the discursive practices of advertising as being an institutional and influential sphere, 'altering and concealing traditional discourses and ultimately mystifying power relationships'. Similarly van Dijk (2003:359) refers to the 'undeniable power of the media', a power not easily disputed. As Eliza points out:

> TV, modern things like television, videos and video games and things like that have had a huge impact. All those ads on TV about American ways of living which a lot of young Aboriginal people think those things are wonderful so they go out spending money on really expensive clothing or shoes rather than food … the ads on TV about McDonalds and KFC and those have had a big impact. People basically live on that sort of food and on the off pay week they live on damper and tea.
>
> (Eliza: Student – Aboriginal Health Worker).

Eliza's comment that young Aboriginal people choose luxury purchases over food and convenient nutritionally poor food choices as a result of television advertising, demonstrates how the power of the media has a damaging

impact on health. She demonstrates how the concepts of capitalism and consumerism, postcolonial concepts, have a tangible influence on Aboriginal nutrition in remote communities. Expanding this theme, Trudgen (2000) recounts a story of when he asked Aboriginal people from Arnhem Land in the Northern Territory what they thought of Coca-Cola. He reported that they thought it was good for them, because the advertising showed healthy people doing active things (Trudgen 2000). Such a reading of advertising by Aboriginal people points to the need to have food literacy or consumer literacy built into literacy learning in schools and beyond; but it is a vicious cycle as Aboriginal school children in remote areas have exceedingly high non-attendance rates.

Coke is one of the biggest selling items in remote communities so this advertising has widespread influence and has a significant impact. Probyn refers to this as an explosion of popular eating discourses (Probyn 2000). Popularity compounded by the mass media being heavily biased toward privileging the white dominant world view, evidenced in the plethora of advertising or food promotion appearing in mainstream magazines, newspapers and television (McIntosh 1995). Not surprisingly mainstream commercial advertising was frequently cited by the majority of participants as being a huge persuasive influence on food choice.

The ultimate outcome of advertising results in a dominant market share of unhealthy products, with unhealthy foods receiving more targeted and more frequent airplay. To reduce the current imbalance of food advertising, an alternative would be to consider similar approaches for food to those adopted

for minimising harm from tobacco and alcohol use. Both these products have their supply and demand modified by taxation of price and regulation of advertising and marketing (Cannon 2005).

On a more positive note, and as a way of looking toward the future, advertising has been positively used in nation wide and Northern Territorian campaigns to promote fruits and vegetables:

> I am aware of those [nutrition] programs only through advertising, so advertising is a great media.
>
> (Joy: Aboriginal Student).

If the government was to invest more in nutrition promotion strategies in the media greater changes could be made in the selection and consumption of healthy choices. However, the infrequent use of media to date demonstrates a marked failure of the government to use media in this respect, or an inability to compete. As it stands the food industry manipulates the government, the legal system and the media resulting in an unhealthy capitalist society driven by profit and money making (Sager 2006:pers comm.). This capitalism reaches even into remote communities and is most evident in the community store.

4.2 Increased Consumption of Convenience Foods

As mentioned previously the consumption of take-away food provides an obvious example of the power of media and advertising. The increased availability and consequent consumption of convenience or take away food has, however, negatively influenced the nutritional status of Aboriginal people and has also resulted in changes in the social relations of eating (National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2007).

Modernisation and mass media advertising has led to a situation where takeaway foods are highly valued. This familiarisation and acceptance of take away and convenience foods has naturally generated an increase in their consumption, dependence and as Roberts (1992) adds, to a loss of culture. The accessibility and affordability of take away foods has resulted in these foods being prioritised, particularly in remote communities where other foods are scarce or where household infrastructure to support food preparation is often absent. Store managers are very aware of this and frequently restrict access to healthy foods to capitalise on this, thus denying individual choice.

> Frequently there was a certain amount of greed in terms of the local stores and I think, I don't know that I ever met anyone who was completely ignorant about what was a good diet, but it was the availability, the ease of getting that good diet.

> … because they had basically been herded together there was increasingly dependence on what the local store offered and in the local store the prices were exorbitant and I guess too like our

> culture it is easier, it is cheaper to have your fried foods and like our culture, people/kids like coke, like pies, so why wouldn't they like coke and like pies.
>
> (Sonia: non-Aboriginal Educator – Health Practitioner).

Sonia exhibits awareness of postcolonial practices evident in the use of community stores. The terms 'herded together' and 'dependence on the local store' are evocative of the colonial past when Aboriginal people were brought into settlements and became dependant on rations. Today, the growth in both the availability and desirability of take-away foods is not the only or most prevalent constraint on consumer choice. Lilly, a nurse who has lived in Alice Springs for around 15 years working at the hospital, the Institute and the Centre for Remote Health; gives an example of whites restricting access to appropriate nutrition required for the growth of a child and therefore contributing to a circumstance of ill health. In effect this is again not dissimilar to the distribution of rations to Aboriginal children in the past, as it was common for children to be restricted in choice, often little more than flour and sugar in ration times. The provision of decreased variety in a contemporary store situation indicates that many of the historical practices remain intact. Both scenarios fail to meet the total nutritional needs for a healthy growing child and actively contribute to malnutrition.

> When I visit remote communities, we always go and visit the store just to check out the food and availability. Mainly in this job, which I've been in for 12 months, we check out what access 0-5 year olds have, mainly weaning foods and stuff. They are all different; some stores are absolutely brilliant and some stores aren't, so some stores don't have any weaning foods. I went to a community last week who had just all the custards, just tinned custards, but nothing else. They had no rice cereals.
>
> (Lilly: non-Aboriginal Educator – Health Practitioner).

The situations recounted here raise the issue of whether the stores are concerned with health, nutrition, culture or money; whether they capitalise on a confined market share and the influence of media. It demonstrates that many colonial practices of the past have re-emerged and are representing themselves in modern day communities. For true progress to be made there needs to be a commitment to durable change.

Food purchasing or selection behaviours of Aboriginal people is complex and multifaceted and can be driven by ingrained ration style habits, by additional benefits aside from nutritional value including their social value and undoubtedly by dependence on what is actually available. The Director of the Arnhem Land Progress Association contends that Aboriginal people are vulnerable to price exploitation, which is further compounded by the levels of illiteracy and thus dependence (McDonnell & Martin 2002). Brimblecombe (2007) and Lee (1992) claim that the presence, availability and display of more nutritious varieties of food can positively impact on food choice and consumption. Others, as evidenced above, affirm Aboriginal people are highly influenced by advertising.

4.3 White Power, White Goods and Demand Sharing

Much of the restricted food choice stems not just from the remoteness of these communities and the limited availability of food but is compounded by absent or poor quality kitchen infrastructure. Johnson (2006) writes that the absence of cooking appliances and kitchen infrastructure directly contributes to poor nutritional status; in that food can neither be properly stored nor

properly prepared. Data from the *Northern Territory Aboriginal Housing Survey* conducted in 1998 illustrated that of the 3906 houses surveyed the 'infrastructure components most frequently identified as not functional or not present were those required for the storage and preparation of food' (Bailie & Runcie 2001:363; Trewin & Madden 2005:40). Most commonly the kitchen bench, oven or stove top was identified as dysfunctional. The survey also indicated that only 42% of houses had a functioning refrigerator with many residents accepting this lack as simply unavoidable and feeling both apathetic and pessimistic about the situation being remedied. Sonia refers to this lack of refrigeration:

> I think maybe too another way is that because they have either been on reserves or on missionary reserves their ability or facilities, to cook, to keep food. I have never known an Aboriginal living in a traditional kind of area who has refrigeration or cooling so therefore, and I suppose that affects everybody on a day-to-day eating thing which of course would reflect on why the takeaways are so important.
>
> (Sonia: non-Aboriginal Educator – Health Practitioner).

Sonia states that the apathetic attitude to kitchen infrastructure is a consequence of Aboriginal people having lived in settlements with poor amenities and this being a contributing factor to current dietary habits. Again this is an example of postcolonial influence extending into modern day behaviour patterns and conditions influencing nutritional outcomes.

Another participant Angela told of doing home visits as part of one of her previous jobs, of checking on households to 'see what the situation was like'; a modern replication of the *Welfare Ordinance* of the 1950's which included

surveillance of houses. She told of food spoiling, of fridges not working and the impact this had on increasing consumption of take away food. She also reported that people had to hide food to ensure there would be enough for their immediate family. Folds (2001) explains that it is normal behaviour for family members to help themselves to the food of others; to overcome this people frequently purchase food at the time of consumption. Marissa expands the issues of lack of refrigeration and demand sharing and the effect this has on food consumption and nutrition:

> Another thing in communities is that it's really hard for people to keep a stockpile of food like we do in our culture. There is always food in the fridge and always stuff in the cupboards to cook even if you haven't been shopping for awhile, there is generally something you can cook up which is not too bad, but it doesn't seem to work that way. Indigenous people if they have got the food you eat it, you don't save things up for a rainy day or they do a big shop and then people turn up from other communities or relatives rock up or another family rocks up and they have got kids so they are all fed and there is nothing for the next day, nothing until there is money again. So that can mean then that they are just looking for cheap food which people usually think of as fast food but it doesn't actually work that way either.
>
> (Marissa: non-Aboriginal Educator - Nutritionist).

The cultural issues of demand sharing will remain, as it is an integral part of cultural life, serving important purposes in retaining social relationships and kinship (McDonnell & Martin 2002), but there is a lot that can be done to assist in the provision of household infrastructure. One suggested strategy is that more government and non-government owned structures or facilities have kitchen infrastructure, particularly those in remote areas. These facilities are often provided in an effort to bring some relief to overcrowded or poor

conditions, although as Lynden suggests this does not necessarily have a positive effect on the wider community:

> I'm humoured I guess by Women's Centres in Aboriginal communities which, from what I have seen, are reasonably well equipped, fitted out with refrigerators, freezers, good bench space, ovens, sometimes microwaves, not often dishwashers, but reasonably well equipped. Yet outside the women's centre people are often cooking on open fires. I find that there is probably more to be done in getting a bit closer with our capacity development, capacity building, getting a little bit closer to those open fires with people rather than expecting that they will have a functioning kitchen in their house.
>
> (Lynden: non-Aboriginal Educator - Nutritionist).

Lynden identifies the complexity of the issues when facilities have been provided but are not used. This is difficult to understand from a white perspective and frequently leads to frustration and conclusions that Aboriginal people are ungrateful. On the surface these conclusions appear to be valid until the situation is viewed from the Aboriginal perspective. Aboriginal people may favour traditional cooking because it is easier, habitual and has stronger cultural alignment. They may have cooking and refrigeration facilities that are inoperable or unreliable and therefore, out of necessity and the need to survive or stay warm they use camp fires. The disparity in values and expectations that this situation exemplifies are characteristic of the potential for a lack of understanding and communication that underpins the ineffectiveness or failure of multiple strategies to improve food and nutrition practices.

5. Inequity of Access

Similar to colonial ration constructs, whites today still have a broader and healthier variety of food and Aboriginal people have access to the bare minimum. This is perpetuated by practices such as offering white people employed in remote communities reduced freight costs as part of their employment package. These freight subsidies are not made available to Aboriginal people residing in the same communities. So a situation has been created where whites are offered the incentive of accessing a wide range of food from supermarkets in the large centres at cheaper prices with the added assistance of freight subsidy; while Aboriginal people are dependant on the community store with its limited range and excessive prices. Angela provides a personal reflection on her privilege as a white employee:

> I guess the other thing I thought about was it's people like me that come and go and non-Indigenous people who live there, they go to barges and to supermarkets and things like that and organise to have fresh food and produce shipped in because its too expensive to buy out there and often a lot of them are subsidised as well as part of their package for living in those communities.
>
> (Angela: non- Aboriginal Educator – Health Educator).

Angela presents a discourse of discrimination, when she claims that certain goods are available to whites and denied to others. Webb and Leeder (2007) proclaim that this situation further disadvantages Aboriginal people given they have to pay more for food, often of inferior quality, while being in receipt of the lowest income of any Australian population subgroup. They state that one significant contribution toward improving the nutritional status of

Aboriginal families is through reducing the disparity of the cost of food between cities and remote areas (Webb & Leeder 2007). Practices such as freight subsidies detail examples of discrimination and racism and the obvious privilege and advantage afforded to white people employed in the Northern Territory. Practices such as these make it evident that it is extremely difficult for remote Northern Territory Aboriginal people to make healthy food choices unless they have the required resources.

> I think it's a crying shame too that people out in remote areas are paying so much for food and getting it three weeks after the apples been picked. They are getting the apple but certainly not in top condition, its three weeks old. I don't know the answer. If you live in remote areas you can't grow apples out at Kintore, so you still have to get them there. I don't know how we can get them there quicker. I don't know what the answer is to that, so I really don't know about the food. I can just see what I've seen and that is just the time factor which as we know cuts down the value of the food.
>
> (Joy: Aboriginal Student).

Joy uses the phrase 'crying shame' to highlight the deviation from the norm, that the food supply situation is an inequitable one. Joy talks about distance creating issues with food access, she uses the term 'I don't know' repeatedly, on the one hand indicating that she feels solutions are much larger than her and her responsibilities and on the other hand signifying her frustration, her giving up. This sense of powerlessness was common among most participants.

Joy uses the apple as a metaphor to represent all fresh foods and raises the delay experienced when transporting food out to remote communities,

particularly in this instance as the food comes from South Australia via Alice Springs and then out to Kintore, a distance of 530 km west and roughly 7 hours drive depending on the weather and road conditions. This illustrates the length of time the food has to travel and stresses that the delays and the changes in handling and temperature create problems. This situation would not be acceptable to the dominant white elements of society and illustrates the continued privileging of white society. Contrary to colonial attempts with community gardens, Joy acknowledges that the climatic and geographic conditions at places like Kintore are not conducive to these types of activities and would not succeed. She speaks through an equity discourse and suggests that the way forward is to address issues of transport.

Affordability of food is therefore crucial; however, the *National Aboriginal and Torres Strait Islander Health Survey* showed that residents in remote and very remote areas of Australia were paying up to 30% more for the same food as people living in cities (Australian Bureau of Statistics 2007a). The Human Rights and Equal Opportunity Commission (HREOC) claim this difference was grossly underestimated and is now more likely to be 150%-180% more expensive in remote communities than in cities (HREOC 2006; Thomson 2001). The proportion of family income needed to purchase a healthy basket of food in remote settings is therefore two to three times that of a family living in a main centre (Public Health Association of Australia 2006).

Figure 13: Picture of Foods in the Market Basket Survey (Northern Territory Department of Health and Community Services 2007).

Lynden, a participant nutritionist who has worked in the Northern Territory for over 10 years suggests that the Market Basket Survey has served as a way of politicising the issue of inequitable food supply. The Market Basket Survey is conducted in remote communities across the Northern Territory and assesses cost and quality of foods. It includes a basket of foods that would be needed to meet the nutritional requirements and feed a family of six for two weeks (see Figure 13). It provides a way to compare costs of the basket across communities and as comparison to larger towns, as well as across other States and Territories.

> The experiences in the market basket survey I suppose, was, I guess, finally being able to demonstrate my ability to think laterally, that was sort of a personal thing. But I started to get a bit of a handle on food supply issues in remote areas and trying to develop a decent objective tool which might be able to highlight the issues so that the issues could be published and politicised by nutritionists.
>
> (Lynden: non-Aboriginal Educator - Nutritionist).

Lynden expressed a personal deficit in understanding food supply issues initially but quickly recognised the value of developing a tool or method to objectively assess the relative costs of food in remote areas. The belief here is that an objective tool can be used to confirm anecdotal information from several sources and used as evidence for lobbying for change through the political process. There is an element of doubt when saying 'I suppose', 'I guess', 'that was sort of a personal thing', 'might be able' and so on. This doubt harks back to an earlier statement around nutritionists wondering what they are doing, whether they are being effective and whether they are bringing about any changes. It raises a binary of the situation being so unfair that nutritionists need to speak out, but a level of despair about the limited ability to cause change.

Unless nutritionists and health educators become active in the politicisation of inequitable access and denial of human rights, inequitable access and postcolonial styles of insistence and dictatorial practices will be ongoing. We must address basic human rights issues of people not having access to food, appropriate infrastructure and facilities and acknowledge cultural issues of demand sharing. The work that needs to be done here can only be started with the politicisation of the inequalities, politicisation of human rights issues in regard to access and cost of food and asking Aboriginal people themselves what they need to be able to overcome the issues.

6. Summary

Throughout the colonial history of the Northern Territory it has been made evident that food and its distribution have been used to change and control Aboriginal people. This chapter illustrated how remoteness has acted as a physical, political and social barrier to improved food and nutrition for Aboriginal people. The tyranny of distance is a much over used cliché but describes perfectly the conditions under which many Aboriginal people live in the Northern Territory. Remoteness is a significant contributor to the manifestation of various health and social problems and remains a major barrier. In these situations it is place and remoteness which are said to serve as the greatest contributing factors to persisting malnutrition.

The control exerted through the establishment, operation and management of community stores was described through the insights of the participants and analysed to reveal the ongoing postcolonial influence. It illustrated the ways in which community stores are implicated in sustaining and reproducing inequitable power relations in Aboriginal society. The analysis outlined how the store acts as a social agent in regard to improving or worsening the health of a community and detailed how social policies and barriers stand in the way of food security by increasing commodification and the corporatisation of food.

The participants described how Aboriginal people are faced with limitations in food security and welfare and are exposed to the commodification of food. How the store can marginalise the way Aboriginal realities and issues of food collide. The power differential was further explored through local and global markers of media marketing and advertising of food.

This chapter demonstrated that the food intake in Northern Territory remote communities goes beyond the realm of individual choice and preference. It demonstrated a direct relationship with postcolonial policies and practices. It showed that the social justice issue of access to safe and affordable food as a basic human right has not been met in the past and remains unmet. Instead food choice reflects endemic poverty, over inflated prices of mostly non-nutritious foods and inadequate housing infrastructure (McDermott, Rowley, Lee, Knight & O'Dea 2000). The infrastructure to allow for healthy eating and storage of food was shown to be inadequate and a contributor to ongoing disadvantage.

With the introduction of the *Northern Territory Intervention* in 2007, store legislation and policies have become mandatory. Prior to the Intervention and setting up of Outback Stores (2007), very few stores had been as innovative or embracing of such policies. It is worth noting that the interview data collection phase of this research happened prior to the introduction of both of these initiatives.

The next chapter will further the story of white dominance of food and nutrition matters through the examination of the historical impact and socio-cultural issues of culture, traditional knowledge and food practices. It will illustrate the damage done by colonialists in terms of food choice and cultural identity and how such 'damage' needs to be acknowledged and incorporated into future nutrition practices and interventions.

CHAPTER SEVEN

THE COLLISION OF TWO WORLDS – CULTURE, TRADITIONAL KNOWLEDGE AND FOOD

This result of teaching the people that their traditional foods are somehow inferior is what one nutritionist has called commerciogenic malnutrition

George (1978).

This chapter extends the concept of white dietary dominance within the historical legacy of colonisation. It examines the socio-cultural issues surrounding the acculturation and Westernisation of diet for Aboriginal people in the Northern Territory. Specifically it focuses on the historical impact on food choice and food's association with cultural identity and spiritual health. It explores the strength of traditional food practices and knowledge and their vulnerability to white influence. The discourses surrounding the socio-cultural perspective of food and nutrition are uncovered through the analysis of data from research participants and commentaries on texts and documents.

Previous nutrition research has demonstrated that food habits and eating patterns are complex and not simply a product of biological functioning. Healthy eating is motivated by far more than simply taste preference and survival; instead diets are selected within the context of the social, economic and cultural environment in which an individual lives. As Shanahan (2002:9) explains, the 'significance of food exceeds far beyond the human need for nourishment and far into the realms of politics, culture, class and race'. It is these factors that invariably define the choice and use of food and the degree of compliance with healthy nutrition.

It will be demonstrated that these factors are controlled and manipulated by whites and that traditional food and cultural practices have been denied, 'othered' and marginalised. This chapter examines how the force exerted by the dominant culture is often so strong it displaces minority cultures, their beliefs, traditions and practices in relation to food, which results in cultural loss and nutritional impairment. A greater understanding of these effects could improve future nutrition programs.

1. Cultural Lens

Food choices are influenced by culture and loss or corruption of these choices could equate to a cultural loss. It is therefore important in the context of this research to explore this cultural connection. Culture has been described by Becker, Gates and Newsom (2004:2066) as 'a shared system of meaning, the way that people experience, perceive, and interpret their world'. Individuals

therefore develop a cultural lens which determines the way they see and understand.

In all cultures, food has social value and is intertwined with social interaction. Food can be used as a means of presenting self and as a means of perceiving and understanding others. Conversely, the way one sees or perceives oneself influences food choice (Connor & Armitage 2002). People are motivated to retain their sense of self and repeated performance of behaviours, such as food selection, affirms this self-concept (Connor & Armitage 2002). For an individual, the healthiness of food consumed is often less important than its psycho-social and cultural influence. Not to say that flavour, taste and satiety are not significant factors in food choice (Connor & Armitage 2002), but equally significant factors are those that are heavily culturally laden.

Aboriginal belief systems consider health as a product of spirituality and social well being rather than of a physical origin (Lupton & Najman 1995). Lupton and Najman (1995) assert that for Aboriginal people there is opposition to the Western notion of good and bad foods and that the connection to food is spiritual rather than physical. This concept comes more easily to the many people who increasingly regard science as just one of a 'number of belief systems of equal validity and importance' (Nestle 2002:27) and who are accepting of cultural differences. Coming to terms with this creates conflict for those people who subscribe to biomedical models of thinking, or who are outside the culture of the people they are working with and who have little understanding or empathy towards the culture and

historical background of the people. Lee briefly describes spiritual rather than physical connections:

> Because often someone's physical health is not separated from their emotional spiritual … it was almost, like accepted, that it was inevitable that they were going to die so that was the physical side of their being but the spiritual side was still around. The concept of actually knowing that their physical being could also be, I suppose, the deterioration of their physical being, could be prevented through simple measures, just doesn't mean anything really.
>
> (Lee: Aboriginal Educator - Nutritionist).

Lee suggests people are acutely aware of nutrition and their physical health; however, experience no great concern with the possibility of their physical being dying. This comment from Lee demonstrates the misalignment of current nutrition education programs aimed at decreasing the risk of disease and death and negates many Western techniques such as guilt and encouraging individual responsibility. Lee expresses the belief that Aboriginal people are comforted by the spiritual being taking precedence over the physical and that they believe that the spiritual being lives on past the lifetime of a physical body. A study around meanings of health, found that Aboriginal people perceived their illness as being a 'result of living life out of balance, a life of lost or severed connections with land and kin and a life with little control over past, present or future' (Thompson & Gifford 2000:1457). The cultural damage caused by generations of colonial dominance and intervention make it inevitable that Aboriginal people would feel their lives are out of balance. Forced relocation, forced removal of relatives and an imposition of foreign cultural values have definitely contributed to illness.

In reference to the disease diabetes, Thompson and Gifford (2000:1458) report:

> When they talk about stabilising their sugar, these discourses are often woven into wider narratives about individual and community struggles to maintain a sense of coherence, control and stability over present life circumstances and the future.

Persaud (1997) states that there needs to be a greater understanding of the cultural and symbolic importance of the relationships to food, particularly in times of illness or distress. This was clearly evident in the data gathered from participants in this study.

> That there are no provisions locally for them to be allowed to go out and hunt where as traditionally and in places like Arnhem Land, hunting can be used as well as the nutrition for emotional well-being, spiritual well-being to reconnect with their land.
>
> (Sonia: non-Aboriginal Educator – Health Practitioner).

Sonia indicates that hunting is not just an activity to gather food or supplement diet but is a means to achieve emotional and spiritual well being. These aspects are not separate for Aboriginal people whereas they frequently are seen as separate by white colonialists. Sonia's recognition of this is a progressive step for a non-Aboriginal educator, in that she understands what effective nutrition in remote Aboriginal communities encompasses. However, her comments also show a degree of naivety or a lack of understanding about the practicalities of such a situation. Colonial authorities have for generations gathered or encouraged Aboriginal people into central locations for ease of control and economies of scale. Sonia in this statement does not appreciate these complex interdependencies and its effect on traditional practices. This could be conceived of as a colonial bias in her education.

2. Historical Influence Guiding Food Choice

Colonisation meant Aboriginal people had to eat whatever foods were made available to them. The threat of starvation during colonial times was extremely powerful and made choices about food impossible (McIntosh 1995). McIntosh writes that:

> Food habits are not independent entities. They reflect, and are influenced by, the entire ecological milieu in which they occur. Therefore the study of food habits requires an interdisciplinary approach, utilising … history, sociology, psychology, anthropology and nutrition as well as … nutritional anthropology (McIntosh 1995:xi).

Chapter Four and Five outlined the historical milieu which has shaped Aboriginal food choices including segregation and relocation into government and mission settlements. Joy describes habits carrying on from mission times:

> When he [the white man] first came here he brought all his flour and sugar and all the stuff he brought, and as we know the coloured man worked for the white man and they stopped hunting and looked to the white mans diet and now we are seeing diabetes, obesity, big, big problems. But as we have gone through what two or three generations now they don't really know any other way to live and I think hunting and gathering is at a minimal.
>
> (Joy: Aboriginal Student).

Joy outlines how past behaviours are particularly strong influences on the food choices made in present situations. She uses the binary of white and coloured. The term 'coloured' is used here by an Aboriginal woman to describe 'them' rather than 'self', perhaps in this case emphasising the statement made earlier in her interview that she was 'brought up white man's way'. She describes the cultural shift from hunting to 'white man's diet', indicating the diet as belonging to white man. This belonging is about a power structure, indicating colonial ownership and control by whites. Joy cites this diet as having led to 'big, big problems'; nominating white man's food as having caused these problems. She has also made the connection between the influence of colonialism and changes to the Aboriginal diet. Joy goes a step further linking these changes to subsequent health. However, she offers no proposals on how to improve the situation. This is likely to be because she and other Aboriginal people are generally not asked for their opinions and when they are, it generally does not reach official ears or goes unnoticed. So the general practice would be that no opinions are offered. Joy almost accepts this as a normal state of affairs, an attitude which indicates a submissive state often exhibited by colonised Aboriginal people, who have historically not been heard.

The participants suggest that the kinds of food preferred by Aboriginal and Torres Strait Islander people, especially the middle-aged group, tend to be those associated with their childhood and feelings of warmth and kinship. Many of these preferences were established when they resided in government settlements or missions and consisted of bread, meat, tea, sugar; foods with plenty of carbohydrates and fats. These foods were part of a rigidly controlled diet and are now also the most economical in remote community

stores.

> I was talking about before that there is lots of tea drinking with sugar and damper that is evidence of the ration days, food habits from then continuing on.
>
> (Sally: non-Aboriginal Educator - Nutritionist).

Sally gives a very clear example of the continuation of postcolonial food preference, specifically linking current dietary habits with those learned during the 'ration days'. This is an example of internalising colonial ideas. Gandhi (1998) and Haebich (2000) argue that the internalising of colonial ideas among Aboriginal people has been damaging. In this case due to the devaluing of traditional foods and food habits and preference for white food habits despite them being of lesser nutritional value. This is clearly illustrated by Paul, who worked in several Aboriginal communities throughout the Northern Territory:

> The diets of heavily salted beef, bully beef, silverside, beef jerky and so on and processed flour, sugar, tobacco and butter, oil. All of the basic type of provisions that were given to Aboriginal families in lieu of payment or in additional to payment and provided to communities.

> Then working at Oenpelli and Belyuen you had the remnants of the welfare years so you kept coming across, you know highly institutionalised communal dining that focused around high carbohydrate, high salt and high fat stodge that was in other European institutions. You would get insight through notes that you found lying around.

> I can remember finding nursing records around some child, where the comment was made that this child had been out eating bush tucker and was too full to even have his treacle tart! So that kind of imaging of traditional diet as being dirty and lacking nutrition and in this case something that had obviously minimal nutritional value as being a preferred option.
>
> (Paul: non-Aboriginal Educator - Doctor).

Paul discusses the impact of institutionalisation and communal diets and affirms the continuation of ration type foods in remote communities today. Paul articulates colonial mentality in the white notion of food superiority. He raises the influence of Europeanising diet, with foods found in Aboriginal communities similar to that of other institutions, partly due to there being limited choice available. Foods being similar due to the institutionalising process or white norm centred approach to diet, where white habits and choices are seen as normal, associated with the white world view or preference and consequently replicated. Paul's comment is evidence of a colonial discourse of devaluing anything the inferior race - the Aboriginal people – valued.

This concurs with Plummer (2003:pers comm.) who states that it was believed that Aboriginal food had nothing of 'value' to offer white people. In fact colonialists ignorantly assumed that Aboriginal people had little to offer in regard to their traditional knowledge and food practices. They failed to accept that different cultures hold traditional beliefs concerning the value of certain types of food and these beliefs could be equally valued, respected and informing (Macbeth 1997). In fact there are several instances throughout Australian colonial history where this knowledge saved the lives of white

people. This devaluation and subsequent loss of Aboriginal food knowledge has been consolidated by the acquisition of Western colonial dietary habits and practices. To overcome this shift in the value of traditional foods a number of actions need to be taken. Food needs to be viewed in a social and cultural context and the community need to be engaged in nutrition policies and education of traditional foods in order to re-establish their worth and desirability.

Three participants Peta, Mary and Rose all provide further evidence of diet supplanting or dietary colonisation.

> I believe that in the old days paying people with tea, sugar, jam and bread set the pattern. I think most of us accept that sugar and carbohydrates are potentially quite addictive; get into the habit of eating them. They are easy, they're cheap, they're clean, they're transportable and European cultures have fallen into that trap … In renal dialysis it was somewhat different; most of the people were established and safe even if under Centrelink or hostel environments. They were on theoretically controlled diets; none of those folk suffered those diets.
>
> (Peta: non-Aboriginal Educator – Health Educator).

Peta highlights that for many Aboriginal people resources were and are scarce, which echoes the findings in other literature in the field. This indicates that little has changed since early colonial times where Aboriginal people were the most marginalised people. Many of the contemporary food preferences have developed based on colonial conditioning. Eckermann et al. (1992) suggests that given this conditioning it is not surprising that old, albeit poor, habits have continued. Unfortunately as Peta described, such habits

have and continue to produce poor health outcomes. She talks of modern controlled environments including that of Aboriginal hostels and renal dialysis; where people are housed for several hours a day while undergoing dialysis treatment. In these environments Aboriginal people are again subjected to controlled eating environments devoid of choice. There is limited food access in these settings, in which people are fed at scheduled times, no different from dining hall practices of the 1950s and 1960s. Peta uses the word 'suffered' meaning that people do not enjoy or willingly comply with these diets or conditions. Mary and Rose attest to colonial habituation that has created these routines:

> Yes, sort of like the old people talking and the way they used to do their shopping you know, going into the store and buy flour, tea and sugar. That was the main shopping list and then a little bit of veggie.
>
> (Mary: Aboriginal Student).

> Late 50's early 60's when I was growing up and there was big salt they use to bring the salt. Old women use to grind it on the thing and just make salt for us cause there was no fridge, they use to put salt on the meat, cause it might go bad.
>
> (Rose: Student – Aboriginal Health Worker).

Colonial influence has pervaded all aspects of Aboriginal community life. For nutritionists and health educators to unpick this effect they must apply a changed approach to all aspects of nutrition. Improved practices need to be applied at the renal centres, hostels, stores, classroom and a consistent message needs to prevail.

Change in nutrition has been forced on Aboriginal people by colonial constructs and practices and demonstrates suppression of their traditional culture, the result being dietary Westernisation, acculturation and displacement.

3. Dietary Westernisation, Acculturation and Displacement

In Australia, an entire mode of Aboriginal food production and collection was destroyed in the process of invasion and colonisation. Physical and human resources mobilised in this pre-colonial mode were slowly and inexorably swallowed into new practices enforced by the colonisers. In the space of two generations, Aboriginal people went from a situation of complete autonomy in food production and collection to almost total dependence on colonial food provision and structure. Kimber (1991) claims that this transition and displacement was clearly associated with a rising incidence of disease and increased mortality. The impact of colonisation and conflict in regard to traditional food was overwhelmingly obvious in this study. Both participants and literature gave many examples of this point.

> Well, I think you would have to walk around with your eyes closed not to actually see that, of course it has. I mean the whole introduction of domestic species, pastoralists in the country, domestic crops, animals and really pushing back to what is available. I mean the fact that I think it is hard enough to seek the traditional nutrition, they have been pushed further out, so of course.
>
> (Fiona: non-Aboriginal Educator – Health Educator).

Fiona's comments are laden with examples of Westernisation and displacement. She indicates that this impact was so complete that 'you would have to walk around with your eyes closed not to actually see' it. The colonialists swamped the historical landscape with crops, animals, farming and Western attitudes to food provision. This blanket approach displaced Aboriginal nutrition pushing it to the margins. Most 'introduced' practices are still dominant throughout Australia today and continue to suppress traditional practices. However, we have seen that to be successful in the future there has to be rediscovery and integration of traditional practices which in many cases are now little more than historical activities within a Western context.

Fischler (1988 cited in Germov & Williams 2004:2) reinforces Fiona's views in providing evidence of the phenomenon of past behaviours guiding present behaviours with diet when writing that:

> … food habits are learnt through culturally determined notions of what constitutes appropriate and inappropriate foods, and through cultural methods of preparation and consumption, irrespective of the nutritional value of these foods and methods.

Within the colonial position of superiority, the negative discourse of Aboriginal people not being capable of caring for their family's health needs and their lack of dietary knowledge to do so also led to wide scale discouragement of bush food collection (Haebich 2000). For example, Sub-Protector McKay in Alice Springs in the early 1900s felt it was important to discourage Aboriginal people from retaining Aboriginal food intake habits

inclusive of hunting and collecting (Austin 1992). In this way, whites asserted power and influence and dictated that Aboriginal food practices were inferior.

> So yes, we've removed the freedom of their ability to travel, their ability to follow the seasons. We put large numbers of people in specific areas such as the communities …
>
> (Peta: non-Aboriginal Educator – Health Educator).

Peta refers to cultural contact as removing freedoms and inhibiting the ability of Aboriginal people to pursue their dietary habits. This was compounded by dependency which developed with rationing and in the contemporary situation on the community store. In some situations, it has been found that foods that were disliked on first encounter were eaten to avoid starvation and were eventually adopted as the 'normal' diet (Leach 2002). Foods with a high nutritional value have been displaced by foods of a lower nutritional value, by a forced consumption of non-nutritive foods, in ration diets, diets devoid of choice or variety.

Convenience was highly likely to have been a significant contributing factor to the acceptance of foreign foodstuffs as part of the regular diet.

> Even if you go out to a community, you'll find that a lot more of them are getting things shipped in, from meat and stuff and there is hardly anyone going out and fishing, hardly anyone going out fishing or going out hunting. How hard is it to pick up a gun and shoot a roo, but these mob can't be bothered. They'd rather go to the shop and buy a steak, but that's how things have been and like the alcohol problems. That's how I feel things have become really lazy, just like a lot of the non-Indigenous mob you know and getting really slack.

> We have a lot more countryman from communities, we have a lot more of them coming in and staying in town and they get lazy when they come in. They can't be bothered so they just go and buy a take-away. You know because we are more about take-away these days, convenience food, which is its slack. But this mob, I think they need to, you know, with the convenience foods, you know there are a lot more problems because we fork out a lot of money which a lot of people don't have and then you don't feel, I don't know, they are a lot more higher in fats and like we are eating it more and more, so they just don't realize how badly that will affect you.
>
> (Jessie: Aboriginal Student).

What is raised here is the dualism of Aboriginal food and food gathering practices with white food – drawing comparisons between Aboriginal people and non-Aboriginal people being lazy in their food collection practices. This is evidence of the continuing colonial pull away from traditional practices - practices that held no value to non-Aboriginal people. Phrases that Jessie uses such as 'these mob' others her own people. It draws distinctions between remote and urban Aboriginal people, and positions Jessie as 'different' as a consequence of living in an urban centre.

Jessie uses the word 'lazy' without seeing that being called 'lazy' is a consequence of Aboriginal people being conditioned into sedentary lives through the historical colonial practices that stripped them of their traditional way of life. Aboriginal people in the Northern Territory would have changed their practices as a consequence of contact with whites but it is the 'forced' movement of people into colonialist institutions that has led to the desertion of traditional activities and left this legacy of colonial practices, translated into a negative discourse of 'lazy'. Jessie is thus 'trapped' inside this discourse

and she unknowingly appropriates the colonialist discourses. Likewise, Andrea raises the issue of ease and laziness:

> I've spoken to a few of the women from the Stolen Generation and they didn't have those grand mothering skills. There was a whole generation that there wasn't those grand mothering and mothering skills and they have lost those entrenched values of cultural life, traditional life. So it has been easy just to go with the easiest thing, by giving formula instead of breast milk, by giving junk food and not knowing the nutritional value because they have not been taught the importance of bush food and stuff like that.
>
> (Andrea: non-Aboriginal Educator – Health Educator).

Here is evidence of the effect the Stolen Generation has had on all areas of life including nutrition. The practice of removing children from their families and Westernising their upbringing has destroyed the generational thread of nutritional knowledge. Without the support of the older generation, valuable knowledge may have been lost and people are unable to pass it onto the next generation. The case is made that disconnection with and damage to Aboriginal culture directly impacts on diet and food choices (Shannon 2002). It is worth noting that this is a white person stating that Aboriginal people have lost their entrenched values, which itself is perpetuating dominance, marginalisation and a locus of power. So even in recognising the damaging impact of the Stolen Generation, a dominating colonial attitude is demonstrated by Andrea. This could be interpreted as a subtle failing of the existing education system and again must be addressed if white professionals trained in white institutions are to truly enact change in remote communities.

Conclusions could be drawn that Andrea uses a discourse of victim blaming, stating that Aboriginal people go for the easiest option, rather than discussing the real issue of decreased food availability. In doing so she assumes the problem is with Aboriginal people having lost skills and being lazy rather than coming from the angle of whites having damaged or removed those skills. A shift in this perspective is required if we are to gain full understanding, move forward and create change.

Throughout white Australian history there have been many examples of whites looking 'through the lens of what whites think that the whites should eat, and what whites think Aboriginals eat' (Probyn 2000:104). This was particularly evident in the practice of rationing, explored in Chapter Five, which was used as a method to 'train' Aboriginal people to eat the way white people eat. The ethnocentric attitude behind such practices coerced and forced Aboriginal people to change to food patterns similar to those of the colonisers (McIntosh 1995). The effects of such practices and the cultural loss they engender are widespread and include the erosion of spiritual, emotional and other beliefs.

> Aboriginal people were placed in government reserves or missions and meals were then provided, so there was loss of food preparation skills as well as other life skills and as well as their loss of traditional skills.
>
> (Sally: non-Aboriginal Educator – Nutritionist).

One of the greatest challenges for nutritionists today is to 'identify the disturbances of culture' which result in high rates of illness and disease. Immediate effects of this disturbance or loss are unbalanced diets, most

frequently unbalanced by way of excess or by way of energy density (Cannon & Leitzmann 2005:687).

These views are different from those of acculturation held by many, which explains the production of disease and illness in people as being a product of a predisposing genetic makeup, making the body susceptible to changes in eating and physical activity (Bennett, Nelson & Stevens 1996). Following the concept of acculturation, Plummer (2003:pers comm.) asserts that when people are acculturated from their traditional diet, regardless of genetics, it is the dietary change that most frequently leads to problems. However, social issues and genetics are not mutually exclusive.

The viewpoint of acculturation is not as popular as research into the social determinants of health which recognises that colonisation has acted as a major health hazard for Indigenous people throughout the world (Arnold 1988). All of the participants, both Aboriginal and non-Aboriginal cited colonisation as being a significant factor impacting on the health and wellbeing of Aboriginal people. Two of which Sonia, a white nurse and health educator and Eliza, an Aboriginal Health Worker stated:

> In terms of our society … yeah I think that you have to look at that historical stuff. The taking away of their land and the taking away of their culture what are they left with? There is a lot of evidence that that would put any culture in turmoil and the poverty of course is widespread.
>
> (Sonia: non-Aboriginal Educator – Health Practitioner).

> I think its worse. I think there are more social problems out there for people to deal with and I think all the issues that go with poverty. I think they are worse. One time for Aboriginal people here in Central Australia it was just alcohol. Now its alcohol, drugs and you know I think there is more, people have lost their culture a little bit more and they can't hold onto their culture because of their circumstances and where they live and how they live.
>
> (Eliza: Student – Aboriginal Health Worker).

While citing colonisation as being the major factor in cultural turmoil, Sonia uses the word stuff – 'that historical stuff' which could be interpreted as dismissing the significance of the impact of colonial history. She uses the binary of *our* society and *their* land. The 'our' asserting ownership and superiority of white society and 'their' as a mechanism of 'othering', a contrast between us and them. She talks of evidence in a way that almost depersonalises the closeness she has with these situations. Sonia's comments make clear the result of rapid change, colonisation, government policies and the subsequent loss of land and culture. She links this to the economic burden of poverty. Sonia is showing that this is a complex problem where the effects of colonialism lead to cultural loss which is exacerbated by modern socio-economic difficulties.

Eliza outlines the social problems and altered living situations of people and how these are products of colonisation impacting adversely on culture and health. Eliza, like Sonia, exhibits a complex interrelationship between cultural loss and modern socio-economic issues, of 'where and how they live'. Both participants demonstrate that in order to resolve the problems related to nutrition, they need to be addressed from several different directions.

Nutritionists or nutrition educators in the Northern Territory increasingly need to recognise the social, cultural and spiritual aspects of food and diet and when persuading people to increase the consumption of certain foodstuffs, they need to take into account the significance of their non-nutritional meanings (Leach 2002). Western style nutrition programs and nutritionists have often denied the symbolic and cultural significance of food and food practices and in doing so have inadvertently contributed to the erosion of Aboriginal tradition, self-determination and empowerment. It is the role of nutritionists to try to bridge cultural differences, acknowledge cultural attitudes and more appropriately promote health across cultural divides. This will be one of the greatest challenges facing education institutions training nutritionists in the future.

Like most aspects of culture, Aboriginal food habits developed as a set of eating behaviours that proved to be the most beneficial. This was significantly altered as a consequence of colonialism as Aboriginal food practices were denied, marginalised and outlawed, consequentially proving to be disadvantageous to the health of Aboriginal people. The process of losing traditional knowledge and habits and the colonised being forced to take up Western diets has become the norm (McIntosh 1995) and has threatened Aboriginal people's chances of survival.

3.1 Knowledge Loss

The history of dominance by Western culture since colonisation has made it difficult for Indigenous forms of knowledge to be accepted (Smith 2003). Aboriginal knowledge acts as a powerful force alongside the broader issues of history and contributes to the historical sociology of nutrition knowledge. This historical sociology of nutrition is able to reframe past and present understanding of nutrition and explain, at least in part, the broader role that food plays in all societies.

Mary refers to Aboriginal people from older generations who were subjected to protection and assimilation policies and denied access to education, due to their race. This has had an impact on food knowledge:

> My parents or grandparents more or less never spoke about which foods were good, because they didn't know what foods were good. They didn't have that education; they just had quite low level of education. They didn't know what foods were good. How can they tell you what foods was good to eat and things like that?
>
> (Mary: Student – Aboriginal Health Worker).

Mary talks about knowledge of foods in reference to knowledge of white foods rather than knowledge about bush foods, as the latter did not rely on formal mechanisms of education. Aboriginal people were frequently denied access to traditional foods by the missionaries and government officials. Being prevented from carrying out traditional food gathering means that Aboriginal people may have lost touch with these methods and would not be

able to pass on to the younger generations all the relevant knowledge and skills. Mary highlights this lack of knowledge and the interruption to the transfer of nutrition education this creates. Jessie also refers to the passing down of knowledge and how that knowledge is now frequently interrupted or disturbed. This is a pivotal aspect in the delivery of nutritional education in remote Aboriginal communities. To improve future nutrition programs greater weight must be given to traditional knowledge and effective mechanisms to transfer hereditary skill sets must be developed and implemented.

> I have had a lot of experience of eating bush tucker and all that, because where my grandmother is from, we go out and do those trips and we visit the old people and things like that and then you have 'this is good for you'. Like the Billy goat plum you know, I was eating an orange one day and I had a cold, and my grandpa says to me 'here eat this', and I said no, this orange is full of vitamin C. He said 'this is better for you', you only need to eat two of these to a bag of them and like this is what this mob have known for years and years, you know, and people in our society now are only just finding out. They have so much knowledge but a lot of the old people don't share it.
>
> (Jessie: Aboriginal Student).

The ability to make healthy choices can be weakened significantly, or totally lost due to adverse circumstances such as institutionalisation or displacement (Mann & Truswell 2002). These circumstances have frequently been experienced by Aboriginal people throughout colonisation. While it may be disputed as to whether the problem lies with a lack of knowledge of which foods are healthy or having that knowledge and not being able to transfer it into action; what cannot be refuted is that the ability to make healthy choices

is at times beyond the control of individuals in remote Aboriginal communities.

3.2 Domination of Food Patterns, Knowledge and Identity

Food is a strong symbolic social resource for linking Aboriginal family relationships and has been altered by changed patterns innate in postcolonial practices, including rationing. Lynden describes the extent to which food practices and consequently identities have been altered:

> Everything in their lifestyle seemed to support their survival; the song lines and the migration patterns and the hunter/gatherer lifestyle. All of the information that was transferred from grandfather to grandson affected the way in which people lived and by giving ration posts and rationing people with flour, sugar and tea, tobacco and at times salt beef, it changed all of that.
>
> (Lynden: non-Aboriginal Educator - Nutritionist).

Lynden affirms, as do Lupton and Najman (1995), that Aboriginal people hold attitudes and beliefs about food that are different from white or Western attitudes. These differences include the strong links to the medicinal and ceremonial aspects of food, rather than valuing and recognising nutrient content of foods and food grouping. This knowledge and these values have been suppressed and undermined by dominant Western knowledge; they have been denied by the dominance exercised in colonialism.

The cultural and social significance of food make it an important factor in individual and collective identity. It is clear that food has the ability to be encoded with certain meanings or markers of identity, with social and individual agency influencing patterns in food consumption (Germov & Williams 2004). Eating, both in simple and complex forms, is therefore 'a way of placing oneself in relation to others' (Probyn 2000:7). Shanahan (2002:7) writes:

> Simply put, food is deeply associated with people and places. Food feeds our cultural stereotypes. It is inherently geographic. It is a social and cultural marker and is never devoid of meaning and significance. Food and food practices denote cultural, class and moral superiority or inferiority.

The importance of traditional foods, food and identity and traditional food knowledge systems have been explored in-depth in a remote North East Arnhem land community (Brimblecombe 2007). However, further acknowledgement needs to be given to the cultural meanings attached to food and nutrition and recognition that food selection and eating habits symbolise differences in culture (Macbeth 1997). The participants also indicated that food was deeply associated with personal and cultural identity.

> I think what is really important too is even during, whether they were patients that were in hospital or whether it was the training unit, students always they verbalised a need and a desire for bush tucker. If they hadn't had any for quite a while, we would actually even just close down the school and go hunting in the afternoon.
>
> (Sonia: non-Aboriginal Educator – Health Practitioner).

Sonia emphasises the importance of bush food to identity and cultural connection. She demonstrates an understanding and acceptance of this and illustrates circumstances where a provision was made to encourage bush food practices, both for their nutritional value and as she mentioned previously, for their influence on 'emotional well-being'.

Paul, a doctor who had worked in various remote communities in the Northern Territory stated:

> I think also that there are contradictions in all of this, so I think opportunities for access to traditional lifestyle are really important in terms of constructing cultural identity and links to that identity. Pragmatically I don't think there are models that allow people to live those sorts of lifestyles on a regular basis so I think that ways in which opportunities can be constructed and integrated into other patterns of living are really important.
>
> (Paul: non-Aboriginal Educator - Doctor).

Paul recognises that it may not be possible or desirable to live a completely traditional Aboriginal lifestyle any longer but also recognises that it remains necessary in maintaining cultural and personal identity. His conclusion is that it is important to provide opportunities to access these traditional aspects of life even if the everyday reality is different. It is confirmation of the fact that Sonia and Paul, both non-Aboriginal Educators have recognised the non-nutritional benefits of Aboriginal food practices. This demonstrates that people are beginning to review and reassess the postcolonial model, in this instance the promotion of a preference for white foods that has been in place since colonisation of Australia.

Probyn (2000:1) conducted research examining how Australia treated 'questions of national, historical, collective and individual identity in terms of eating and food' in her book *Carnal Appetites: food, sex, identities*. Probyn's research focused on white middle class and immigrant Australians and was centred on the belief that 'relationships, family, economics, comfort, pleasure, control, shame, work, leisure, sickness, death, birth' are all touched by food and given meaning through eating. Probyn (2000:1) stated that 'at times eating seemingly connects to the very core of ourselves' and depicts 'how we eat into cultures, eat into identities'. This results in us truly becoming what we eat and that how, who and what we eat creates and reinforces our identity was clearly evident in the data gathered from participants in this study.

3.3 Oppositional Culture

For Aboriginal people colonialism has imposed Western food practices on their communities and as consequence has displaced traditional knowledge and techniques, adversely affecting the retention of culture and often personal identity. The term 'oppositional culture' has been adopted to describe a situation in which there is an acceptance of the identity and habits that were initially imposed, or inflicted, on people (Cowlishaw 1988).

> The other thing that I really found was in rural areas, where people who had had contact with the more urbanized rural areas I guess, there really was you know the diet mimics the diet of my childhood. So where you had Aboriginal Health Workers who went to the trouble of preparing you a special morning tea or meal, quite frequently was scones or pikelets with jam or cream, the equivalent of pound cakes or sponges or cookies. This was where people did their own cooking, cooking roasts, so roast beef or … so the kind of modern multicultural more sophisticated diet that

> seems to be very popularised in urban centres hadn't penetrated into rural areas and rural Aboriginal families who kind of you know seemed to be eating in a more mainstream way. So a kind of an information transition and also of access.
>
> (Paul: non-Aboriginal Educator - Doctor).

In the case of Aboriginal people, the participants suggest that the ongoing energy dense, nutrient poor food choices imposed along with colonisation, have become individual and collective choices to assert their belonging to, or positioning within a modern culture. Paul's comment illustrates this quite clearly with the example of the Aboriginal Health Workers. The fact then that non-Aboriginal people in an educator role are perpetuating a postcolonial attitude to food makes for a malign cycle which needs to be broken if things are to move forward. The acceptance of food may represent a level of acceptance of the dominant culture, a culture which forced the surrender of identity expressed through the involuntary uptake of food and nutrition habits.

4. Owning the Trend: Bush Food

The consumption of traditional foods and the traditional life patterns of Aboriginal people afforded them protection against many of the lifestyle diseases commonly seen today. Equally important was that they were an integral part of Aboriginal culture. Today the impetus behind advocating for increased bush food consumption is twofold; it will improve nutrition given bush foods are highly nutritious and frequently low in sugar and fat, and

secondly with the resurgence of this knowledge it will help restore and enforce social and cultural relationships. However, a return to a hunter-gatherer existence is not pragmatic and perhaps conveys more about Eurocentric attitudes of nostalgia than it does about the current needs of Northern Territory Aboriginal people who are straddling pre and postcolonial society (Neill 2002). Peta illustrates the Eurocentric force behind this contemporary coercion:

> The other thing that I really had issues about was promoting, through Aboriginal Health Workers that bush tucker is good. I had real issues with that. It seemed to be a cant, standard practice to be educating Aboriginal people to move from Western foods. In Alice Springs there were a number of Indigenous owned supermarkets scattered around and they took it very, very seriously. The store video promoting vegies and best foods nominated on the shelves and better selections, however, the leaning towards you wouldn't be sick and you wouldn't have kidney sickness if you had eaten bush tucker.
>
> So there was this very concentrated effort to promote it … and when you go out to remote communities where people had been living or trapped there, by choice or otherwise, there is no game, there is no bush tucker, it's eaten out! So directing people to go for these theoretically healthier alternatives when they are expending more energy in the search than they are in the game; forgetting in some of the more traditional communities where it was the hunters that got to eat the meat the wives didn't anyway; all the produce, trees, grubs leaves and small goods anyway has been eaten out, telling people to go for bush tucker is lunacy! Maybe in the top end where there is a much more productive environment. In the Pitjantjatjara and all around Alice, bush tucker requires a full day of walking hundreds of miles over periods of time following seasonal access, so it was bullshit! I really, really, got angry about this.
>
> (Peta: non-Aboriginal Educator – Health Educator).

Peta asserts that the 'return to bush tucker' humanistic discourse – that is encouragement and insistence that Aboriginal people become more self sufficient through increased bush food consumption, is unrealistic. She questions if it is about white people unrealistically promoting the benefits of bush food, or a plea to revisit the 'good old days' and the subsequent health benefits. Peta raises the flaws with such discourse, ongoing encouragement of bush food consumption, particularly given the loss due to damage to the land and the environment and displays her anger at the practice. She illustrates the widespread discourse of victim blaming, when recounting the statement 'you wouldn't be sick and you wouldn't have kidney sickness if you had eaten bush tucker'. Indicating that the blame is on the individual behaviour, despite the fact that as a consequence of colonisation bush foods are now in short supply, as the colonial practice of grouping people has led to over consumption of native foods and complete depletion. There is a strange cyclic discourse revealed here which is, that colonial educators such as Peta are encouraging Aboriginal Health Workers to promote bush tucker when it was the same colonial institutions which marginalised it in the first instance. The control of Aboriginal nutrition still prevails even in the promotion of bush tucker.

Sonia and other participants similarly state that modern pressures result in people not having the time to collect bush foods like they once did, again reinforcing that the exhortation to do so is akin to guilt and pressure.

> But as pressure is put on them to do things like to be health workers, be educators, and they are living our lifestyle, then they haven't got the time to do hunting … and in those remote communities regardless of how or why, things like their food is just an astronomical price.
>
> (Sonia: non-Aboriginal Educator – Health Practitioner).

The use of guilt as a strategy to change dietary practices is in itself a very Westernised practice. Recognition of its use by Sonia is further evidence of the invasive nature of postcolonial attitudes to all aspects of remote community life. Neill (2002) supports the concept that trying to assimilate cultures into a modern existence is derived from offensive inequality and romantic interpretations of tradition. He notes that white middle class people who have little or no experience of other cultures often make attempts to assimilate cultures in such ways (Neill 2002).

This counters the promotion for a return to traditional foods and hunting, which is less viable due to the loss of land and the introduction of gun laws in the 1990s. Rolf and Jessie explain how these have impacted on traditional diets:

> You can get five, six, seven hundred people or more in a community. You can't hope that the land around those areas are going sustain people harvesting bush tucker in the old way. There are two reasons; one is the seasonal nature of the food, but also there is just not enough to sustain that population.
>
> (Rolf: Aboriginal Student).

Rolf clearly communicates how the invasion of the land and congregation of Aboriginal people in settlements has not only destroyed the hunter gatherer lifestyle but made the use of traditional food sources as unsustainable. Due to the colonial influences on settlement, bush foods are no longer a real or viable alternative to Western foods. Jessie elaborates:

> I don't think that all types of bush tucker are nutritionally better than certain types of food, but I think its more in going out and getting it and I think they need to go back to do it, even if they do it once a month and just have days like that. Have encouragement from the governments and community centres and things like that. Give them that back you know, empowerment to do things themselves. A lot of people feel that, especially with all the gun laws and stuff. It's obviously pretty hard to go and spear a kangaroo. I think communities need to have that flexibility to be able go and even if they have only two or three people only in the community allowed to have a gun at least it gives them that option.
>
> (Jessie: Aboriginal Student).

Jessie displays a contradiction here in that she suggests empowerment requires or is dependant on government encouragement. It provides evidence of a colonial legacy in that expectations and improvements are seen to not occur unless they are endorsed, supported or legislated by the government. Her request for government input might also be a request for the government to change laws around situations such as land rights and gun laws so that people can be given back something as she talks of the need to give back control and empowerment. Both Rolf and Jesse indicate how colonial practices of land clearing, segregation into larger community groups and restrictions and legislation on things such as the use of guns have a flow on effect on nutrition. This emphasises the arrogance and inherent lack of consultation with which government decisions are made in relation to Aboriginal communities and health. It also demonstrates a lack of vision and

understanding and is made worse as issues are often seen in isolation and fail to address the complex inter-relatedness of social, cultural and health aspects.

Decreased access to bush foods is evidenced by data collected in 1992, illustrating that at that time only 3-6% of energy consumed by Northern Territory Aboriginal people came from bush foods with the remaining 94-97% coming from processed store foods (Lee 1992). Despite this, it is important that nutritionists and health educators appreciate that while traditional foods may only make up a relatively small component of the food system in quantitative terms; their cultural and spiritual value remains very powerful.

4.1 A Demonstration of Two Worlds

Simultaneous to the promotion of idealistic notions of bush food consumption for health is a new colonial attitude around trend, fetish and the 'boutique commercialisation of bush tucker' (Probyn 2000:122). This boutique commercialisation demonstrates a phenomenon of those in the modern food industry being concerned with the trend of bush foods and improving market share. This is at odds with the trend in Aboriginal remote communities to promote bush foods for nutritional or cultural reasons.

> What is wrong with respecting - eat what you bloody like … but these are the rules … and if ten witchetty grubs fill ya, don't eat 50 and give yourself a beer gut, you know. Suddenly in our society, non-Indigenous people who are actually getting back to their bloody roots, and doing this are respected. So why can't we revere and respect … you know a bush tomato has sixty times the vitamin

> C than this monster styrofoam thing from Bowen. Wow you are so lucky.

> What is wrong with putting a positive spin on it instead of the guilt, the don'ts, instead of the you oughta's, you shoulda's, you isn'ts, wow you are so bloody lucky … Respect and admire the bush foods. We are now growing, well on the eastern sea board; chefs took up bloody wattle seed for god knows what use. So anyway suddenly now it is a big deal.
>
> (Peta: non-Aboriginal Educator – Health Educator).

Peta discusses the situation of bush foods being fetishised by white people in a similar way that organic or gourmet foods are. She indicated a turn in attitude from colonial disrespect of bush foods to modern fetishisation and appreciation. Similarly, Probyn (2000:2) subscribes to 'the hearty enthusiasm for foreign food' and she writes that in many instances this enthusiasm is used to 'hide the taste of racism'. Probyn (2000:101) goes on to say that 'a taste for diversity of food does not always accompany a taste for tolerance'. The former Director of the *Aboriginal Festival of the Dreaming*, Rhonda Roberts makes the observation that 'in Australia, food and culinary delights are always accepted before the differences and backgrounds of the origin of the aroma are' (Probyn 2000:101). So while food, art and tourism are romantically and enthusiastically embraced, Aboriginal people, culture and history are not.

Peta's language shows exasperation in the negative way in which nutrition education is approached. She demands we 'respect and admire the bush foods' which can be expanded to respecting the culture from which they originate. Her last comment shows contempt for the way white society has

finally adopted the goodness of bush food but then fetishised it. This reflects white society exerting control and ownership of something uniquely Aboriginal.

In bell hooks' essay *Eating the Other,* she describes a 'white hankering after racialised difference' expressed in 'alimentary terms'. hooks contends that 'ethnicity becomes spice, seasoning that can liven up the dull dish that is mainstream culture' (hooks 1999). Probyn (2000:70) writes that eating has 'functioned in a privileged way by which we know and categorise the other'. This raises questions around the advantage of whites promoting the benefits of bush food and the encroachment on identity and ownership of traditional practices that such trends threaten.

> … and the people who really are trying to access native foods are corporations for trendy boutique restaurants and that sort of thing but also for their medicinal properties and to go into … drug companies for example are up in the Kimberley searching out and getting bush tucker for putting into pharmaceutical or pseudo pharmaceutical sort of things.
>
> (Rolf: Aboriginal Student).

This 'trendy' interest in traditional foods and stories is inclusive of a market in art and the cultivation of desired and thus expensive bush food and art products; revealing a selective exploitation of bush food (see Figure 14). Rose, a nutrition student and well renowned artist talks of her bush food paintings and the memories they represent for her:

> Yeah, I do a lot of bush tucker stories, I paint, yes and I do a lot of landscape and I remember the place where I went and I still got it. Those were the good old days. That was the early 50's. No late

> 50's, cause I was born '53. Yeah, I like bush tucker what I used to eat when I was a young girl. We use to just go and pick it all up and it was just there in our place, it was growing wild.
>
> (Rose: Student – Aboriginal Health Worker).

Rose's paintings are about her memories, a tracing of her stories and an edifying of her suppressed dialogue. She briefly describes the recollection of bush food collection brought about in the process of painting. This dialogue is bought and sold by white people often solely as pieces of decoration rather than discourses of liberation, history and emergence or stories of food. This is just another example of the different values and perspectives of the two cultures. Rose intimately links the act of gathering food, the food itself and the telling of this story through her paintings, whereas to Western society these are distinctly separate events.

Figure 14: Photo of Mural outside Alice Springs Supermarket (Personal Collection).

5. Summary

There is little doubt that the role of food is far greater than that of simply satisfying biological needs. Food choice goes beyond the obvious physical availability of food and is markedly influenced by social status or class, culture, socialisation and food habits. Food carries with it messages containing information about social relationships, the structure of these relationships and value systems. Cultural identity is contingent on food and food habits and for Aboriginal people has been significantly marred by the process of colonisation and postcolonial influence.

Many nutritionists and heath educators are focussed on the promotion of a return to traditional foods by explaining that it will overcome and dramatically improve physical health, rather than focusing on the broader issues of cultural integrity, independence and identity. Greater progress would be made if there was true appreciation that modernity and white influence has brought with it confusion and insensitivity to Aboriginal culture already fragile from colonial ascendancy.

The following chapter demonstrates that health care and nutrition treatment are also beyond the control of the individual. It outlines how the majority of interventions have not addressed this and are still largely conducted from an individualistic biomedical approach. This approach involves advocating for treatment and diets that are frequently inappropriate or inaccessible to the people they are designed to help.

CHAPTER EIGHT

CONTESTED GROUND: THE DOMINANT HEALTH PARADIGM

Of all the forms of inequality, injustice in health is the most shocking and inhumane

Martin Luther King (1966).

This chapter explores the cause and effect of medical models, medicalisation and nutrition interventions in contemporary health practice. It examines the prevailing dominant medical paradigm in terms of health treatment and nutrition knowledge. It contrasts individual versus population health perspectives and explores health inequalities. The primacy of nutrition as a health determinant is raised in relation to sociological, economic and biomedical issues and an examination of compliance and non-compliance is conducted in light of these factors. In addition, this chapter exposes the effect of white positional superiority and power in the specific context of nutrition and health care. It will illustrate that in order to move beyond postcolonial dominance and achieve nutrition gains in Northern Territory Aboriginal communities, there needs to be a continued shift in power structures, toward more community controlled preventative nutrition initiatives.

1. Medicalisation and the Dominant Health Paradigm

There are many models of health and medicine. In the Northern Territory the biomedical model is dominant and this contributes to the medicalisation of socially derived problems. Medical dominance has been described by Wearing (2004:216) as the 'social and historical dominance of the division of health labour and the health system by the medical profession including medical knowledge and research'. Medicalisation creates the tendency for health to be defined only as medical, representing a depoliticisation of problems typified by placement of responsibility solely with the individual (Tjora 2000). Medicalisation has been defined as:

> a process by which non-medical problems become defined and treated as medical problems, usually in terms of illnesses or disorders through such specific processes as using medical language to describe a problem, adopting a medical framework to understand a problem, or using a medical intervention to treat it (Broom & Woodward 1996:358).

The tendency to 'medicalise' or 'scientise' social problems encourages an environment of apathy or an acceptance of problems being treated as 'soluble', or situations in which professional dependence is relied upon to 'treat' the problems (Worboys 1988:209). Wearing (2004:219) goes further in stating that medicalisation refers to the 'extension of medical boundaries to govern communities' perceptions of their bodies and good health'.

Bond (2005) proposes that the scientific medical model hampers the ability of health professionals to have meaningful and positive interactions with Aboriginal people and Aboriginal health. In the *Ross Ingram Memorial Essay* Bond discusses people being subjected to 'the paternalism of visiting health professionals, who by virtue of their occupation alone, assumed they could completely disregard cultural and community protocols' (Bond 2005:39-40).

> I mean, you know, I think that's a problem when a non-Indigenous person went out to a community and said hey you mob gotta eat this and diabetes doesn't mean you are going to die. They are going to look at this person, whoever it is and go, yeah, right, we are not going to listen to you, you know. I think they understand more and I think Indigenous people are more sensitive to how to talk to them.
>
> (Jessie: Aboriginal Student).

Jessie validated Bond's argument in asserting that Aboriginal people may not readily listen to a non-Aboriginal person and that Aboriginal people are more reserved when talking to non-Aboriginal people. Jessie implies there is a lack of cultural sensitivity on the part of non-Aboriginal people and is opposed to such attitudes. This clearly illustrates that cultural sensitivity is important in any form of communication and education in remote communities.

Wearing (2004:219) describes medicine as having gained a strategic advantage to secure 'its position over health occupations through the legitimacy of science' and of class structure being associated with medical dominance. Davis and George (2001:302) note that:

> … [as a result] of the unequal power relationships inherent in health care based on the biomedical model, inadequate and inappropriate services have been provided for groups who do not fit tidily with the dominant conception of illness as something capable of cure, or who have been stereotyped on the basis of … race.

Other writers in the field of nutrition raise issues such as medicalisation, colonisation, white professional dominance, the ongoing maintenance of a Western medical model and the development of inappropriate health programs (Tsey, Travers, Gibson, Whiteside, Cadet-James, Haswell-Elkins, McCalma & Wilson 2005). The dominant discourse surrounding the improvement of Aboriginal health is a Western medical model involving millions of government dollars. It has been proven that such a model ultimately gives limited benefit to those it is designed to help (Kleinman, Eisenberg & Good 2006; Cass, Lowell, Christie, Snelling, Flack, Marrnganyin & Brown 2002).

The medical model focuses on individual risk factor programs that are delivered to the remote communities. So far these have been nothing more than misguided attempts by non-Aboriginal health professionals to medicalise what are essentially deep-seated socio-economic problems (Tsey, Travers, Gibson, Whiteside, Cadet-James, Haswell-Elkins, McCalma & Wilson 2005:4). Colonial dispossession and the resultant socio-economic dislocations continue to impact on Aboriginal people. Eliza, a very experienced Health Worker working in the field of Nutrition in Central Australia stated:

> I don't know, there is so much to talk about, but I think that is the main thing, there is nothing out there for people and until you improve the education and employment and give people future, then only then things will change and I think Aboriginal health will get much, much worse than what it is now.
>
> (Eliza: Student – Aboriginal Health Worker).

She claims that there is not a healthy future for Aboriginal communities and locates the problems beyond the realm of purely medical issues linking them to larger health determinants including education, employment and general socio-economic conditions. She intimates that the educational practices undertaken by the colonial institutions are at present inadequate. An inference that can be drawn from this is: that while a 'band-aid' medical approach is maintained by the government, only temporary improvements will be achievable. While predominantly only white health professionals are employed to treat the symptoms of poor nutrition there will not be long term sustainable change. Although the call here is from one Aboriginal person, it is one who perhaps represents many, thus suggesting the need to look for ways that truly offer future Aboriginal health gains. 'There is so much' says Eliza recognition that the problems with health, nutrition, education and employment are overwhelming. It is of interest to note that Eliza, as others before her, defers her responsibility and relinquishes any sense of self-determination; it is important to ask why this mentality exists. The examination of such discourse will be returned to later.

The concept of not just treating symptoms but of examining causal pathways of illness is not dissimilar to the constructs within postcolonial theory and whiteness – that we need to critically examine ourselves as white health professionals who currently maintain power. Highlighting or medicalising health or nutrition issues without examining causal pathways, which are themselves colonial legacies, leads to medicalisation of health problems by default to the dominant paradigm. Bond explains that health and medicine are 'themselves cultural practices that have been influenced heavily by the politics of colonialism'. She asserts that:

> One must also question the practice of continually highlighting the health inequalities facing Aboriginal people without explaining the precise causal pathways ... The perception of Aboriginality as nothing more than a label, a health risk, and predicator of unhealthy behaviours within Indigenous public health practice reinforces stereotypical ideas of Aboriginality, demonises those who possess it, and disconnects Aboriginal people from their own identities in a manner similar to past oppressive policies of colonisation, assimilation, segregation and integration. Critically examining such practices is not just a matter of 'political correctness', but vital steps that will have profound and meaningful implications for the health of Aboriginal people (Bond 2005:41).

The use of infant morbidity and mortality among Aboriginal communities as an indicator or predictor of health outcomes of individually focused programs is a clear demonstration of their ineffectiveness. Eliza again offers her reflections:

> So I think yes we've improved the death rates of children, like babies don't die anymore but I don't think we have made life better for people at all, I think its worse.
>
> (Eliza: Student – Aboriginal Health Worker).

Geary (2002) cites the lack of attention to nutrition by the medical profession. Claiming there is an ongoing 'philosophical and theoretical separation of mind and body' (Geary 2002:14), as discussed in Chapter Seven. What contributes to this according to Geary (2002) is the shortage of scientific literature outlining the impact of diet on health and more specifically its impact on emotional and mental health.

2. The Individual Health versus Population Health Approach

The dominant medical paradigm holds an individual responsible for whatever fortune or misfortune befalls them. This parallels the missionary approach of colonial Australia, which also held the individual responsible for his or her situation, illness or misfortune (Lowenberg & Davis 1994). An alternative view is a population health focus, which 'highlights the context of all the relevant historical, cultural and political factors', and 'bridges domains and incorporates critical non-medical health issues' (Kumanyika & Morssink 2006:447). These issues are very succinctly summarised by Lee:

> My problem with nutrition education is I think a lot of people know it. A lot of people know the rhetoric, they know that this is good for you and this isn't and they know the basic nutrition and you ask kids and they can spiel it off to you. It's putting it into practice and when you are putting it into practice, it's a different issue because with education there needs to be a link to access. With a food supply and nutrition education you don't have an access to a good food supply. With parents who are drinking and gambling and whatever and using money on other things, then you don't have the access. With one parent who has been beaten up all the time then that's more an issue in the household and that also limits your access as a child.

> As an adult you know your baby requires good food, but if you don't have a refrigerator, if you don't have the infrastructure in your own home and you have limited money and even though there might be good food sold in the store but its an exorbitant amount, how are you going to feed your baby, as well as other members of the family? I think the education is there, it's now the other bits and pieces that need to come into focus.
>
> (Lee: Aboriginal Educator - Nutritionist).

Lee voices a disconnection between the nutrition education material provided by colonial institutions and the Aboriginal recipients for whom it is prepared. She illustrates that even though there is an abundance of information available, cultural and situational differences make access to it difficult.

A population health focus does not blame the individual but acknowledges a broader range of contributory causes such as those detailed by Lee above. Strongly evident in the data of this study is an omission; a failure to incorporate non-medical issues and broader contributory causes. Many of the non medical issues described by Lee – gambling, drinking, and access to food – are all legacies of and responses to historical colonial practices and corrupt colonial attitudes. Either way, when considering Aboriginal health using a population health focus, much of the inadequacy of present nutritional provision can been seen as yet another postcolonial effect. Lee describes these phenomena:

> … physical health is often secondary to other problems that you may be experiencing in your life. For instance, like working with clients who have chronic conditions which I have done just recently. Other issues of housing, they would like to have a nice place to live or an adequate place to live and have adequate access to what facilities they require before they think about looking after their own health.
>
> Or else there is a problem within the family, social problems with the family where that needs to be fixed first before they start worrying about their own physical health. It's not a priority. So if you are looking at Indigenous health you need to look at all those other determinants and in addressing Indigenous health they also need to be addressed.
>
> (Lee: Aboriginal Educator – Nutritionist).

Lee presents for consideration a holistic discourse arguing that the physical health of a community is not an isolated problem, but is viewed in totality, part of a much broader picture. The community itself may have preferences for which determinants are addressed first. This can cause conflict when nutritionists go out to communities and are driven or pressured by the government to achieve nutrition gains. It takes a degree of maturity and respect for the community to be able to take a back seat to other gains if that is what the community desires or needs. It means that often what the nutritionist expects to achieve is not achieved, or not achieved in the time frame expected. It also requires self reflection and examination on the part of the white nutritionist, together with an acknowledgement of their positional superiority and deliberate relinquishing of power. However, this is further complicated by the turn-over of positions and new nutritionists not being aware of what has gone before, thus they often come in and start with impatient and unrealistic expectations.

> And so my role as far as I see it as a public health nutritionist is about providing the information that people need and the training and support in the area of expertise that I have … it sounds so basic but it's taken me through this process to really understand what that means for me and to really be able to see that at the end of a bush trip where you feel like actually nothing has happened, that okay did some of these things happen. You have actually moved towards achieving what your role is here.
>
> That's something that I really got out of that and that's something that I try to share I guess with those newer people. Part of the whole workplace mentoring thing, is what that sort of stuff means.
>
> (Melissa: non-Aboriginal Educator - Nutritionist).

Melissa demonstrates a need to surrender what the nutritionist sees as important in favour of what the community views as their highest concern. It is an example of how a nutritionist capitulates and accepts that outcomes may not be in the form or timing expected; but if viewed as part of a larger population health or community development picture, it can be seen as a gain. On the surface such reflection is productive, but a deeper analysis suggests that her narrative may also evidence superiority in the provision of information. She positions herself as the nutrition expert therefore delegitimising Aboriginal knowledge. Traces of colonial discourse is evident, in that she perceives her role as going out and effecting change and that she is responsible for that change having occurred. It is evidence also that postcolonial education persists in engendering these attitudes in the students it produces, which in turn can undermine the effectiveness of nutritional outcomes.

Taking an individual or disease focus, places a large burden on the health sector to try to solve problems that are often outside its realm and are ultimately the responsibility of other sectors. It results in much larger and more critical determinants of health being neglected, such as 'the social context, the cultural context and political issues' (Kumanyika & Morssink 2006:446). Further, Forde (1998) and Parker, Meiklejohn, Patterson, Edwards, Preece, Shuter and Gould (2006) argue that interventions aimed at individuals may act to sever or jeopardise the connections that tie the individual to the wider social fabric which collectively creates health risks. Unfortunately large scale individual or disease focused projects gain support regardless of whether they provide better health outcomes or not, often due to their visibility and political support. Projects designed locally that are more appropriate and culturally specific are often left behind or not valued. This preference extends to nutrition interventions.

3. Health Inequalities and Victim Blaming

'Victim blaming' is another manifestation of the individual focus of the current medical model. This is when individuals are held entirely responsible for their own health which can unwittingly cultivate social inequality. Victim blaming fails to acknowledge or explain why populations of similar individuals suffer the same or similar health problems. Moreover it relies on racial and biological determinism, which dictates that it is the individual's biology which leads to poor nutritional status, rather than broader factors of social, economic or political agency (Germov 2005). Drawing on the data of this study, reference to such misgivings in individual interventions and

approaches are presented:

> … it's not down to just education, I am so tired of people being exhorted to eat healthy, exhorted to do good, to avoid sickness, if their circumstances and the environment is working against them. You cannot say to people go into the supermarket or the community store and only buy good shit when there is nothing but bad shit.
>
> If they have only got a few dollars and they need to feed four kids, four adults on four dollars then your meat, potatoes and lettuce are certainly outside of the realm … if you want people to change you don't get them to change by making them guilty and that is one of the things all our health promotion has always been about. Don't smoke through guilt; don't have sex because you will get HIV, guilt and fear.
>
> I mean why do we expect Indigenous people to tolerate that? It's so blatantly obvious that it is self destructive, but really if health promotion relies on guilt as against choice then that will be where it is at. Telling people to go and get the impossible bush tucker because it is good for you is just as mad as telling people you should eat steak and five vegies a day. Huh … first find your vegies let alone your cow.
>
> (Peta: non-Aboriginal Educator – Health Educator).

Repetition of the word 'exhorted', indicates the pressure placed on Aboriginal people to take up a healthy lifestyle. It reveals that inherent in educational practices is an ongoing colonial dominance. This exhortation comes together with a discourse of victim blaming and guilt, that 'Aboriginal people are solely responsible for their health' and it is believed that guilt applied by whites should be enough to turn that around. Peta reminds us of the oft repeated, yet unsuccessful strategy of using guilt as a motivator for behaviour

change and the unrealistic nature of some of our recommendations. Using guilt, instead of promoting choice, is again an exertion of postcolonial dominance, preventing Aboriginal people from enacting self-determination even in their dietary needs.

The use of guilt is the use of power by white health professionals, whereby they can unrelentingly assert their opinions without taking into account the context and environment. It is a method of whites maintaining power, where problems are seen as Aboriginal issues rather than issues of access, supply or appropriateness of recommendations.

Peta talks about the importance of nutrition being nestled in a broader socio-economic context and raises the binary of food being classified as good or bad. She advocates for reversal and correction of the colonial practices of limiting food supply and choice and suggests that larger food supply issues need to be addressed so that people are able to make healthy lifestyle choices. This also represents a malignant colonial legacy; the community store and lack of food choice making education meaningless as the environment prevents it being implemented. Even promotion of the traditional 'bush tucker' demonstrates an idealised and unrealistic colonial expectation as the locations and concentrated populations of remote communities lead to 'bush tucker' being eaten out and becoming unavailable.

As Rohde, Chatterjee and Morley (1993) stated, here echoed by Peta, programs designed for large target audiences, should be implemented within a culture seeking to incorporate social, economical and political considerations. She advocates that we cannot continue in the binary of guilt against choice when there is no choice. Instead our investment should be in correcting larger infrastructure issues such as food supply, food security and health economics in order to decrease colonial disadvantage and discrimination.

Germov (2005) affirms the reality that social, economic, cultural and political features of society contribute to some individuals becoming sick and dying sooner than others. He writes that health inequalities between different groups are common; however, these inequalities are frequently blamed on the individual and their biology. A clear contrast exists between this and the way Aboriginal people perceive disease. They see it as an imbalance in their lives and a consequence of the destruction of their way of life since first contact (Parker et al. 2006:104). This view incorporates external factors beyond the control of the individual and is contrary to the dominant, individually focused, health paradigm.

3.1 Health Disparities and Social Organisation

The 'explanation of illness in terms of internal bodily states muses the ways in which disease and health are intimately linked to the social organisation of the population in which they occur' (Davis & George 2001:22) and explains why nutrition advice is not always actively taken up (Coveney 2004).

> I mean, when you're talking about basic nutrition, it's not real hard is it, it's not rocket science. So I mean you can do education and education but then to get it back out to the people who are on communities that are in poverty, so you have got all those social determinants of health.
>
> So rather than looking at one aspect, if you are a gambler, or if you are a drinker and you get money and then you are going to go and gamble or drink it, you are not going to buy food. So there are other issues in those determinants of health that need to be addressed as well, so the social issues that are behind why people aren't eating the proper food.
>
> (Lilly: non-Aboriginal Educator – Health Practitioner).

Lily emphasises the need to focus on social issues, that to do otherwise is counter productive. She highlights the fact that 'you can do education and education' but ultimately it's useless unless social problems are addressed. She emphasises that basic nutrition is not difficult to understand, as have other participants and she reminds us that it is not a case of Aboriginal people being ignorant or lazy. Instead she calls for nutritionists and health professionals to be conscious of the many and complicated reasons why people 'aren't eating the right food'; illustrating that there are significant

social and environmental issues that would take precedence. This sentiment undermines a biomedical approach to Aboriginal health and favours a movement to population health. She raises these points within a discourse of presumption – that it is common for Aboriginal people to be drinkers and gamblers. This typifies the need for non-Aboriginal educators to become more understanding and to comprehend the totality of the situation experienced by Aboriginal people and the ongoing impact of colonialism. Currently the interventions, however well intentioned, are coloured by Western assumption and preconceptions. Eliza, from her Aboriginal perspective, has these views:

> I think people know, they don't know it all, but they know what they need to be healthy. They know what foods they need to eat to be healthy; they know they need to exercise. They know the basic things to be healthy but the other social factors; the other things influence that too much. Alcohol, domestic violence, petrol sniffing, drugs, remoteness, boredom, no employment, no education. Those things have too big an impact on health. Thirty people living in a house. Until some of those things are fixed we are not going to have any real impact on their nutrition.
>
> (Eliza: Student – Aboriginal Health Worker).

Unlike Lilly, Eliza's discourse presents no presumptions, offering a difference between the discourses of an Aboriginal person as compared to a non-Aboriginal person. Eliza, places 'the fixing' in the lap of others, perhaps the government. Such an attitude is indicative of years of indoctrination and the continual removal of power from Aboriginal people, to the point where they may no longer feel they have any strength or authority to make changes. Similarly she 'others' Aboriginal people, her people, by referring to them as

‘they’ and ‘their’. Here she may be speaking of a division between herself as an urban based health professional and those living in the remote communities that she visits in a professional capacity. For the same reasons she associates herself as ‘we’ in referring to her role with nutritionists. Where the population health model encourages a holistic approach and requires a broader intervention to enable success, people such as Eliza are crucial to successful nutritional outcomes given her ability to cross cultural borders and more appropriately enact the transfer of information.

This is a manifestation of the points made by Bond in relation to communication and part of the solution both in terms of communication, education and actual health outcomes. Reinforcing that the way people understand nutrition is through social, cultural and political processes, reinforcing that nutrition requires larger social solutions than those at an individual level.

The phenomenon of needing to address broader social issues is not unique to Aboriginal people in Australia but is common to Indigenous people throughout the world. It requires close attention to the many health disparities that exist between Aboriginal and non-Aboriginal people.

> Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided (Whitehead 1990 cited in Braveman 2006:168).

This again introduces the current popular discourse about 'closing the gap'. The *Close the Gap* campaign calls on federal, state and territory governments to commit to closing the life expectancy gap between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians within a generation.

The *Close the Gap* campaign involves discourse similar to previous government policy including that of practical reconciliation from the Howard Government and the commitment by the Hawke government to achieve statistical equality. There is little difference between the concepts of statistical equality and 'closing the gap' as both seek to eliminate socioeconomic and health disparities (Altman, Biddle & Hunter 2009). However, the *Close the Gap* campaign, like others before it, is unproductive in its approach as it posts goals and benchmarks for Aboriginal people based on standards achieved by the non-Indigenous population (Connelly 2002). Reflected in the rhetoric of the campaign's official statements is 'adherence to the maintenance of an imaginary norm for that side of the binary construct termed non-Indigenous … and a belief that it is possible to create a level playing field for all Australian[s]' (Connelly 2002:41). Such misconceptions overlook the barriers inherent in location, race, class and the structural inequalities that exist due to historical, political, economical and social forces (Au 1993).

A criticism of this campaign is that it is a redefining of a solution strategy, a catch cry for 'why' something must be done on equity grounds, but it masks the 'how' it will be done. Unless the how and its associated funding, capacity and community controlled direction are addressed, the *Close the Gap*

campaign may prove to be little different from other colonial government policies which have preceded it. The data gathered in this research indicates that the how should be a move from the current medical model and statistical collection approach to a population health model encompassing community control.

3.2 Inequalities of Class and Race

Social organisation is not the only determinant of health. There are many factors which can prevent individuals or groups from realising their health potential. Realisation of these factors and the impact of differential experience and inequalities have resulted in an examination of social poverty, social distress, powerlessness and social marginalisation; all of which can generate ill health and in some cases malnutrition (Devitt, Hall & Tsey 2001). This examination is termed social gradient research and investigates the 'control over events that affect an individual's life, as being an important factor with the potential to explain the social class gradients of mortality and morbidity' (Thompson & Gifford 2000:1468; Devitt, Hall & Tsey 2001).

This research proposes that an individual's position within the hierarchy of society is directly related to their health and how long they live (Graham 2000). The impact on health for Aboriginal people is pronounced, as their position in society has been marginalised since colonisation.

> So I guess in relation to that oppression and the change in health programmes and government direction and that sort of stuff I don't think any of that is unique to food. I think it encompasses a lot of

> other areas that affect people's lives and therefore affect their health as well.
>
> (Melissa: non-Aboriginal Educator - Nutritionist).

Melissa exhibits sensitivity to several colonialist themes. Her recognition of oppression and its links to health programs and government direction represent an acknowledgement of colonialism, but she concludes that this influence affects more than just food and invades 'other areas that affect people's lives' and therefore affects health. This exhibits an understanding of the impact of associated social issues on people's health. Melissa recognises the external factors related to health and links this to oppression. She portrays a picture which favours the recognition of colonial government interventions as a determinant on health, ignoring community involvement and self-determination by Aboriginal people.

Said (1991 cited in Gandhi 1998:77) extends the view of social stratification and writes of the unchanging image of 'a subject race, dominated by a race that knows them and what is good for them better than they could possibly know themselves'. This results in colonial racism and Thiele (1991) proclaims that there has been no decline in this style of racism, dominant white hegemony still exists. This frequently results in misguided assumptions and inappropriate responses to engagement with other cultures.

> In Australia we don't do comprehensive primary health care really well, because we only choose snippets, and we only choose models which actually suit what governments want instead of the voice of people actually determining what governments should be doing. So I suppose it brings it back to … are there governments around within the last 10 years that are truly representative of the voice of

> the Australian people? Because they are more so been reactive to problems and they are stuck in a framework that actually is not flexible enough to look beyond what currently is happening.
>
> As I can see governments have thrown money at anything that looks like it is going to potentially work and they often won't. Many governments, whether it's the federal, local, state, territory, whatever, governments want to see things working within their terms because it's almost like they need to show things within their term to say why they should be elected again …
>
> Which is sad because its then society has to work to a government time frame and society is governed in a way that you have to be reactive to problems instead of really thinking through and analysing what the best approach is. You have to quickly come up with some kind of idea and if it sounds pretty good, then its okay and then there is no time to actually sit down and really talk to a broad range of people.
>
> (Lee: Aboriginal Educator – Nutritionist).

Lee's narrative shows clear examples of how a colonial government reinforces dominant positions. She captures the idea that colonial governments manipulate and control information, knowledge and health practices in order to maintain their accumulated power and perpetuate the status quo. Lee also provides a contextual example of how the government of the dominant race believe they know what is best for the 'subjugated race'. It could be interpreted that this is evidence of the continued practice of colonial racism, decisions being made without consultation, consensus or collective thinking, denying Aboriginal agency. Lee concludes that the government is not truly representative and is frequently reactive aiming to demonstrate immediate

results within their term of office. The recent Northern Territory Intervention is a clear example of this.

Lee's narrative also illustrates the tendency of the current institutional approach of taking only part of the problem or information 'snippets' and trying to design a solution in response to this. This is typical of the dominant biomedical health model and its individual focus. Lee correctly links this to the actions of a colonial government reinforcing its position of power and dominance.

The realisation of colonial racism impacting health is compounded by the concept of non-compliance, discussed below. Interestingly a study conducted on racial discrimination in health found that practitioners 'would deny that racism played a role in their medical decision making' and yet 'it was well demonstrated that subtle racial biases influence both clinical reasoning and communication with patients' (Lowe, Kerridge & Mitchell 1995:356). There was clear evidence of racism, in this study's data. Conclusions could be drawn that lend themselves to Paul exposing his racist attitude, assumption and dominant white position in his misguided attempt to engage with a client:

> If you are looking at personal experience there are a number of things that kind of really are iconic in my thinking. I think the first one was that my earliest engagements with Aboriginal clients were really modelled on my experience from Africa. I approached Indigenous health with an imagining, to put it very crudely and some may see it as racially, that if you worked with one black group then you can work with another. It is not enormously dissimilar and I was confronted by the reality that this wasn't the case.

> For example, I had a very shy young girl that I was trying to talk to. She was clearly uncomfortable, so I employed the mechanisms I used in Nigeria where you actually begin talking about family and sort of displacing the attention from her personally to other things around her. I asked her what her father did, which is one of the standard questions in Nigeria and that made things worse.
>
> There wasn't an answer for that and the nurse I was working with afterwards said 'look in this community very, very few people have what we would define as jobs'. She knew of this girl's father and in fact he did have a prominent ceremonial role in the community but that was not public knowledge and it was certainly not the girl's position to tell me and even if she was in a position to tell me she may not be able to tell me in a way that I would necessarily understand. So this was kind of a non-starter.
>
> I mean in Nigeria everybody was defined by their work role and many people in rural areas saw themselves as farmers so I guess that nexus between agriculture as kind of core identity for rural populations in Nigeria and the absence of an equivalent when I was working in Indigenous health was the first thing that confronted me.
>
> (Paul: non-Aboriginal Educator - Doctor).

Paul confesses that he may have come to this situation loaded with colonial assumptions. He initially assumed that all 'black people' could be treated similarly, that there was little difference between cultures and therefore no need for differentiation in communicative events. There are a number of assumptions that could be drawn here, that Paul talks of black people as not having cultural differences and the colonial ideology of inferiority. The statement around black groups not being dissimilar is one harking back to the philosophy of Social Darwinism, Paul's comment also reflects notions of

assimilation. Indications are seen of the strong hold of white dominance, particularly in health care settings where the white person is the practitioner and the Aboriginal person the client, one retains the power and the other is the recipient of it. As a proponent of critical discourse analysis explains, in this instance such a manifestation of power is not only a form of oppression but a method of enforcing transformation (Wodak 1996).

Edmunds (1995:87) extends the notion of the stronghold of a dominant white hegemony when referring to normative systems and separation and says 'part of the difficulty is that there are indeed basic differences between what Aboriginal peoples regard as acceptable and even desirable behaviour and those that emanate from dominant Anglo-Australian culture'. The differences are not just in terms of communication and are frequently not accepted and indeed challenged. Emma provides a description of these differences in regard to conditions surrounding health care provision and its repercussions. Here the place to which the client will go and thus the reference to 'go in', implies physical travel into an urban area:

> The big problem is the renal for the dialysis. They come in and the old people say I don't want to go. If I go in then all my family will go in and I don't want them to go in because they will be drinking and fighting. So some of them choose just to die on the community and that's sad you know because they have to travel in, leave their homes then all the family come in, it's quite sad. They don't know how to live in a town or city, in the house. Some of the family come in and make a noise and then they are kicked out and where do they end up? It's terrible.
>
> (Emma: Aboriginal Student).

Emma highlights a clear colonial assumption in this account in that there is an expectation that Aboriginal people will leave their communities for health care. White Australians are not confronted by this choice of 'leave or die' as they reside in the towns containing health facilities, but still impose their cultural perspective on Aboriginal people.

Emma suggests that Aboriginal people choose to die rather than to go to town for dialysis as this creates significant disruption to family life, exposing people to racism, discrimination, victimisation and marginalisation. That people would choose to die rather than be subjected to these white dominant forces is an extreme example of colonial legacy, not too dissimilar to people choosing to starve rather than be moved into settlements.

3.3 Literacy and Successful Communication

Another bias presented by white health professionals is the expectation of a particular level of proficiency in the English language. The reality is that one in five Aboriginal people living remotely have difficulty understanding or being understood by service providers (Trewin & Madden 2005). The data in this research refers to barriers such as language differences.

> Where I was [people] spoke Creole and English was more of a second language and yet a lot of our nutrition and health promotion is in English … perhaps for a better understanding it would be better if more things were done in Creole.
>
> (Sally: non-Aboriginal Educator - Nutritionist).

In Sally's commentary, she articulates a clear postcolonial impact on nutrition education. The assumption that English and English literacy practices will be the dominant and principal language reinforces the colonial position of power through control of information and knowledge. This is done even though the tangible evidence in this situation is to the contrary. Her identification with 'our nutrition and health promotion' possibly demonstrates her position as a dominant colonial knowledge holder. Even in her recognition of the issue of language, her presentation of a possible solution, the use of 'Creole' for the provision of information still negates the views of the receiving community and imposes information from the dominant party, perpetuating the power differential. Further to the suggestion of the use of 'Creole' would be for nutritionists and health educators to learn local Aboriginal languages (as some already have) or traditional communication techniques such as paintings and stories.

> I think they just don't know how to because I said to my nana's brother, I said you should write a book and he said I don't know how to write. I said I'll come out here and I'll write for you, all your stories. He said I tell it in my paintings but people can't understand and he said white man can't understand my paintings. And I said well that's where you need someone to write a little story on your painting. But they have all this knowledge but its not getting shared because I think they don't know how, or a lot of the people that I've met don't know how to share it.
>
> (Jessie: Aboriginal Student).

Jessie raises critical issues. She initially states her nana's brother should write a book assuming he could write, thus indicating an adoption of a colonial assumption that writing English is the norm. One interpretation could be that this stems from the impact educational establishments have had on Jessie's perspective. Later in the piece her nana's brother says 'white man can't

understand my paintings' and Jessie's response was to suggest that someone write a little story on the painting. Again this could imply the dominant culturally acceptable view of the situation and exemplifies how Jessie herself gets 'used' by the discourses. Jessie does not question the option that white people should be developing an understanding of how to interpret Aboriginal paintings and the stories that they tell in order to access the knowledge incorporated within them.

Marcus (2006) writes that there is a growing body of evidence around levels of food and heath literacy and limited English literacy among Aboriginal people, impacting on their ability to comprehend and integrate nutrition and medical information. Marcus (2006) writes that the simplification of the language in which information is provided will lead to increased comprehension. Mitchell (2006) states that simplifying language limits a person's ability to be able to make a choice about the best options for their treatment or care and in turn limits the practitioner's ability to treat them effectively. This is significant, as for any change to be successful it needs to be framed in appropriate language, be realistic, achievable and promoted as worth striving for (Tseng 2004).

The Sharing True Stories research in the Northern Territory 2001-2005, reported miscommunication between clients, their families and health professionals as being 'seriously underestimated and that there was little shared understanding of illness and health between Aboriginal and non-Aboriginal people' (Mitchell 2006:21). Similarly, Wearing (2004) argues that clients are regularly exposed to and complain of an authoritarian approach.

> I think a lot of them are keen, but don't understand how to go about it. We need a lot more educators, teaching them how to do it, but in the right way not like a bullying thing. Some of them, a few I've spoken to, feel that when people come out to do like healthy store cook-ups, they feel bullied. Oh, this person said we have got to have like this, you know, and we've got to do this, instead of involving them in the cooking process or the preparation and stuff like that.
>
> (Jessie: Aboriginal Student).

Jessie refers to an authoritarian approach or a 'talk down' discourse – one that echoes a colonial attitude and indicates that Aboriginal people feel bullied by white nutritionists. Jessie emphasises a need for white health professionals – in this case nutritionists – to shed their superiority and to be more accepting and inclusive of divergent approaches. That they need to involve Aboriginal people and their ideas, not doing so reiterates dominance, power and colonial approaches of the past and achieves limited success. It is reminiscent of missionary activities where people were told what to eat, when to eat and how to eat. Curran (2006:6) proposes that:

> As health professionals we are taught that good interpersonal relationships are fundamental when providing medical care. We are also told that effective communication correlates to improved health outcomes. What isn't taught is how language and cultural barriers can impede communications.

Appropriate language and respect are essential ingredients to improved health outcomes and social equality. Alternatively social inequality acts as an agent of social control and produces poor communicative outcomes and differential experiences of illness (Davis & George 2001). Inequalities in social status and race can generate issues in social control. These in turn have

implications on how health is experienced and how knowledge and power are transferred and experienced within the field of nutrition and health care. This may then prevent the dominant culture from developing and delivering nutrition education programs that are appropriate and evaluating these programs to assess their effectiveness (Trudgen 2000).

4. Remoteness and Health Services

The dominant health model is based on medical centres to which clients present, which works in an urban environment but is inappropriate for remote Aboriginal communities. It is well established that the distance to health facilities and the availability of health care providers are also vital in health outcomes. Trewin and Madden (2005) conducted research in the Northern Territory which demonstrated that more than half (54%) of communities are located 25 kilometres or more, from the nearest 'local' health centre. For many of the smaller communities, the nearest health centre can be over 250 kilometres away, which obviously presents a significant barrier to accessing health services (Bailie, Siciliano, Dane, Bevan, Paradies & Carson 2002). Bailie et al. (2002:49) assert that:

> the physical proximity of health services, and the availability of health personnel with whom community residents can readily and effectively communicate facilitates the prevention, early diagnosis and treatment of disease.

There is indisputable evidence that a decrease in the ratio of health professionals per head of population increases with geographic remoteness (Trewin & Madden 2005). For instance the supply of medical professionals per person in Australian capital cities is ten times higher than that in remote areas (Trewin & Madden 2005). Joy reflects on the impact this has on people living in remote locations, comparative to her situation living in an urban centre.

> I have been brought up white man's way so I do not know how they live out there. To see how long they wait to see a dentist, how long a doctor comes. Like we live in the city, you chop your finger you go to the doctor and get it stitched up, you don't do that out there the doctor comes once a fortnight, the dentist comes once a month, the food truck comes once a week. We are just so lucky we live in civilisation and these people do not.
>
> (Joy: Student – Aboriginal Health Worker).

The diminished access to health education and other services compounds the existing high rates and seriousness of malnutrition and disease. Joy's experience as a student has made her aware of the conditions in remote communities, including the complete lack of services and basic needs which remain unmet because of this. In describing this she refers to the communities as not being 'civilised'. Joy is a woman in her fifties that has only recently acknowledged her Aboriginality, having been brought up in a white working class environment. Despite her recognising her Aboriginal heritage, Joy is 'othering' Aboriginal people, referring to them as 'they' - how 'they' live, how long 'they' wait and living in uncivilised conditions - and includes herself in 'we' when talking with me. This is a rational response considering she up until recently projected or considered herself as white. She is raising awareness of the issues remote Aboriginal people confront in

terms of often insurmountable barriers to health care access. She talks specifically of the lack of infrastructure and resources and contrasts this to the colonial norm found in an urban environment. The general acceptance by the establishment that this lower level of health care provision is acceptable is a reinforcement of the postcolonial power differential. To move forward, an acceptance of the right to equality must be achieved.

This situation of remoteness and diminished access to health staff is worsened with high staff turnover and reduced opportunity for long term engagement and relationship building with the community.

> People come and go, there's a high turnover of staff and I was only thinking about it the other day, just to go to a general practitioner here for a non-Indigenous person you have got a 2 or 3 week wait. It won't be the same doctor; you just go to the clinic any doctor, no continuity of care, that's where you have the same thing out in the communities so you might have a change-over of a remote area nurse ten times in a year, or locum nurses from agencies.
>
> (Lilly: non-Aboriginal Educator – Health Practitioner).

Lilly confirms the frequent turn over of staff within a discourse that states the lack of continuity of care is the norm. She highlights the disparities in access to health care in remote versus urban settings. In the urban setting non-Aboriginal people have access to a doctor, despite the wait. In many of the remote communities the reality of health care provision is that they will get a locum nurse for periods of several weeks and a doctor that might fly in for one day a month.

This pattern does not allow for any trust or relationship building, which is contrary to Aboriginal cultural norms where relationships are integral. Health care access needs to be examined and strategies put in place to change the circumstances, for health practitioners to become more engaged in Aboriginal communities, to be well equipped for that engagement and to commit to longer term health care provision, but more importantly for Aboriginal community members to ultimately become the health care providers.

5. Knowledge and Power

Many discussions in health education are based on the power of knowledge, as it is those in power who make decisions about whether to share or withhold information. Wearing's (2004:220) sense is that there is an 'inseparable notion of knowledge and power'; he writes that 'formal knowledge frames or rationalities are evident in case documentation, training manuals, textbooks and official policy discourse'. Similarly, Foucault argued that knowledge systems of the human sciences, including medicine, informed the government and constituted power (Fairclough & Wodak 1997). Therefore the status of dominant knowledge, such as in health or medicine, is reflected both in popular culture and in academic curriculum (Wearing 2004).

Likewise, Davis and George (2001) outline that it is often the dominant culture that privileges science and scientific method in its explanation of illness, particularly in terms of anatomy and physiology, which picks up on

Said's notion of 'positional superiority'. Positional superiority is a useful tool in understanding how culture and knowledge have been perceived as imperialist forces (Smith 2003:58). Smith explores this in her book *Decolonising Methodologies*, in which she states that the 'nexus between cultural ways of knowing, scientific discoveries, economic impulses and imperial power enabled the West to make ideological claims to having a superior civilisation' (Smith 2003:64). Consequently, the focus on white, dominant scientific knowledge limits access to the alternative ways of knowing health and understanding illness.

Privileging of the Western medical model, evident in its dominance throughout university training, is illustrated here in the recount of one participant, who talked about the lack of exploration of Aboriginal nutrition and health issues and the extent of denial of these issues and their history.

> In my nutrition course there was absolutely nothing. In terms of education for your general mainstream dietitian/nutritionist who is going to go out there, there does need to be a huge refiguring of the emphasis on Indigenous health. I went to Newcastle Uni which was considered one of the left wing nutrition courses and it definitely is in my experience, it is quite left wing.
>
> We did sociology of food and nutrition but even in that course there was not a lot of Indigenous stuff talked about at all. We talked about general low socio-economic groups, access to food sorts of issues but not specifically Indigenous stuff. So I do think that needs to be ramped up and I think that could be done in interesting ways.
>
> (Allie: non-Aboriginal Educator - Nutritionist).

Allie highlights the failure of university courses to provide sufficient exposure to Aboriginal health issues. Providing evidence that the underlying factors and causes of Aboriginal health and nutrition have largely been ignored or medicalised in an academic teaching environment. Allie calls for increased attention or focus on these issues and highlights how this could value add to both the course and the students. She raises the need for universities to examine socio-cultural and socio-political issues broader than that applied to socio-economically disadvantaged groups; to drill down and look at specific Australian contexts.

She highlights that Aboriginal people are incorporated within low socio-economic groups, such a view imparts a Western categorisation upon Aboriginal communities assuming they are poor because they do not have wealth as understood by the dominant Western culture. In addition there is no acknowledgment within this framework that their low socio-economic status is a consequence of racist attitudes and practices of the dominant Western culture. Allie also refers to access to food for low socio-economic groups but again the specific problems experienced in remote Aboriginal communities will be unique to their circumstances. Access problems are more to do with remoteness and elevated cost of food rather than those barriers experienced within the urban Australian environment.

However, while raising the above points she is perhaps dismissive of the complexities of Aboriginal people, their situation and their history through using the word 'stuff'. This is indicative of the pervasive attitude within educational establishments that still reflect colonialism.

> Yes, I myself chose to do a semester long subject where I had the opportunity to research any topic and present on that to the rest of the course at the end and I chose to look at prevention of diabetes amongst Aboriginal people.
>
> (Sally: non-Aboriginal Educator - Nutritionist).

Sally furthers Allie's recognition of universities not paying adequate attention to Aboriginal issues. She demonstrates a personal interest to acquire additional information on remote Aboriginal communities and a commitment to introduce that information back into the course. This sort of action will enhance the preparedness of students to work within remote Aboriginal communities.

> My experiences as a remote community nutritionist? It was a job I always wanted actually but even after being in the Territory for I suppose 12 years by the time I took up the position, I still found myself poorly prepared.
>
> (Lynden: non-Aboriginal Educator - Nutritionist).

Lynden's experience demonstrates that merely living in the Northern Territory does not always give people an understanding or exposure to remote Aboriginal communities. This reinforces the absolute need for educational courses to have a structured and socio-cultural approach to preparing health practitioners specifically to work effectively in remote Aboriginal communities. Not doing so reinforces the standard biomedical approach and ignores the cultural and social differences within contemporary Australian society.

The situation of institutional cultural avoidance or ignorance is difficult to come to terms with particularly given the majority of nutritionists are encouraged in the context of firm biomedical training. The challenges here are for Australian universities to address colonial cultural disturbance and damage and for nutritionists to identify, respect and acknowledge cultural disruption and its effect on diet and as a driver of epidemics of disease, rather than viewing disease only in the pure biomedical sense (Cannon & Leitzmann 2005). This can only occur if nutritionists have a firm grounding in dietary Westernisation, acculturation and cultural displacement within Aboriginal health and nutrition in their university preparation.

6. Compliance and Non-Compliance Issues

Compliance is a term frequently used in health care, meaning the ability to obey or conform to health care prescriptions or instructions. Humphrey, Weeramanthri and Fitz (2001) conducted research in the Northern Territory centred on patient compliance, finding that labelling Aboriginal clients as non-compliant failed to recognise the many factors that led to clients failing to adhere to their 'prescriptions'. These factors included, but were not limited to; barriers in accessing services and treatment, the ignorance of some health practitioners and a lack of understanding about the way Aboriginal people construct reality, knowledge and values (Walsh 2001).

Fiona talks about client readiness as being important factor in compliance:

> … when we give information out to these people and they are bombarded with information and I don't know how many health and food charts I've sent but every component that is given out is nutrition it's the food pyramid … The problem with health promotion is that unless the person is in a ready state to accept that they want some education and make a lifestyle change then you can have as many glossy posters in the world that you want.
>
> (Fiona: non-Aboriginal Educator – Heath Educator).

Fiona uses the word 'bombarded', indicating the depth and overwhelming feelings about constantly giving Aboriginal people information, particularly without addressing structural supports. She illustrates knowledge transfer as predominantly occurring within the framework of the powerful giving the powerless knowledge and education. She highlights that it is not necessarily about the information or about the information delivery; although it is vital that the information and its delivery is appropriate, it is about the person's priorities and readiness. That compliance cannot take place unless the person is ready and importantly that the environment and conditions support it.

Fiona highlights that the Western notion of providing education and nutrition promotion, without really knowing the situation and whether the suggested changes are possible, is an expectation not dissimilar to colonial constructs of expecting Aboriginal people to conform to white ways of being, white ways of acting and white ways of eating. It does not address the underlying issue of widespread poverty and food insecurity and does not contribute to a balance of knowledge and power.

Individuals need to be empowered and ready to be able to take responsibility for deciding whether or not to comply with treatment or advice (Tjora 2000). Andrea here refers to the place of empowerment:

> I think the empowerment of Indigenous people … I think it's … that control of the white people so to speak. They can't give up that control. They are still trying to hang on and dominate and not give that power over.
>
> (Andrea: non-Aboriginal Educator – Health Educator).

Andrea describes conflict between Aboriginal empowerment and white power, the first dependant on the latter being given up. She uses the word control repeatedly in her discourse, although almost removes herself from being one of the whites who maintain control, as she refers to them as 'they' rather than 'us'. Given her position as a lecturer at the Institute, such a stance may well be contributing to the maintenance of the postcolonial attitude of superiority. Such attitudes can bias communication both in the education and health care settings and limit opportunities for successful nutrition outcomes. This attitude and bias needs to be deconstructed within postcolonialism and whiteness, indicating the need to examine self before there can be a successful examination of 'other'.

Stereotyping of Aboriginal people is another bias or barrier to successful health care and creates preconceptions about compliance or non-compliance. Kilbourne, Switzer, Hyman, Crowley-Matoka and Fine (2006) make mention that stereotyping by health care providers is inherent to the experience of health disparities.

> The younger clients were varied but it seemed to be fairly predictable that if someone had come from a remote community or had poor education, their (and using the word in the medical sense) compliance with all the aspects, with all the aspects of dialysis, nutrition not the least of them, was poor.
>
> (Peta: non-Aboriginal Educator – Health Educator).

Peta demonstrates the common practice and discourse of Aboriginal health being labelled or interpreted as an 'Aboriginal problem'; with the stereotypical assumption or belief that Aboriginal people are non compliant due to background or level of education. As Humphrey, Weeramanthri and Fitz (2001) point out, labelling the client as non-compliant fails to recognise the factors that lead to the non-compliance and therefore denies any opportunity to address these factors. While the factors leading to non-compliance continue to be neglected or left unaddressed, white people are able to maintain a position of power, the discourse of the problem being an 'Aboriginal problem' remains and Aboriginal people's agency is denied.

Benson (2005:831) writes that the implication of the term 'poor compliance' is that the client is not following the doctors 'rules' because of 'ignorance, stupidity or laziness' and that there is little understanding of the fact that the 'rules' are most likely heavily embedded within a cultural 'hierarchy and knowledge that is foreign'. Benson argues that concordance is a more useful term as this concept implies that both the doctor and client are in 'a state of agreement or harmony with what is happening in the consultation' (Benson 2005:831).

Until the larger structural problems are recognised and addressed, compliance or concordance on an individual level in a culture that remains grounded in connections to spirit, family and land; will not occur. The discourse should not be one of compliance by Aboriginal people in conforming to white ways of adopting health but for the whites to deal with issues of inequity, social justice and significant health disparities.

7. The Way Forward

To achieve effective outcomes nutritionists and health educators need to move beyond current limits to examine and acknowledge the policies and practices of colonisation, actively contributing to the gathering of new evidence. They need to highlight and advocate for a position where health is far more than an Aboriginal or medical problem and embrace a more holistic population health focus. This in turn could allow for the development of more appropriate population focused nutrition programs and policies. This approach is gaining more momentum, but historically has represented the need for increased funding and capacity and slower or less measurable returns.

7.1 A Population Health Approach in Nutrition

Baker, Kelly and Barnidge (2006) wrote that the majority of nutrition interventions are aimed at behaviour change in individuals rather than changing the social determinants of nutrition and health care. Data from this study reveals how programs aimed at individual behaviour change are often considered ineffective because they fail to consider the social, cultural and political context of Aboriginal nutrition and the challenges these present.

> I think nutritional interventions are a major challenge, both in terms of our understanding of the cultural base that we are working across … and it is clear that the nutrition strategies are going to be quite different. The strategies that we use in a very individualised mainstream community and that community based strategies; family based strategies could be used far more in Aboriginal communities. Mobilising a critical mass of research and experience in that area is really quite difficult.
>
> (Paul: non-Aboriginal Educator - Doctor).

Paul acknowledges the problems of 'working differently' in Aboriginal communities but emphasises the importance of doing so in order to achieve change. He calls for approaches that use broad community and family based strategies, the hallmarks of population health initiatives. He supports increased research, demonstrating recognition that narrow or biomedical approaches in contemporary times are ineffective. He is unsure as to which specific strategies may constitute 'best' practice and advocates for more work to be done in this area. There is no single approach in this context and there needs to be variety, flexibility and patience.

Germov and Williams (2004:302) proclaim that the benefit of applying a sociological perspective to food lies in 'the ability to conceptualise the connections between individual experience and wider social patterns to explore why we eat the way we do'. A focus on the health of a whole population demonstrates a link between life situations or choices and food choices. It challenges the notion that it is the individual who is solely responsible for food choice. This is particularly so in a culture inflicted with ongoing power regimes of colonial damage. It requires the nutritionist to operate less from a medicalised framework and more from a community development framework, which can only successfully transpire if there is respect for community knowledge and practices.

7.2 Learning from Communities

To achieve improved nutrition outcomes, the emphasis needs to be geared toward improved community controlled management with a focus on preventative nutrition and environmental situations rather than on hospital or biomedical case management or imposed programs (Brewster 2006). Remedies that are imposed upon communities with little consultation are less likely to be successful than those that involve the community, since they overlook the fundamental character of each community's individual situation (Golds et al. 1997). This relates to all aspects of community development, extending beyond education and employment.

> Look I think that nutrition is integrally bound into the total community development issues. That empowerment of the individual to actually take control of their own lives.
>
> (Paul: non-Aboriginal Educator - Doctor).

There is little doubt that imposed ideas or remedies for improving Aboriginal nutrition are less successful than those that involve and incorporate ideas from individual communities (Golds et al. 1997). Paul's discourse recognises that there needs to be increased recognition of community development issues and that Aboriginal people are best placed as a resource for implementing improvement. This recognition needs to be non-biased, non-judgemental and accepting as opposed to that allowed or given with doubt and expectation. Paul speaks one discourse, that is the recognition of community involvement and community development but he too at times (in earlier extracts from his data) can be seen to be trapped in ignorance inside colonial discourses. This is one of the complexities – wanting to change and yet not always being able to see through a different lens – in this case a lens free of colonial tendencies. Paul is not the exception – many whites with the best of intentions can also be trapped in this paradox.

For real improvement to take place 'community ownership of decisions about goals, services and programs' together with enhanced and successful partnership is needed (Golds et al. 1997:386). Aboriginal people need to be at the centre of directions in policy and programs. The National Health and Medical Research Council (NHMRC) write that successful, supportive partnerships have been:

> based on individuals willingness to examine, explore and maybe even change their attitudes to another cultural belief or system. There has to be obvious trust and respect between non-Indigenous and Indigenous staff and each party is able to explore and question decisions ... that there is a meeting half way between both people and recognition and valuing of each person's culture. Each party is learning from the other (NHMRC 1996b:45).

Similarly, Article 15 of the *Draft Declaration of the Rights of Indigenous Peoples* asserts that education and its activities should be planned by community members rather than technical experts, so that the frameworks have meaning in the cultural context to which they are being applied (Cerqueira 2006). This extends to activities in health and nutrition. There needs to be a shift toward meeting half way, in other words collaboratively negotiated pathways – unfortunately pathways that have not yet been built - openly exploring and valuing differences and using these to develop programs and policies that can move us forward. White health professionals need to relinquish the position of knowledge holder and giver and openly receive alternate solutions.

Several positive examples of successful community based nutrition programs have demonstrated that where the program is under the direction of the community (based on traditional power structures and belief systems, using traditional stories and learning styles) and developed as a partnership between the community and other sectors, where a community development model has been adopted, and where food supply and demand issues are considered together; improvements in diet and in indicators of nutritional and health status have followed (Lee 2009:pers comm.). Such concepts were adopted by the World Health Organisation in its series of publications: *Guidelines for Training Community Health Workers in Nutrition*, from the 1980s

and have been incorporated in some successful Aboriginal adult education models in the Northern Territory.

At present there is a closed loop where the dominant health paradigm of the biomedical model influences educators and curricula, perpetuating a Western approach or understanding with the next generation of practitioners. These practitioners then impose their preconceptions and assumptions upon remote Aboriginal communities, leading to medicalisation of problems within a society which is not attuned to a medical model. To become more effective this cycle must be broken.

7.3 Addressing Disparities in Resourcing

Solutions to nutritional problems need to be brought about by providing adequate resources and creating healthy environments and societies (Cannon & Leitzmann 2005). It is an accepted fact that there is a lower per capita resource provision of health professionals to remote communities. This is unacceptable and there should be equitable resource provision.

A study was conducted in 2002 to quantify and reference access to nutritionists or dietitians in the Northern Territory. This study reported that most Northern Territory communities, including the larger ones, had minimal or no access to a dietitian or nutritionist (Bailie et al. 2002). This significantly impacts on the provision of any sustained primary prevention or health

promotion addressing nutrition issues such as food supply and food security. Further compounded by the lack of Aboriginal Health Workers or Nutrition Workers.

Beaudry and Delisle (2005) express the need for a boost of resources so that nutrition related services can meet the geographic, cultural and economic needs of Aboriginal people. The broader context within which nutrition is implemented has to support effective delivery.

7.4 Addressing Self Awareness and Communication

The data analysed here points towards the need for health professionals to operate with an attitude of trust, respect and rapport and that communication should be uninhibited and as clear as possible. This requires foundation knowledge and on site exploration. It requires universities to better prepare people for work in remote situations and for employers to maintain ongoing support strategies and training.

Cawte, a medical doctor who worked in Arnhem Land for some time, advocates for health practitioners to remind themselves of the person being treated and their 'distinctive cultural interpretation' and look beyond the disease they are being treated for (Cawte 1996:10). Cawte suggests that medicine alone is insufficient to help cure the ills of Aboriginal people, that 'if suffering individuals are to be reached, the doctor should try to grasp the

client's language, religion and basic beliefs' and proposes that unless the cultural gulf is narrowed there will be limited success with compliance.

Practical measures to improve communication highlighted in this chapter include; addressing low literacy levels, acknowledgment that English is frequently not the first language for Northern Territory Aboriginal people and that relationships must be developed for communication to be effective. There needs to be reduction in postcolonial dominance and an increase in the provision of choice and self determination. This can be achieved by greater self awareness of non-Aboriginal health practitioners, a shedding of their superiority and a movement toward a population health model. Crucial to dealing with these issues is funding, support and commitment to allow Aboriginal people to undertake training in nutrition and that they are valued for their nutrition knowledge and cultural practices.

8. Summary

The chapter presented data that demonstrated that the dominant medical paradigm applied to nutrition issues for Aboriginal people in the Northern Territory has been ineffective. Health promotion and health education for Aboriginal people to date has been disempowering and has served to delegitimise Aboriginal health knowledge. Aboriginal people in the Northern Territory have been spoken down to, patronised and labelled as the 'problem' due to their lack of compliance. An acceptance of the value and validity of Aboriginal culture and knowledge will improve the delivery of health care

outcomes but presupposes a reduction in postcolonial attitudes by health practitioners.

Overcoming entrenched medicalisation, the biomedical model focus and the residual postcolonial attitudes of health practitioners is necessary before success in nutrition can be realised. The population health approach holds greater promise and is more able to achieve successful health outcomes. It too has some limitations including available workforce resources and their capacity to grasp the different way of knowing and understanding food and nutrition, required to operate effectively in Aboriginal communities.

To achieve success, recognition of Aboriginal knowledge, both medical and cultural, needs to occur and to be given legitimacy. Aboriginal people need to be accepted and supported in health education and Aboriginal issues need to be given equal status in university training for all health professionals. Nutritionists are in a position to facilitate desirable change but only if they are trained and supported appropriately. These matters are addressed in the next chapter.

CHAPTER NINE

DOMINANT IDEOLOGY AND THE NUTRITIONIST

It is lamentable to think that the progress and prosperity of one race should conduce to the downfall and decay of another

Edward John Eyre (1844).

This chapter analyses issues specific to the role and function of the nutritionist and explores the field of nutrition education. It invites nutritionists to examine their current practice, consider alternative approaches and adopt openness to 'other' knowledge. It calls for increased recognition of Aboriginal ways of knowing and legitimisation of this in university training, supported by targeted education at all levels. It identifies discourses around nutrition intervention and the colonial desire to reconstruct Aboriginal people as 'civilised' and maintain social order. It presents the proposition that such discourses perpetuate colonial power relationships. The theme of white positional superiority and power is again seen to be appropriated in the specific context of the nutritionist and the roles they fulfil. This chapter explores the effect of these factors on the resourcing of nutrition positions in remote Aboriginal communities. Finally, it outlines the history of nutrition education for Aboriginal people in the Northern Territory, the value of this education and the place of health reforms and educational institutions.

1. A Shift: Development of Nutritionists for the Remote Context

The majority of nutrition education has occurred in mainstream universities. Here, Western style nutrition, backed by legitimatised research in Western contexts, has to date been the only pedagogy adopted. For nutritionists it is the only way of 'knowing' and constitutes what Foucault (1980:131) calls the 'regimes of truth' surrounding food and nutrition. Inside such thinking, Aboriginal cultural protocols are often disregarded, with the consequence that policies and programs become intrusions into Aboriginal people's lives.

People who work in public health nutrition in remote communities come primarily from a white university educated background with clinically focused dietetic training. Remote public health nutrition and community nutrition are fundamentally different from dietetics; they are more holistic and attempt to address issues common to populations of people, particularly vulnerable groups. In this sense, the clinical focus of dietetic training has not been ideal.

Mainstream universities are currently dictating a knowledge bias, a preference for medicalisation driven by the dominance of the biomedical health model. This results in less emphasis being placed on issues of social justice, community development, empowerment and equality. Such pedagogy of nutrition represents colonial replications of dominant knowledge in institutions that need to be more progressive, expressive and experimental.

Recently, courses centring on public health have been introduced. This is a result of some influential authors providing evidence as to why nutrition should be viewed as a combination of social, environmental and biological factors rather than purely biomedical (Cannon & Leitzmann 2005). Such a shift has also been driven by the progressive nature of the workforce, increasingly geared toward a focus on preventative health care as opposed to tertiary treatment. Nutrition is now acknowledged as being central to public health policy and its contribution to significant improvements in public health is well recognised (Duff 2004).

Throughout this thesis the value of Aboriginal knowledge and inclusion of social and cultural factors into nutrition policy has been highlighted. What will be shown here are participants' who claim inappropriate education contributes to the ineffectiveness of the current policies and practices. A much more successful approach would be to ensure ample placement hours are incorporated into the public and community nutrition courses and that these placements include a focus on Aboriginal health and remote and rural practice.

1.1 Professional Association Focus on Aboriginal Nutrition

The challenge of deficiencies obvious in educational courses, continue in the professional arena. The Dietitians Association of Australia (DAA), currently Australia's only professional registration body for nutritionists and dietitians has a mission statement of 'better food, better health, better living for all'

(Booth & Smith 2001:150). High rates of food insecurity experienced in Australia together with food and nutrition access and equity problems experienced in remote areas make this particularly challenging (Booth & Smith 2001). Some nutritionists feel that this organisation does little to contribute toward the advancement of Aboriginal nutrition.

> One thing that the NT branch of DAA is actually following through with at the moment … is to raise with DAA … what are dietitians studying and what are the competencies saying? My guess is it is probably just about cultural diversity and as far as I am concerned in Australia that is not good enough.
>
> If the instructing dietitians are not going to be knowledgeable about and look after Indigenous nutrition needs, no one else is going to be doing it. Why isn't that a huge priority? If they can't see that in Australia this is one of the most nutritionally compromised groups of people and they are doing essentially nothing in that area … I learnt very very little about history and politics in relation to Aboriginal people and Aboriginal health.
>
> (Melissa: non-Aboriginal Educator - Nutritionist).

New graduate practitioners are required to be competent in a range of skills and knowledge areas to become accredited with this body. Melissa feels these competencies exclude a genuine acknowledgement of Aboriginal nutrition issues. Melissa calls for expansion beyond the diffuse notion of cultural diversity, to a more specific focus on Aboriginal nutrition issues. She feels strongly that in a contemporary Australian context there should be a focus on Aboriginal health issues and that these be adopted in dietetic competencies. By not doing so, the DAA retains the perception of perpetuating a colonial stance, in that it represents an organisation embodying the dominant middle class white Australian.

The National Health and Medical Research Council (NHMRC) recommend that all tertiary institutions offering courses in health be appropriate, flexible, accessible and supportive. It also recommends that they include topics covering; historical postcolonial policies, the effects of removal and segregation and the Stolen Generation (Hermeston 2005). A further declaration of the NHMRC call for institutions training health professionals to be audited to assess their success in training Aboriginal and Torres Strait Islander people (NHMRC 1996a). Auditing the course content specifically related to Aboriginal culture, cultural competence and remote communities would determine the preparation currently given and what needs to be included for future graduates.

1.2 Cultural Competence

Data from this study consistently identifies the impact that cultural misunderstandings have on all aspects of education, nutrition intervention and health provision. Wearing (2004) states that one vital component for the preparation of nutritionists is cross cultural awareness or competence. Cultural competence involves understanding and appreciation of culture, history and associated issues: foundation skills and preparation that would enable nutritionists to more successfully engage with Aboriginal people, in a context of cultural difference.

> I guess before I came to the Northern Territory about 7 years ago, I knew very, very little. I guess in school I think we learnt very little about Indigenous people and Indigenous health. I think at university sadly we learnt very little again and then in my work scene in Queensland I was working in an area where there was not a lot of Indigenous people and so it was only a very, very small amount.
>
> (Melissa: non-Aboriginal Educator - Nutritionist).

Melissa makes it clear that exploration and learning around cross cultural training or development of cultural competence is largely absent, both in educational institutions and in the workplace. She expresses this as a sad indictment on education provision at all levels, portraying a dominance of Western knowledge and concepts. She illustrates that her experience and training left her ill-prepared for remote working life. Such lack of preparation only serves to sustain dominant knowledge.

Similarly, Sally discusses her professional shortcomings in terms of pressure to perform and needing cultural competence and relationship development to do so:

> Yeah I remember thinking afterwards … I wish because I hadn't had much exposure before going there, I wish I had been totally let off the hook of having to come up with feeling that I hadn't come up with many achievements, for having been there a long time.

> I think I struggled with feeling like I just needed to build rapport and learn from people but I had this sense of needing to come up with something and having something to show for myself. When really you need to give a good long time for that other stuff, for the rapport building and getting to know. Learning from other people

first and then you eventually get their respect enough for people to listen to you.

I guess it's to do with my own inner work ethic too, feeling like I can't get paid just to get to know people and yet it was just so important to do that.

(Sally: non-Aboriginal Educator - Nutritionist).

Sally demonstrates expectations that people should perform well in environments and conditions that are totally foreign to them and for which they have no preparation. She recognised the importance of building relationships but this was countered by organisational pressure and her inner work ethic to deliver outcomes. This can be seen as a symptom of a colonial mentality: a lack of appreciation of cultural difference and an expectation that Aboriginal people can and will conform to white ways and white timeframes.

Sally indicates her struggle with overcoming indoctrinated knowledge concepts and with relaxing into relationship building as an acceptable practice. Improved cultural competence and deeper exploration into Aboriginal health issues and their history would have better prepared her for this.

Stein (2004:1658) argues that 'multicultural competence is not a luxury or a speciality, but a requirement' of health practitioners. This competence can create empowerment to 'help people gain autonomy over decisions affecting their health' (McMurray 2004:17). Cultural competence in remote nutrition requires an understanding and passion for Aboriginal health, social justice

and nutritional advocacy. Frequently cross cultural training or experience is optional, despite it being listed as a key attribute on entry-level job descriptions. The need for this competence justifies a more cultural, social and human rights based approach to university education.

1.3 Deficits in the Research Paradigm Surrounding Nutrition

Some of the deficiencies evident in the tertiary education of nutritionists are replicated in academic research. However, there is currently a fine line between research for change and action, and research for interest. Lynden, a nutritionist, who has been working in the Northern Territory for over 18 years, talks of the need to have more action and less clinical research:

> I think we have been hood-winked by the research agenda. We have been hood-winked by the people who are calling for more research, more research, more research. Those people that like research are saying, oh we need more research and it seems to me that some of the most intelligent people working in nutrition have fallen into a bit of a research trap. Oh we have got to have the randomised double blind control trial to work out whether this way of providing food is better than providing this method of food supply to the community is better than using this method to provide food security to a community. I mean I've never thought about it until a couple of weeks ago, but is nutrition research contributing to food insecurity.
>
> (Lynden: non-Aboriginal Educator - Nutritionist).

Lynden's opinions are congruent with the National Health and Medical Research Council (1996a) and Kent (2006) who argue that there has been more than enough research conducted to identify problems in Aboriginal nutrition and nutritionists have spent enough time researching 'obscure technical questions while people go hungry outside their laboratory door' (Kent 2006:662-663). Lynden talks of being 'hood-winked' by research, a powerful construct which is highly valued and respected in white dominant academia. The suggestion is for nutritionists to find ways to be more active and successful in improving nutrition on the ground through action-orientated research and non conformism to the lure of pure academic or clinical research unless it is truly contributing to improved nutrition gains.

Similarly, Dawn talks about the need for people working with Northern Territory Aboriginal communities to extend their practice beyond a text book notion of community capacity building, into practice:

> They talk about all these policies and procedures put in place but they are not, they are just written on paper but they are not worked by all you know. People don't follow them. Like the *Aboriginal Health Strategy* and all those documents. They are internal documents for organisations to work by but they have no impact on Aboriginal health because nothing changes. People still go out there delivering services to Aboriginal people. They talk about capacity building, building capacity in the communities for people to take over, but unless those people have got real jobs, real education there will be no improvement. They are just setting people up to fail.
>
> (Dawn: Student - Aboriginal Health Worker).

Dawn talks about the perpetual reproduction of policies that are frequently written on behalf of Aboriginal people, which are then ignored or not valued and which do not lead to any change. This lack of adherence is frequently due to attitudes of apathy or superiority and an inherent undervaluing of Aboriginal health. Both Lynden and Dawn clearly illustrate problems with current strategies; that even when sufficient research is done the implementation is inadequate and will remain so unless wider social issues are tackled and the broader Australian population are ready to embrace an understanding of both contemporary and historical social and political issues impacting on Aboriginal health. This requires first an understanding of how historical events are implicated and how concepts of whiteness are blinkers to the power, and knowledge and domination inside Aboriginal nutrition.

1.4 Worth and Success of Nutritionists

An issue repeatedly raised by early career nutritionists, is why the provision of nutrition education to Aboriginal communities is not translated into a change in nutrition behaviours or status? This raises questions of the nutritionist's own value, worth and success.

> I think there are so many issues that go on for people out bush and I think that people do think nutrition is important. I think they can kind of see that there is some sort of link and yes it is something that is important to do. But if I have just been beaten up the night before, if I don't have enough money to go and buy food at the store and you want to talk to me about food, there is a number of things that are happening that have much more immediate impact on people's lives. I don't know whether people have the time and the energy sometimes to do what it would take to get around this and sometimes that does make me feel 'well what am I doing here?'

> I don't know how people get around that because I reckon it's a hard life, I can see how I would find it difficult.
>
> (Melissa: non-Aboriginal Educator - Nutritionist).

Melissa questioned her role, particularly when faced with confronting issues of domestic violence and poverty, issues which require immediate attention. She acknowledges the many issues and barriers present for remote Aboriginal people and realises that nutrition comes second to them. This needs to be made explicit to new people coming into remote work, along with the concept that nutrition gains are often small and require a high level of patience.

Interestingly, the 'I' in Melissa's dialogue is used to place herself as the one being beaten up and afflicted by poverty, which is far removed from the white middle class educated nutritionist's reality. It is, however, a way of positioning herself as sympathetic – trying to understand from an Aboriginal woman's point of view.

Melissa acknowledges that people know nutrition is important and that there is an understanding about nutrition issues, although she questions the depth of understanding in her reference to 'the link'. This questioning could possibly represent a perception of Aboriginal inferiority, doubting Aboriginal people's ability to understand. Such questions continue to assert white superiority and deny that prior to colonisation Aboriginal people had very capably looked after their own nutritional needs.

If nutritional messages 'are to be effective, they need to try and account for traditionally-based perceptions' (Devitt 1991:39) as well as contemporary social, cultural and political conditions. They need to be framed in broader structural approaches and the lack of success should not be seen as a failure on the part of the nutrition educator. Gains in nutrition are interrelated and reliant on structures, policies and funding support that is part of a larger human rights issues.

2. Alternate Approaches

The failure of the Western scientific model to improve Aboriginal nutrition indicates that it is vital to bring the 'non scientific information' to the forefront of the learning experience. It runs contrary to effective educational practices to allow non scientific information to be silenced by dominant discourse or by insisting students continue to be dominated by a 'scientific and largely technical curriculum' (Wearing 2004:231). Likewise, success in education and nutrition program delivery requires a shift in attitude, a shift in the dominant paradigm and a shift in values. Peta, a non-Aboriginal educator, comments on the current educational resources and approaches:

> We have an effect because of our attitudes, our cultures, our values. We have an effect because we can humiliate, embarrass, restrict and control … and we also have an effect because we are ignorant of what might be good food. And we are trapped in that fucking pyramid ... and our own opinions!
>
> (Peta: non-Aboriginal Educator – Health Educator).

Peta candidly characterises non-Aboriginal people's ability to embarrass, humiliate, restrict and control. Such thinking has been consistent since early colonial times. Peta's commentary represents its continuation. She lays claim to white people - specifically health educators and nutritionists - being trapped in 'our' own knowledge and opinions which allow little space to explore the 'others' knowledge and food systems. She claims that 'we' persist with using food selection guides that are essentially white middle class in their style and pedagogy. The overwhelming dominance of a scientific health model and the complete integration of this into educational institutions and curriculum perpetuate this situation.

Henry Councillor (2005), Chief Executive Officer of the Kimberley Aboriginal Medical Service Council in Broome, recently gave a presentation in which he referred to the delivery of culturally inappropriate advice:

> … somewhere like Kiwirrkurra in the desert where you get fresh fruit and vegies maybe once every fortnight, where, you know, water is in drips and drabs, the environment is really, really dirty. So these sort of things need to be understood and sending them back with a dietary program that says, 'Well, now, you need to have some bananas in the morning, apples in the afternoon' and what not, that actually doesn't happen because it's not there, it doesn't exist.

This advice comes from the safety of Western nutrition concepts, demonstrating reproduction of inappropriate information. Frequently, nutritionists stay inside the known sphere of advice, which can result in blame being cast on Aboriginal people for not adopting health behaviour changes. Only nutritionists who remain for any length of time are able to

come to the realisation of the emptiness and inappropriateness of such advice, advice that cannot be adopted because infrastructure, policies and programs do not support it. Instead advice should be inclusive of Aboriginal knowledge and congruent with the surrounding environment.

One of the difficulties with presenting for consideration the concept of including 'Aboriginal knowledge' in tertiary preparation is the fact that it is a much debated entity, with a great depth of contestation surrounding it. This is not to say that it is not legitimatised but that it is difficult to articulate what it means in different fields. There are basic realities, like the differences in concepts about basic food groups, discussed in more depth below. Tangible evidence that Aboriginal knowledge related to food and nutrition exists and must be acknowledged but at the same time such a concept is an evolving one and as such there is no attempt here to illustrate what this knowledge would look like or how it could be presented in nutrition pedagogy. This is a task outside the scope of this thesis, one that has had preliminary examination by others and one that requires further exploration.

2.1 Communicating, Negotiating and Understanding Partnerships

Sally, one of the participants demonstrates that it is vital to allow time to learn from different cultures and to experience alternate knowledge. Such learning enables the development of a more comprehensive and successful practitioner, it enables opportunity for self reflection. Sally had an opportunity to work alongside a Community Nutrition Worker; an Aboriginal woman from the

community in which she was working. When asked to reflect on this experience, for its potential to make a difference, she said:

> Yes, I think it was just better for rapport with everybody that I wasn't going alone. I always had an off-sider … and we would be constantly discussing things so we would be learning from each other. She would be filling me in more of what she thought of the background of things, why people perhaps did things the way they did and I would be talking to her about the nutritional side of things.
>
> (Sally: non-Aboriginal Educator - Nutritionist).

Sally recognised the rewards and benefits this approach brought about. Highlighting that shared knowledge and a joint working approach enabled information to be made available to her that otherwise would have been inaccessible. It can be speculated, however, that Sally perceives herself to be the dominant or expert partner and by use of the reference of the Community Nutrition Worker as an 'off-sider', suggesting heightened respect for nutrition knowledge over community knowledge. This could be perceived as reflections of a colonial mentality, where power is held by the dominant and where there is a privileging of university gained knowledge including financial remuneration and recognition. Can fault be prescribed or can Sally's actions be read as her 'trappedness' in the colonial structure in which she has been trained and operates? I would argue here that to be a successful remote area nutritionist, any attitudes of superiority and dominance need to be left behind and alternate knowledge and flexible ways of operating need to be embraced, and to nurture such a mentality requires encouragement and support.

2.2 The Un-Learning Journey: Leaving the Textbook Behind

All of the white participants in this research spoke of a fundamental lack of knowledge around Aboriginal health, world view and culture. This illustrates ongoing postcolonial bias and a lack of recognition of history, alternate knowledge and ways of being. Baker et al. (2006:1174) assert that designing and implementing culturally appropriate 'community based solutions to reduce the ethnic disparities in food access' is vital but this is contingent on adequate foundations. Rebecca, a nutritionist who has been in the Territory for 15 years, actively and voluntarily sought course content specific to Aboriginal health issues together with a remote based placement.

> I first came out here with my precious ability coming out and saying you know your child should eat this and they should do this and should do this and having a textbook knowledge of what people should be doing.
>
> (Rebecca: non-Aboriginal Educator - Nutritionist).

Rebecca acknowledges her struggle, a contestation between her Western knowledge and the reality of the situation. She comes clean about 'precious' notions of her ability and 'textbook knowledge'. The perception being if that you have a university qualification that makes your knowledge more significant, more superior, or more legitimate and gives you the right to tell people what to do - an echo of colonial attitudes. Rebecca quickly recognised that this form of knowledge was not what was important (here she rejects the colonial thinking), that it was not about telling people what to do. What was important was the building of relationships and making shared knowledge

appropriate and accessible. Knowledge that may at times contradict the Western knowledge gained during the nutritionist's university training.

An article written by Reeve in *The Chronicle*, a small journal produced by the Northern Territory Chronic Disease Network, honestly describes her experiences working as a graduate nutritionist in remote Aboriginal communities:

> I was very wrong in thinking that I could arrive in a community and inspire change by simply providing education the way I was taught at university. People in communities are sick of health workers arriving in droves with flipcharts and telling people about the way they must do things. Western medical and health concepts are foreign and therefore of little significance to them, making them less likely to be taken on board.

> It took me a while to let go of my desire to use clinical terms and prescriptive dietary advice, switching simple terms like 'tucker' for food and 'big mobs' for large amounts. As English is a second or third language in the communities I visit, I resort to pictures and games to teach basic healthy eating concepts. Times of the day are not separated into breakfast, lunch and dinner as they are for us, and people usually eat as a response to hunger as opposed to a social norm (Reeve 2006:8).

Reeve (2006) outlines the dangers of offering narrow or disease focused dietary advice and states that it is clearly a very biased approach, particularly when it is based on nutritional technicalities and the dominant medical paradigm rather than practicalities. This narrow advice fails to take into consideration market issues such as price, availability and accessibility of food (Kumanyika & Morssink 2006). It also ignores social roles around food

acquisition, food preparation and the demands within households. Reeve (2006) expresses her self-confessed inappropriate approach, believing her legitimate white university knowledge was going to inspire rather than insult. She talks of having to adapt her language so that the advice she offered became more accessible. It is an open account of her coming to terms with needing to work very differently and of her putting aside a Western medical dominant framework to be able to do so. Edmunds (1995) argues that nutrition educators need to move away from hegemonic definitions of the normal, relinquish their beliefs and embrace a new method of working if there is to be any change or success.

Beer (2003:21) also refers to the importance of an individual being able to self reflect 'in order to improve their ways of doing things within a cross cultural situation and to listen to others, who are recipients of any actions'. She argues that this places us (workers in cross cultural contexts) in situations more conducive to being culturally safe. Again it is apparent that self reflection and awareness and the challenge of relinquishing preconceived ideas and assumptions assist in the adoption of alternative knowledge and practices as part of any solution.

2.3 The Failure of Contemporary Imposition

Bailie (2007) states that success is dependent on the use of local knowledge to address local problems and to tailor strategies that address the local enabling or disabling factors. In theorising knowledge production, Burnett quotes

Foucault's notion of a 'return of knowledge', when knowledge was referring to 'particular, local, regional knowledge's that had become disqualified or inferior to dominant knowledge's' (Burnett 2002:6). Sally provides a clear example of an imposed solution, its consequences and its disregard for local knowledge:

> The other point I had was about not imposing our own solutions onto Indigenous people. I have seen some good or bad examples of this from people outside communities … seeing how they think things could be better. For instance, where I was in the Territory there was a feeling from outside that a vegetable garden would be a very good idea for the community.
>
> In theory yes and so it was carried out by community people but from the instructions from people outside and so I could see this happening and right from the beginning I thought this isn't going to work because the community haven't come up with this idea and its carrying out somebody else's instruction and of course it didn't work. It just fell flat. It wasn't really looked after and came to nothing and I still hear it too, people saying oh yes we tried that and it didn't work or something. Its sort of like an outside idea, they try it, nobody comes and they wonder why. I think let the community themselves come up with their own solution and let them implement it.
>
> (Sally: non-Aboriginal Educator - Nutritionist).

This is a direct replication of the imposed postcolonial practice of community gardens evident in the Northern Territory during the 1960s and 1970s. It provides evidence that little has changed in postcolonial attitudes of forcing ideas or actions onto Aboriginal people despite the fact that when ideas or policies are imposed from outside they are generally unsuccessful. Such outcomes demonstrate that success comes with agency and is contingent on

white power being handed over. Aboriginal people need to control, own and empower ideas and interventions if they are to be successful. The role of the nutritionist is to let go of dominance, support the community and assist in the implementation of community controlled programs.

3. Perpetuation of Colonial Power

Postcolonial theory sets out to examine the way in which the colonisers distort the experiences and realities of colonised people, inscribing their inferiority (Lye 1998). This is particularly evident in nutritional text and curricula material where these resources are heavily culturally value-laden and orientated toward the non-Aboriginal perspective. Aboriginal content and knowledge is frequently presented as a tokenistic after-thought. Smith (2003) argues that it is important to examine who writes the nutrition text or message; for whom is the writing being done and under what circumstances. They need to reflect a solid foundation in history, politics and health and an appreciation of place.

Khoury (1998) contends that ethnocentric conceptualisations and paternalistic views of Aboriginal people are reproduced in nutrition texts, resources, documents and reports. Inherent in the language of some of these texts and resources is an exclusion of Aboriginal people. Lawson and Tiffin (1994:142) argue that imperial relations 'may have been established initially by guns, guile and disease, but they were maintained in their interperlative phase largely by

textuality', creating an ongoing discursive and textual reproduction of colonial ideology (Gandhi 1998).

Such distortion leads to unequal distribution of social capital, social status and resources all leading to an imbalance in knowledge and power. An example of this promulgation is in the treatment of the traditional division of Aboriginal food groups versus the dominant culture division. In the non-Aboriginal culture the dominant food selection guide divides food groups into five groups. Whereas for example, for the Yolgnu or Arnhem Land[26] Aboriginal people's classification is divided into two main groups with five or six subgroups. This leads to confusion concerning the relationship between the different classifications and what Yolgnu people may be instructed to do and eat as opposed to their own understanding (Trudgen 2000). Rather than reclassify food groups into alternate models, nutrition educators have largely persisted with the Western model or a universally adapted model meant to accommodate all Aboriginal and Torres Strait Islander people. The underlying message carried with this persistence is that the Aboriginal classification systems have no worth, or that it is too troublesome to incorporate them.

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[26] The Yolngu are Aboriginal people inhabiting north-eastern Arnhem Land in the Northern Territory of Australia. East Arnhem land is a vast tract of nearly 100,000 sq km of land and is one of Australia's last strongholds of traditional Aboriginal culture. It is located in the north-eastern corner of the territory and is around 500km from the territory capital Darwin. The region covers the area of Kakadu National Park and has a population of over 16,000.

Marissa a non-Aboriginal nutrition educator reflects this discourse – one of frustration with the Western food groups not being understood by Aboriginal people. This frustration presents itself as 'something lacking'- an inferior discourse where there is an insistence that Aboriginal people should understand the Western framework of thinking rather than the accommodation of alternate models by non-Aboriginal people.

> … as a lecturer we were teaching really basic nutrition really and just teaching the five food groups and was quite hard to get those basic things across. In European culture it is something that we are brought up with and its things that you are probably learning from the first grade onwards, if not before. So I think when those basic concepts aren't being understood until adult years then it shows that there is something lacking.
>
> (Marissa: non-Aboriginal Educator - Nutritionist).

Marissa can be seen to demonstrate a colonial discourse of 'talking down' to Aboriginal people, portraying Aboriginal people as inferior, only able to cope with a basic level of (Western) nutrition knowledge. Similarly, it echoes the 'Aboriginal problem' that the fault lies with interpretation on the part of Aboriginal people as opposed to the constraints placed on them via a Western orientated curriculum. It echoes the policy of assimilation and the power that such a policy represents, as discussed earlier in Chapter Five.

3.1 The Value of Knowledge

Burnett (2002) refers to the term differential privilege as being linked to the dominance of a particular form of schooling, knowledge and ways of knowing established by early colonial agents. The current situation in the Northern Territory is that new graduate nutritionists are more highly valued than an Aboriginal person who has undergone training in nutrition and may be from or living in a remote community.

> … there are huge amounts of money poured into Aboriginal health, but it's poured into it in a way where Aboriginal people don't benefit by it. Doctors, nurses, trained people go out to communities and earn huge sums of money and they benefit by it, the money that's poured into Aboriginal health, but Aboriginal people don't. They are just band-aid services at the clinic.
>
> (Eliza: Student – Aboriginal Health Worker).

Eliza uses the term 'band-aid' as a metaphor for quick fixes or rapid inappropriate approaches to Aboriginal health, as opposed to long term sustainable and desirable options. Much of the money poured into Aboriginal health pays for the incomes of white health professionals. These professionals have little opportunity or desire for community engagement and relationship building because of the rapid turn over of their positions.

That white people are significantly more financially valued, leads to a proposition that white people are often the benefactors of poor Aboriginal health, serving to legitimatise their superiority and the discourse of Aboriginal inferiority. Such thinking maintains the concept that the

improvement of Aboriginal health is contingent on the power, authority and medical dominance of non-Aboriginal people. It continues Western attitudes of supremacy, privilege and authority. This postcolonial pattern is typified by the 'short term approach'.

> … so I think some of the problems we have is that we have a number of short term positions, short term because we have some short term funding that has come through for different projects from either state or federal government.
>
> (Melissa: non-Aboriginal Educator - Nutritionist).

This pattern which represents a series of 'quick fixes' that more frequently serve the needs of a government and its budget than the needs of the recipients. A flow-on effect is the potential for a manifestation of disinterest or disengagement from nutritionists as there is no security or longevity in their roles. The nature of employment for white people in the Northern Territory invariably means that people will go from one role to the next but the outcomes of such practices are that programs for Aboriginal people are largely ad-hoc, temporary and poorly reflect the needs of the communities.

The market value placed on knowledge becomes evident when viewing the financial value placed on the role of a non-Aboriginal nutritionist as compared to that of local Aboriginal nutrition workers. The wage for a non-Aboriginal nutritionist is considerably higher than for a nutrition worker[27]. The latter is from a community, knows the community and will generally be more effective and have longer tenure. By comparison, it is highly likely that a new graduate may only stay a very brief time and not engage with a

[27] At the time of interviewing a new graduate nutritionist could expect to earn in the vicinity of $60,000 or more per annum while the salary of a nutrition worker would be substantially less, possibly half.

community. The value and priority placed on dominant tertiary knowledge versus local community, traditional and cultural knowledge seems to be completely out of proportion. A long-term resident and employee in the Territory, Lynden talks about this position of privilege and the turmoil it creates:

> Again it embarrasses me that I don't know which week is pay week. I honestly don't. I don't know if it was yesterday or its next Thursday. I honestly don't have money problems and I would expect that most nutritionists working in remote areas or in Aboriginal nutrition are probably in the same boat. They are not necessarily on the bones of their arse. We are privileged people in privileged situations with a privileged amount of education and we simply are doing what's on the job description and I find that offensive and can't think of another word, but it's not ethical in my view.
>
> (Lynden: non-Aboriginal Educator - Nutritionist).

A repeated use of the term 'privileged' highlights some disparity at play. Lynden's view could be viewed as aligning with that of Yew and Goldberg, when Yew (2007) writes that Western academia can be viewed as a manifestation of the luxuries of global capitalism and Goldberg (2004:214) declares that the Western education system, highly accessible to whites, feeds 'property, profit and power'. Lynden recognises the inequity here and questions the ethics of both the system that supports this educational power differential and the individuals benefiting from it. It would seem that Lynden is not suggesting that white health professionals are not needed or are not of benefit, but that they should function differently from what appears on their job descriptions that they should go above and beyond to ensure there are health gains and that social justice is achieved.

3.2 White Nutritionists as Advocates for Change

Robust foundation knowledge allows nutritionists to look beyond the proximal causes of poor nutrition to the causal reasons for it and to politicise these causes. As seen in the data drawn from Lynden's interview below there is strong feeling around the politicisation of injustices in nutrition and about working outside of a job description to advocate for and foster change.

> People who feel strongly about this should do things outside their job description. We as government employees are bound by certain rules and regulations but as citizens and as taxpayers we also have rights to express our points of view and we shouldn't be afraid to do so, or reluctant to do so, to speak up about injustice and lack of social justice. So I believe very strongly that people, who know what is going on, that work in the arena, need to do things outside their job description and outside their hours past 4.21pm, to help stimulate what needs to happen for change to occur. Because unless the issues are politicised they will remain the same.
>
> (Lynden: non-Aboriginal Educator - Nutritionist).

Lynden's plea is not dissimilar to the humanitarian movement of the early 1900s where there was an increased interest in the health and welfare of Aboriginal people.

> I guess that's been my greatest disappointment really. That we are unable to politicise the issues because we are government employees and if we start politicising things as government employees we get into a whole lot of trouble and people are a bit reluctant to politicise things speaking as individuals or even as associations which is another frustration.
>
> (Lynden: non-Aboriginal Educator - Nutritionist).

Lynden indicates that disappointment with lack of progress may contribute to job dissatisfaction or frustration and a resultant resignation, to current conditions being the norm. However, nutritionists not only have an obligation to advocate for food security; so too do governments, academics and nutritionists and all have a social responsibility to advocate for increased commitment to funding, for more appropriately placed funding and for mechanisms and education that can change the future of nutrition. This requires a reorientation within the field of nutrition which needs to be supported from both ends of the spectrum, from health care providers and policy makers to health care recipients. The findings of this research point t the need for much greater focus on issues outside the realm of nutrition, in order to contribute to improved outcomes in nutrition.

4. The Strains of Remote Area Nutrition

Remote area health is now considered a specialty discipline, suitable for individuals who can deal with professional and social isolation (Wakerman 2005). Securing staff in the first instance can be highly problematic and once in the field the professional and social isolation contributes to a high attrition rate. The National Rural Health Alliance (2004:3) argues that even when health professionals are available 'many of them are inadequately prepared and/or supported for rural and remote practice, stressed and overworked'.

> … we have discussed the change-over of staff in time. One clear example is something disgraceful that has happened here and its no one person's fault, its just a combination of events, but we had four different nutritionists, three of them new grads … and I'm not saying new grads are not okay, they require a different level of support and have different experience. Three of them new grads …

> going to one community within a year, they all went once. So that community saw one new face every three months that was it for that period of time. Disgraceful, there is no nutrition work happening in that environment.

> I don't think universities at all gear people for public health specifically but even community nutrition. There is such a limited amount done in the dietetic qualification and the dietetic qualification is where most of the graduates are coming from. So I don't think that gears people well … so I think there is some really big issues in affecting our retaining people here.
>
> (Melissa: non-Aboriginal Educator - Nutritionist).

Melissa highlights the professional and personal strain of working and living in remote areas, which puts pressure on people and results in high rates of staff 'change-over'. Contrasted against repeated highlights by participants that Aboriginal people respond best when a personal relationship has been established and developed.

This collectively contributes to communities having substandard nutrition promotion and prevention, and accounts for Melissa's words, 'disgraceful' when describing how one community is denied the benefit of having ongoing interaction with a practitioner. It means that those who experience poor health also experience poor health care. This experience is similar to the absence of health service provision in early colonial times, where Aboriginal people were not deemed important enough to warrant health care. Melissa also demonstrates the deficiencies of current university training when working in remote community settings. These deficiencies are obvious: ill-

equipped, frustrated nutritionists and continual strain related to issues with the retention of experienced staff.

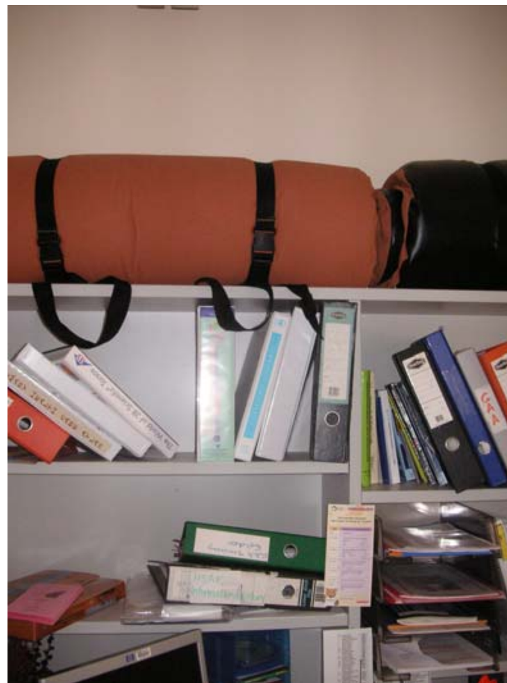

Figure 15: Swags above the Office Desk of a Remote Nutritionist in Alice Springs (Personal Collection).

Working remotely also presents problems with resource availability and understanding. Remote work involves working and living in conditions that may not be desirable and require the ability to be adaptable to any circumstance (see Figure 15). Lynden raises the misconceived expectation that structures, facilities and access are similar to more metropolitan centres, when instead remote nutrition is characterised by lack of food supply, high cost, difficulties in communication and the need for flexible approaches.

> My experience in the hospital really was one of absolute frustration I guess, not being able to make a difference in people's lives and not really having an understanding of the things that affect them in the communities, not really knowing what was available in the stores and having all the problems of trying to work out what

> advice to give. I always had a very strong feeling of uselessness when I was trying to provide advice to people as to how they might change their lifestyle. A large part of that is due to people's reluctance or shyness in communicating with a white nutritionist in an institution like the Alice Springs Hospital.
>
> But it was very interesting and brought out some creativity or need for creativity I suppose. Finding different ways to tell stories or get meanings or concepts across. I don't know how successful I was but it certainly made me creative.
>
> (Lynden: non-Aboriginal Educator - Nutritionist).

Lynden joins other participants who have illustrated the gaps in educational preparation and inadequate orientation to the role. While demonstrating a significant element of self-doubt and an acknowledgement of the fragility in interaction between white nutritionists and Aboriginal people, there is perhaps an undercurrent of non-Aboriginal people feeling their role is one of solely the providers of advice. There is recognition of the need to be creative, but no acknowledgement of needing to examine whiteness and its invisibility. This could be interpreted as having to find a method to confer or deliver information rather than a method of empowering structural and institution changes.

In this sense the role of a remote nutritionist needs to be in part community development officer or advocate, so that larger issues affecting nutrition can be addressed. It means that nutritionists need to be conversant with broader agendas than that of just nutrition; as such a narrow focus may not be well received by the community. More importantly the community may not be in

a position to be open to considering recommendations or suggestions, due to years of colonial suppression, oppression and marginalisation.

4.1 Support for the Nutritionist on the Ground

The lack of professional mentoring and support structures results in the difficulty of retaining nutritionists. As mentioned previously the majority of people employed in the Northern Territory, either as nutrition lecturers or as nutritionists, are new graduates straight from university. The Territory is seen by many to be an unappealing location.[28] This difficulty of attracting staff is exacerbated by high turn over of experienced staff resulting in new graduate practitioners having to learn experientially. The outcome is that inappropriate practices can often occur:

> The other thing that we do is largely recruit new graduates or fairly new graduates, fairly young people which is not actually what our job description suggests we want, so that makes it difficult.
>
> (Melissa: non-Aboriginal Educator - Nutritionist).

Melissa raises the issue of attracting nutritionists other than new graduates. The intention is not to devalue new graduates but to highlight the difficulties encountered when employing people who have no experience together with

[28] Like other professionals – teachers, doctors and lawyers they are more attracted to work in the large metropolitan cities or centres. It is also unappealing because mid stage career nutritionists have families and are therefore limited in the amount of travel and time away from family that they can do, as travel to remote communities is an expected component of all nutrition work in the Northern Territory. There are also limited opportunities for career progression, due to the small number of positions available.

little or no exposure to Aboriginal health issues, due to gaps in training. These difficulties are compounded by a lack of support on the ground.

A lack of ongoing post-graduate support is more evident in nutrition than in other health professions. Nursing for instance has the Council of Remote Area Nurses of Australia (CRANA). This council recognises and addresses the potential for professional isolation and stress. One of the strategies to assist remote area nurses is the availability of a 24 hour crisis telephone counselling and debriefing service (Ellis & Kelly 2005). For nutrition staff such formal services are absent and any opportunity to debrief is typically ad hoc and informal at best. One obvious solution would be greater promotion of well-trained Aboriginal people within the nutrition workforce.

5. Taking the Reins: Aboriginal Career Pathways

Knowledge and learning about food and nutrition are not modern phenomena. It is only the manner of teaching and the content which have changed since colonisation in Australia. It is clear that Aboriginal people have vastly different nutrition needs and health behaviours from those of the dominant white culture (Lupton & Najman 1995:20), but it was not until the 1980s that nutrition programs started to consider or incorporate these different needs. In addition, there was and still is a lack of acknowledgement or narrative about the importance of supporting Aboriginal people to be trained in appropriate courses in nutrition and obtaining nutritionist

positions. This would have a significant effect on access to nutrition services and successful nutrition outcomes for Aboriginal people.

5.1 Historical Nutrition Education of Aboriginal Health Workers

The first formal Aboriginal Health Worker (AHW) training in the Northern Territory commenced in 1973. Until then Aboriginal people had been employed as medical assistants. In 1975 the Central Australian Aboriginal Congress (CAAC) Aboriginal Health Worker training program was initiated, followed in 1977 in Utopia, 1978 in Papunya and Pitjantjatjara, 1984 in Kintore and Anyinginyi Congress in Tennant Creek. Wurli Wurlinjang in Katherine commenced in 1990, Danila Dilba in Darwin in 1991 and Miwatj in Nhulunbuy in 1992 (Condon, Warman & Arnold 2001). Interestingly, and many nutritionists would suggest unfortunately, nutrition has not always featured strongly or indeed even been an element in this training.

> But like in the health workers course as well, only one week on nutrition. I don't think that is really enough, but then again nutrition nearly always comes up in every module that you do so that's good but I think that it needs to be a little bit longer and in depth.
>
> (Tracey: Student – Aboriginal Health Worker).

Historically, 'short courses in nutrition education have fulfilled certain community roles and have been devised to meet pressing current community needs but have provided no pathway to further educational expansion' (Public Health Association of Australia 2006:online). Training Aboriginal

Heath Workers in food and nutrition has largely been via unaccredited courses and often in an ad hoc manner. The Public Health Association of Australia (PHAA) asserts that the units covering nutrition in the Aboriginal Health Worker training certificates have frequently been the electives only, or units containing inappropriate or out of date nutrition information (PHAA 2006).

Provision of on-the-job and community based training has been identified as a critical factor in Aboriginal Health Worker training (Tregenza & Abbott 1995). The success of this type of training is dependant on support being provided in the workplace. A report written in 1977 stated that all Aboriginal and non-Aboriginal health professionals have 'an obligation to train Aboriginal Health Workers, which will encourage further participation in health service by Aboriginal people and promote community development' (Northern Territory Department of Health 1977:11). Such training would need to be captured in the role descriptions of health professionals, however, difficulties would still be presented by the rapid staff turnover (Harrison 2000).

Harrison (2000:36) states that 'all key reports relating to Aboriginal Health Worker training mention the need to provide cross cultural training for the non-Aboriginal people working alongside Aboriginal Health Workers'. Further, health professionals need orientation to the region, the community and its culture (Schofield, Boughton, Tsey, Warchivker, Wakerman & Lenthall 1999).

Training institutions such as Bachelor Institute have been successful in providing off-the-job training to those that are able to leave their community to access the training, but do not provide support for the health workers to build on their training once in the workplace (Schofield et al. 1999).

Rebecca provides evidence of a model that was trialled in the 1990s, in which nutrition education was delivered on site in remote communities in Central Australia, based on a Certificate I level course from Pundulmurra College of Technical and Further Education (TAFE) in Western Australia.

> There was the course from WA, Pundulmurra, so that was quite good in terms of having some work books and having some framework and going through that, but also giving them something at the end. The other really nice thing about that was that it was to be delivered out bush ... I really tried to focus on the same sort of thing which was training and up-skilling community based workers.
>
> (Rebecca: non-Aboriginal Educator - Nutritionist).

Rebecca provides evidence of the influence of the white Eurocentric comprehension of how education should be – that there should be workbooks, a framework and a certificate at completion. What is important is that nutrition information should be current, evidence based and related to current problems as seen by health authorities and nutritionists, but more importantly it should be related to the needs of people (Clements 1986). It should be firmly fixed on a preventative focus and enable the students' entry into all levels of a career structure.

5.2 Education Privileging

One of the contemporary problems is that in the Territory, nutrition training for Aboriginal people is currently only offered by Batchelor Institute. It involves enrolment in a bachelor degree with subsequent fee liability. Due to the quality and content of the course it does not enable Aboriginal people to compete for nutritionist positions within or external to the Territory and is not recognised for registration with the professional registration body. Despite this obvious barrier, the expectation is that it is acceptable for students to undertake the course, which is the same or similar in length to courses taken at universities where white nutritionists are trained, but be restricted by eligibility, for the same positions and rewards. This unethical and immoral policy raises questions about power inherent in education and the resulting career limitations for Aboriginal people.

> I just feel that its of a lower standard and for somebody like me who has worked in health all my life, I probably didn't even need that type of training to work in a community to help support my own people and help them. I could already do that so in a way it hasn't really given me anything because I can't take over any of the jobs that are available because it doesn't give you a standard that is required to work in those positions, so I think … it's pushing people through, just getting people through the door rather than getting people through with a certain standard.
>
> (Eliza: Student – Aboriginal Health Worker).

The fact that the quality and delivery of the Institute's course is deemed insufficient to warrant professional registration, is extremely limiting and frustrating to many of the graduates. It demonstrates a racist expectation that Aboriginal people should tolerate substandard education. It simultaneously

denies the legitimacy and place of Aboriginal knowledge and clearly articulates a power differential. Eliza was not alone in voicing her concerns about this practice:

> Last year when we told this nutrition course was leading to nothing, I say nothing in inverted commas, because it was not up to again - the white man's nutrition course, well what the hell are we doing here.
>
> (Tracey: Student- Aboriginal Health Worker).

The Institute was conceived based on notions of making practical education accessible to remote Aboriginal people, but Tracey's comments present evidence that the institution might be perpetuating racial inequalities and discrimination. Over the years funding has been an issue and the original concept of the Institute has to some degree been taken over by a business focus. The redesigning of the course has resulted in it being one that offers little practical application or job prospects upon completion. It is not supported by industry, students or practitioners.

> Colleges push a lot of people through training, but there is nothing out there for them when they are finished and they pay a lot of money to receive that training and its poor standard, poor quality. My experience was that in one year I paid HECS fees for four modules and two of those modules I didn't have a lecturer for and the other one was we just had people filling in. So I felt what was supposed to be taught wasn't being taught and somebody just had to throw it together very quickly. So that was hard.
>
> (Eliza: Student – Aboriginal Health Worker).

A poor standard in training is a feature replicated through the provision of many colonial services over time, with Aboriginal people being subjected to poor housing, poor health care, substandard living conditions, below award incomes and inadequate diets. This situation is an illustration of colonialism and discrimination at their worst.

5.3 Career Pathways

Palmero and Mitchell (2002) demonstrated that one of the barriers to healthy eating identified by Aboriginal people was the absence of an Aboriginal nutrition workforce. They found that a specifically allocated Aboriginal nutrition worker could provide a unique understanding of the community and that nutrition outcomes would be enhanced as a result. Likewise Queensland Health (1994) documented that the best returns in the delivery of primary health care was through appropriately qualified Aboriginal health professionals.

The number and availability of Aboriginal staff is undoubtedly an important factor indicating whether Aboriginal people will access health services (Trewin & Madden 2005). However, results of the 2001 census indicated that Aboriginal and Torres Strait Islander people represented only 1% of those employed in health related occupations and that only 0.9% of employees in nutrition and dietetics were of Aboriginal or Torres Strait Islander background with the remaining 99.1% being non-Indigenous (Trewin & Madden 2005). McGrath (1995) suggests these low rates are due to tertiary education acting as a bastion of colonialism and as such Aboriginal people reject it and leave with a determination to achieve their ends without being

subject to such Western hegemonic institutions. Education biased toward the biomedical model, unobtainable career pathways for Aboriginal students and the inappropriate preparedness of nutrition graduates are all examples of the inequity prevalent in current nutrition programs and are symptomatic of the residual effect of colonisation.

The Public Health Association of Australia states that investments should be made in developing the expertise of Aboriginal people in nutrition to ensure their participation at all levels of the food and nutrition system. All health professionals need to advocate for and create structures that can support career entry and advancement for Aboriginal people. It is essential that this extends beyond Aboriginal Health Worker level positions and permeates through the hierarchy of health. Employing Aboriginal people in a range of careers is integral to increased acceptance, respect for Aboriginal knowledge and economic independence.

Recommendations from the *National Nutrition Networks* conference held in Alice Springs in March 2008 captured Aboriginal people's views on nutrition career pathways. The recommendations captured under the theme of - strengthen the nutrition workforce working with Aboriginal and Torres Strait Islander populations, included:

- Increased funding for dedicated permanent Aboriginal and Torres Strait Islander nutrition positions across the workforce spectrum.
- Establish career pathways, and increase retention rates for Aboriginal and Torres Strait Islander staff in the nutrition workforce; providing

support through 'two way' mentoring programs and formal accredited training.

- Increased and sustained financial support for Aboriginal and Torres Strait Islander men and women to undertake undergraduate and tertiary nutrition training through funding schemes, scholarships and cadetship programs.
- Nutrition units to be included as core units in the community care stream of the National Aboriginal and Torres Strait Islander Health Worker training package (National Nutrition Networks Conference 2008).

In addition there needs to be continual advocacy for implementation of the cultural respect framework to ensure Aboriginal people are valued for local nutrition knowledge around cultural processes. The subsequent role modelling and generational influence within communities cannot be underestimated. It is only then that compliance, respect and nutrition outcomes will improve.

6. Summary

This chapter highlighted the complexities and gaps in training, support and lack of cultural competence for nutritionists. It raises the concern that poorly prepared nutritionists may not only be ineffective in their roles but may be contributing to practices that reflect the legacy of colonialism and are detrimental to the health of Aboriginal people in the Northern Territory. Nutritionists have a social responsibility to shift out of these practices and to advocate for increased commitment to funding for Aboriginal health. Nutritionists need to be driven by issues of equity, human rights and social justice.

It is also vitally important to increase Aboriginal representation in the field of nutrition so that information and education becomes more accessible and so the most appropriate nutrition messages can be conveyed in a culturally relevant way. This is reliant on appropriate and accessible education for Aboriginal people at all levels. It requires liberation from the practices of denying Aboriginal people access to education, not providing appropriate education or rendering it inaccessible.

CHAPTER 10

HUNGER FOR JUSTICE: RETHINKING POWER AND REPRESENTATION IN NUTRITION

Self awareness may not change the world but it changes people

(Connelly 2002).

I set out on this research journey as a result of my own professional and personal challenges and conflicts and as a result of the many conversations I had with colleagues about similar challenges and conflicts. I embarked on the journey to answer three questions:

- How have postcolonial policies and practices constructed the circumstances evident in contemporary nutrition for Aboriginal people in the Northern Territory?
- How have postcolonial policies and practices constructed the educational experience of nutritionists and nutrition students?
- How can policies, practices and the lived experiences of participants inform and guide new directions in contemporary nutrition for Aboriginal people in the Northern Territory?

In returning to these questions, I can conclude that the journey has resulted in enriched learning and deeper understanding of the issues impacting contemporary nutrition in Aboriginal communities. It has led to a heightened awareness of my own practices and those of other nutritionists and health

educators. The research provides a much-needed archival piece that traces the story of Aboriginal nutrition and sheds light on the incredible impact history has had on its course. It confirms that a new paradigm surrounding nutrition is needed; one that looks through a lens of human rights. The journey has also unearthed additional issues for further contemplation and resolution.

Taking postcolonialism as the theoretical perspective, I claim that the largest contributing factor toward the past and present poor nutrition status of Aboriginal people is the historical legacy of the colonial experience and the consequences of ongoing neo-colonial policies. I presented the narratives of 28 participants in order to extract the true position of contemporary nutrition in the Northern Territory. Critical Discourse Analysis (CDA) was ideally positioned as an analytical framework to investigate these narratives and the sites of difference of which they spoke. I was able to examine the macro issues of social formations, power and knowledge and conduct micro analysis of the intricacies of participants' voices. All of the participants demonstrated a juggling of 'professional and personal subject positions inside contexts of difference' (Connelly 2002:251). They recounted events and raised questions about the role that education and government policies and practices play in maintaining power and dominance in a postcolonial context.

The research took me to a conceptual place where it was revealed that the relationship between poverty, power, social exclusion and malnutrition is unambiguous. As I delved more deeply into postcolonial nutrition it became clear how food has been used as a colonial weapon to wield cultural and

political power, to cause damage and to create instability in nutrition and survival. Food, nutrition and feeding practices are unmistakably intertwined in postcolonial history and are unquestionably part of 'historically determined relationships of dominance and subordination' (Gandhi 1998:2).

The intention of the research was to articulate the historical context of Aboriginal nutrition in the Northern Territory in order to improve the approaches of white nutritionists in rural and remote settings in Australia. It was conducted with the aim of reporting and describing the story of current and past nutrition practices, so that nutritionists and health educators could develop new understandings of how to operate more effectively in such a context. It aimed to contextualise nutritionist's preparation prior to the commencement of remote area work and thus enhance their interactions with Aboriginal people. The research outcomes serve as a source of information for nutritionists, policy makers, educators, nutrition planners and nutrition project implementation teams. All of whom are involved in the initiation, development, implementation and evaluation of projects related to Aboriginal nutrition.

1. The Research Questions

The voices of the participants, historical and contemporary documents and my own voice collectively provided responses to the three research questions. In response to the first question:

- How have postcolonial policies and practices constructed the circumstances evident in contemporary nutrition for Aboriginal people in the Northern Territory?

It was found that postcolonial policies and practices have a significant impact on contemporary nutrition for Aboriginal people in the Northern Territory, although rarely identified as such. What was articulated most frequently were adjustments, challenges and disillusionment presented by the place and context of the research. This included marginalisation, long term inequity, suppression and oppression and significant power differentials; all contributing to poor nutrition outcomes. There was frustration over incidents in which individuals felt they had no agency but when the cloud of postcolonial power and suppression was pulled away, it was clear that their individual agency had contributed to outcomes. There were varied levels of awareness about power and whiteness and the barriers they presented. This manifested as participants' 'dislocations present[ing] an incongruency between their values and beliefs and the notion of justice, and the values and beliefs of Indigenous communities' (Connelly 2002:255).

In respect to the second question:

- How have postcolonial policies and practices constructed the educational experience of nutritionists and nutrition students?

The inquiry revealed adherence to the dominant discourse of Western knowledge. I rationalised this by examining how the educators were educated and drew out the absences explicit in their education. These included a lack of recognition of the power appropriated by virtue of their adherence to dominant discourses found in the education canon.

Spoken discourses were those of deficits and difference. It became apparent that changes such as enhanced valuing and recognition of Aboriginal knowledge were needed. Understanding and appreciation of Aboriginal health and the introduction of cultural competence were also called for.

Finally in attempting to address the third question:

- How can policies, practices and the lived experiences of participants inform and guide new directions in contemporary nutrition for Aboriginal people in the Northern Territory?

It was found that what was spoken most frequently and explicitly was the desire and need for new directions in nutrition. There were repeated articulations of wanting to make a difference. I shared with the 'educator' participants the quandary of how I could be a better nutritionist within the given context and shared the sense of being overwhelmed by circumstances much larger than myself. I recognised that it is collective agency which forces changes. As the researcher of this question, I believe that much more can be done to reveal ways forward and I suggest that this inquiry needs to remain a priority for more specifically focused investigation.

2. Changing the Legacy of History

The research conducted a historical exploration of nutrition policy and practice in order to inform current situations and future practice. It sought to examine the relationship between culture, knowledge and power over time. It was found that dominant white colonial constructs still maintain power and those working in the field are unaware of this maintenance or are apprehensive of releasing it from their grip. Recent studies have 'tried to recover the decentred narrative, the local discourse and the particular experience of the oppressed and marginalised' (Bayly 2000:21). Doing so provides recognition of local ways of knowing and local knowledge which needs to be given far more value (Burnett 2002).

The research demonstrated that all approaches to improve Aboriginal nutrition need to be inclusive of Aboriginal knowledge and driven by Aboriginal needs. The participant voices questioned how Aboriginal knowledge and Aboriginal needs had previously been incorporated and collectively called for them to be more seriously considered in future nutrition policies and programs. They clearly expressed a need for action to speak more loudly than the rhetorical promises of the past.

In recounts of historical and contemporary times, Aboriginal people are too often represented as being absent of any agency. The research attempted to avoid portraying Aboriginal people as victims. It demonstrated that when Aboriginal people resisted or rejected advice it was often a form of agency;

that of exercising their power against colonising approaches. Other forms of agency were evident where Aboriginal people made changes themselves. The Aboriginal participants' voices powerfully demonstrated this agency, even though at times it was seen that they, like the white nutritionists, were caught-out by neo-colonial discourses and overpowered by the discourses of the dominant.

3. Strengths and Limitations of the Research

The breadth and scope of this research offers an inclusive holistic view of the issues under study – this could be conceived of as a strength. As a qualitative exploration of historical and contemporary nutrition in the Northern Territory it sought to explore issues from a multi-disciplinary perspective. It incorporated aspects of Australian history, anthropology, sociology, pedagogy, politics, population health, nutrition and community development which has served to add substance and depth. To navigate a clear path through this complex issue required a versatile yet rigorous analytical approach. The use of CDA allowed the broad scope of the project to be tackled at the macro level whilst integrating the participants' voices with historical and contemporary themes. All of this was supported by my experience as a participant observer thus delivering a robust and multifaceted commentary on the issues. Such qualitative analysis is an original and ground-breaking research approach in public health nutrition. The use of such an approach allowed the issue to be examined outside of the typical biomedical model, and provided a perspective incorporating a strong element of social justice.

The project tackled previously explored and related aspects such as colonialism and power with an innovative and novel focus. Using the hypothesis that nutrition and nutrition education are subject to privileging, colonial control and power, presented a new dimension to the field of research and opened up a space for improved decision making and future action.

An attempt to encompass such a large body of data, historically spanning food and nutrition from the late 1800's to the present, and recounting it through the voice of participants, can result in the scope being at once enlivened and at the same time limited. On the one hand, the use of participants' voices accented the historical analysis and led the investigation of the research questions thus introducing a real and contemporary aspect to the research. On the other hand it also limited the focus of the study as it only used their responses not others. The data collection constitutes but one story, one slice of archival data – it was not meant to represent the whole 'truth' of the moment nevertheless it is the 'truth' for those on the ground.

Presenting the evolution and history of nutritional practices in the Northern Territory allowed the colonial legacy to be investigated and the effects of power and knowledge to be closely examined, but at the same time it could have been diminished by the fact that the participants had only experienced the past 30 years of this period. This effect is partially offset by the rich oral tradition of Aboriginal people which provided a cultural mechanism to deal with this inter-generational knowledge transfer.

Further enhancement of the research may have been possible with the additional inclusion of 'grey literature' written by Aboriginal people and further recognition of educators who have tried alternative or non-standard approaches to nutrition. The ambitious scope of the research prohibited the comprehensive inclusion of these information sources.

Finally, nutrition policy and practice in the remote communities of the Northern Territory is constantly changing and evolving. For example, since conducting the participant interviews and undertaking the analysis there have been several significant political developments including the Northern Territory Intervention and the 'Apology'. These political actions and practical health initiatives such as the movement of the *Close the Gap* campaign to a funded initiative under Council of Australian Government's Indigenous Health Reform Agenda have not been fully evaluated in the research. This is a limitation but is also the nature of research conducted at a specific period within the Northern Territory.

4. Recommendations for the Government Resolution of Injustice

Any improvement in nutrition depends on social liberation and needs to be approached from three different sectors – the government, the academic environment and the practitioner. It is 'widely accepted that the political and social origins of Aboriginal health mean that solutions to problems will require political and social change' (Golds et al. 1997:386). At the governmental level, reduction in nutrition inequalities can occur via increased

funding, the adoption of appropriate community based actions and changes to federal, state and territory polices. This requires a focus on redistributive economic policies (Pearce, Dorling, Wheeler, Barnett & Rigby 2006). Nutrition educators, policy makers and nutritionists therefore need to advocate for a well founded comprehensive sociological approach to nutrition. Such an approach moves beyond the dominant and ineffectual method of encouraging improvement in individual dietary intake (Toledo & Burlingame 2006). Medicalising social problems is futile, as are top down approaches to health interventions that show little regard for community ownership (Parker et al. 2006).

To acknowledge that improvements can only be made through linking with the broader context of social justice, there needs to be a cultural shift toward improving the social and political determinants of nutrition (Brewster 2006). However, overcoming entrenched medicalisation, and looking beyond the biomedical model focus and the residual postcolonial attitudes of health practitioners are all necessary before success in nutrition can be realised.

In addition, governments need to disentangle themselves from the influence of large commercial companies and 'provide nutrition facts free of commercial influence' (Stanton 2008:1). The government needs to be a leading advocate for health rather than for business or profit and recognise that the returns on investments in health are far more significant, both in dollars and societal benefits.

4.1 The Real Closing of the Gap

It is important to note, that it is not a deliberate deception when a metaphor such as 'closing the gap' is used, but it should be challenged because it masks the fact that the means of improving circumstances for Aboriginal people is not easy to articulate. Ultimately better understanding of the constantly evolving contexts in Aboriginal health should be sought, but at the same time politicians have to speak about what they are realistically going to do. This is a challenging task so it is not surprising that governments latch onto metaphors and imagery.

Despite the insistence of the *Close the Gap* campaign, statistical equality can not be achieved within a generation (Altman, Biddle & Hunter 2008). Measures of success need to be reset so that they are appropriate and achievable. They should be about restoring the balance of power in Aboriginal communities. The Northern Territory Intervention legislation has invited further questions about the balance of power and the moral legitimacy of the Australian Government in stripping Aboriginal communities of rights and contravening the *Racial Discrimination Act*. It asks us to examine whether the benefits of quarantining Aboriginal and Torres Strait Islander social security payments needs to be outweighed against the cultural and economic consequences. As quarantining money could increase the cost of food, given the monopoly of gift cards for confined spending similar to vouchers for ration supplies, and constrain savings patterns. Altman (2007) writes that the real emergency was the decades of government neglect. This research has clearly illustrated that ongoing postcolonial neglect has led to inadequate and

unequal experiences in nutrition.

4.2 Politicisation of Nutrition

Unless increased investment in infrastructure (stores, transport and health workforce) is forthcoming, the challenge of improving Aboriginal nutrition will remain problematic. The research demonstrates that healthy food needs to be made accessible through socially and culturally acceptable means. This requires a shift away from white dietary dominance and dietary acculturation. It requires nutritionists to acknowledge and respect food's association with cultural identity, traditional practices, spiritual health and knowledge. It requires understanding that food carries with it messages about social relationships and value systems. Simply making an isolated dietary recommendation will not create change if it does not take into consideration the context of deeper meanings and the postcolonial impact.

Nutritionists and health educators need to be more sensitive to the relationship between Aboriginal culture and food and its fragility as a result of colonial ascendancy. They need to make recommendations, policies and programs and produce changes to infrastructure, such as community stores, that are cognisant of this damage.

4.2.1 Transformed Approach in Stores

Remote community stores operate in a different cultural setting to rural or urban stores throughout Australia. Remoteness frequently results in the community store being the only source of food supply and therefore it has an important role to play in the community as an essential service. Healthy stores have the capacity to foster employment opportunities, cultural exchanges and have a significant impact on the health and economic outcomes of communities.

While the store is isolated, it is not immune to the external influences of profiteering and marketing. Control exerted through the establishment, operation and management of community stores was described by the participants. It was revealed that they were largely a negative influence and represented in many cases ongoing postcolonial power and dominance. The research illustrated the imbalance of power that is embedded in postcolonial practices, which manifest in store operations. Such impacts urgently need to be addressed so that sustainable nutrition outcomes can be achieved. The research therefore highlighted the power position of the stores and supported the call for store policies to be made compulsory. The implementation of such policies should be vigilantly monitored and close regulations placed around store management. Store policies need to encourage easy access to a healthy food supply so that food is available at affordable prices and in good condition. The recent *Northern Territory Intervention* has tried to improve this situation with the implementation of store licensing. This component of the intervention needs to be ongoing and guidance needs to be provided.

It is also vital to change the 'for profit' status of stores and to ensure there is increased community collective or cooperative ownership. In the shorter term, frameworks such as the Outback Stores model should be fostered, as they have benefits with regard to improving 'economies of scale and centralised buying power' (Altman & Jordan 2009:5). It is also important to ensure food transport is more affordable and that it does not impact detrimentally on the price of food. It is essential to decrease the possibility of 'monopolistic freight companies' charging excessive prices (Altman & Jordan 2009:4).

In the attempt toward 'closing the gap' the health sector has increased responsibility to improve the situation of inadequate nutrition. In addition to this campaign, there is currently proceeding a Senate Standing Committee inquiry into *Remote Community Stores in Aboriginal and Torres Strait Islander Communities (2009).* Key aspects which hopefully will be addressed in both the inquiry and in the *Close the Gap* campaign are the affordability of healthy food and remote store management. The Council of Australian Governments (COAG) development of a remote Aboriginal and Torres Strait Islander food security policy by December 2009 may hold some promise in this regard. These are not new concerns and recommendations have been made previously by others; the challenge this time lies in them being heard and acted upon.

5. Implications for the Academy: The Study of Nutrition and Dietetics

There needs to be an enhancement of the current education system, thus enabling awareness and understanding on the part of both non-Aboriginal and Aboriginal people who study nutrition. There is an urgent need to move away from the dominant discourse of Western science and 'its authority over marginalised forms of knowledge' (Giles, Malin & Harvey 2006:99). This research advocates that educational and ideological differences must be considered in the design of nutrition education programs (Langenberg, Kuh, Wadsworth, Brunner & Hardy 2006:2216). This requires a review of the traditional Eurocentric curriculum and an examination of postcolonial pedagogical practices in classrooms (Gandhi 1998). Ultimately, it will extend to a comprehensive revision of nutrition related texts and resources. Unless such material is incorporated into the curriculum, sensitivity and understanding of these issues will never occur and people will remain ill equipped to respond effectively to Aboriginal people's needs.

An accepted recommendation in the 2001 *Government Response to the House of Representatives Inquiry into Indigenous Health* was that all undergraduate and postgraduate health science courses contain a cross-cultural awareness component. As well as covering the current health status of Aboriginal and Torres Strait Islander Australians and the factors contributing to ongoing social and cultural disadvantage (House of Representatives Standing Committee 2001). This recommendation recognised that studying history and postcolonial polices enables people to identify and understand the historical effects of colonisation on Aboriginal nutrition. In light of the research

findings, this recommendation needs to be mandated in order to effect change to the preparation of nutritionists and other health workers who will work within Aboriginal communities.

Another conclusion that can be drawn from the research findings is that training in nutrition and dietetics should include an opportunity to gain understanding of cultural food selection and preparation methods; knowledge of cultural eating patterns, application of the 'stages of change' models in dietary intervention and familiarity with the latest findings regarding the nutrition status of various cultural groups. Skills taught should include:

- the ability to utilise nutrition promotion strategies that are culturally sensitive and that differentiate between individual and universal care,
- the ability to use cultural knowledge and materials for appropriate nutrition intervention and
- the ability to incorporate and evaluate new research and knowledge (Stein 2004).

In addition to preparative knowledge, nutritionists need to be practically equipped for working with Aboriginal people. Remote and rural placements during training should be strongly encouraged or made compulsory, as the value of these remote placements cannot be over emphasised. They have a twofold function, firstly to provide the student with a valuable rural and remote cultural experience and secondly, to expose them to an area of work for which they might not have realised their suitability.

Universities need to reconceptualise the curriculum of health programmes to be inclusive of both academic knowledge and practical skills; this would enable health professionals to more effectively engage in the social, cultural and environmental contexts of remote Australia. If such programmes were introduced graduates would have an enhanced understanding of Aboriginal nutrition issues and their causative factors. It may also result in situations where nutritionists may choose to engage with Aboriginal communities and stay for longer periods of time – thus increasing continuity; improving currency of relationships and providing sustained delivery of appropriate services.

It is the responsibility of academics in the field of nutrition 'to link their work to the many issues of injustice and inequality operating in the world today' (Young 1999:30). The same strains of thinking are presented in the voices of the participants who call for a redirection of their work towards the righting of wrongs and the transformation of the systems that produce them. The result is the need for a more culturally and socially grounded human rights based approach to University education.

5.1 Research

Academics, nutritionists and practitioners must 'genuinely engage with Indigenous concepts of health and foster the trans-disciplinary research' required to underpin policy shifts (Burgess, Johnston, Bowman & Whitehead 2005:121). This thesis calls for further research into the social, political and

cultural dimensions of nutrition, health and education; all of which are important in understanding the impact that culture has had on perceptions of nutrition and health (Lambert & McKevitt 2002). Currently the seriousness and gross inequity of the situation is not reflected in the ratio of research dollars dedicated to this field. Anderson (2005:81) writes that 'in the applied area of public health nutrition I would support any opportunities that encouraged a strong dialogue between researchers and practitioners'. The dialogue needs to be structured and outcome focused with a clear vision of the benefits, rather than research for research sake, providing little advantage to Aboriginal people.

The research has raised further questions. Examining these questions and developing practical ways forward, so that a change in the structure that nutritionists are trained and work within, form recommendations for further research. It may be useful here to consider theories of adult learning, appreciative inquiry and empowerment. Further research should demonstrate knowledge of the field adult learning principles through analysis and synthesis of the contemporary literature in adult education, pedagogy, teaching and learning and learning styles, such as the need to acknowledge and incorporate adult student's knowledge, attitudes, values and skills.

6. Rethinking Practice: The Nutritionist

Conclusions can be drawn from the findings that changes also need to be made by nutritionists themselves. Nutritionists need to question and reflect in order to understand Aboriginal culture and nutrition paradigms. It is vital

to create a culture that 'empowers health professionals to think about their own practices and to develop innovative and creative forms of professional care' (Wearing 2004:232), care which extends their practice and their abilities. Such action requires an understanding of the postcolonial impact on the places and people with whom they are working and specifically 'implies professional competence to work outside of clinical contexts' (Cannon & Leitzmann 2005:688).

Deep understanding results in positive outcomes, which are achieved by improvements in interactions between provider and client and by paying attention to the quality of the relationship and most importantly providing attention to 'history, time and trust' (Towle, Godolphin & Alexander 2006:345). In this sense, our nutrition knowledge may be our greatest barrier.

To overcome any barriers, white nutritionists need to first gain an understanding of what constitutes culture, cultural diversity and the paradigms of nutrition for Aboriginal people. They need to then relinquish power prior to local Aboriginal communities assuming it. Simultaneously they must expose themselves to questioning and self analysis to unearth political motivations and reflect upon the delivery of nutrition education and programs. The message here for nutritionists is that they need to transform dietary practices by making recommendations that will work with the traditions of Aboriginal people and not against them. Nutritionists need to work within an empowerment framework, working with Aboriginal people to explore answers for the following questions:

- What types of nutrition education programs are being/were selected?
- What factors influence their selection?
- What experiences within these program are valuable or not and why?
- What effect will the program have?
- What way is Aboriginal people's cultural identity linked to personal identity and how is this linked to nutrition?
- What involvement does the community have?
- What benefit does it provide to the community?

Those involved in remote health care need to become personally and politically engaged. Nutritionists and health educators working in remote areas need to expand their thinking around the context of their job description. They need to go beyond the primary focus of their role so they can contribute toward addressing the social, political and environmental causes of nutrition related disease. They need to clearly make a connection between politics, their work and the righting of wrongs. This can be practically implemented by ensuring job descriptions reflect this different approach or paradigm and that nutritionists be appropriately and adequately orientated to this approach.

6.1 Seeing from the Other's Perspective

It has been suggested that health practitioners should 'challenge [themselves] to see the world from the perspective of those whose health we seek to promote' (Schultz 2006:4). There are immense benefits in immersing ourselves

in the ‘thinking of the people, gaining empathy with their motivations rather than simply proffering good advice’ (Cawte 1996:9).

The participants spoke clearly of the need for enhanced communication, citing poor communication as a major impediment to improvements in health outcomes. We need to alter our language if we are to collaborate with anyone other than those who are well versed in the same language (Davies 1998). Pragmatically this may mean non-Aboriginal health practitioners need to speak or write differently with Aboriginal people than with non-Aboriginal people.

This challenge requires a level of trust and in part explains why progress to overcome cultural barriers and improve the health of Aboriginal people has been long and difficult. If we do not meet this challenge, our political goal to redress injustices would appear little more than words. Words that are frequently not understood by their intended audience.

7. Define, Build and Promote an Aboriginal Workforce

Strategies drawn from the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP) include ‘defining, building and promoting the vocational status and workforce opportunities of the Aboriginal and Torres Strait Islander nutrition workforce’ and ‘advocating for

Aboriginal and Torres Strait Islander nutrition to be incorporated into existing nutrition training for non-Indigenous health staff' (Laurence 2007:3).

As it currently stands, the funding of NATSINSAP is short term and its future is unknown. However, values that drive the remuneration of white nutritionists currently align with concepts of white power and the value placed on dominant knowledge. These values need to be redefined and realigned so that value is also placed on Aboriginal knowledge, together with ensuring increased Aboriginal representation in the field of nutrition.

Education has the capacity to lead to improved health, improved socioeconomic status, enhanced resilience and improved access to health services. This is reliant on appropriate and accessible education for Aboriginal people. The outcome of which is that increased Aboriginal representation in health practitioner positions has direct health outcomes. The value of these outcomes cannot and should not be underestimated.

8. Hunger for Justice

The potential to advance a number of issues within a social justice/ human rights framework are offered via the research outcomes. I present the proposition that the role of nutrition in achieving social justice is highly significant, as adequate nutrition is essential in attaining complete physical

and mental well being; it affects growth, strength, educational outcomes and health throughout people's lives (Broomhead, Whaleboat & Williams 1995).

The poor state of nutrition among Aboriginal people was found to be a clear representation of inequity and a challenge to human rights (Blashki & Brown 2005). It is evident in the findings that Aboriginal people require special and additional consideration as 'their historical status as Australia's first peoples, their current position of extreme social disadvantage and their cultural distinctiveness all mean that the government has special responsibilities toward them' (Kowal 2006a:292). Aboriginal disadvantage or marginalisation is different to that of non-Aboriginal Australians – it is life-long, located in certain places and is a consequence of historical suppression of power and control.

The research proposes a rethinking of Aboriginal nutrition, the peeling back of the modes of colonial thinking, of power and of whiteness; all of which stand in the way of successful nutrition outcomes. The findings lead to the following recommendations being made to nutritionists and nutrition educators:

- Establish closer links with social justice and the alleviation of human distress (Carey 1981).
- Frame the thinking and planning of nutrition practices inside historical, socio-political and socio-cultural perspectives.
- Ensure that decision-making in nutrition is culturally, socially and politically acceptable and appropriate for the communities it serves.

- Recognise and examine issues regarding the locus of power, control and responsibility of nutritionists.
- Ensure greater involvement of Aboriginal voices in all of the above and in the training of Aboriginal people for the legitimate role of nutritionist in remote communities.

9. Summary

Using historical analysis and contemporary voices, the research illustrated the ways in which professional partnerships in nutrition can be enhanced. These partnerships can be enhanced through altered power relations, local engagement and self-determination, enhanced interaction and collaboration, respect for knowledge and improved understanding and communication. Historical, social and political aspects have been examined via CDA and postcolonialism, in order to increase understanding of the broader constructs of nutrition. Through such an understanding, enhanced preventative strategies and approaches can be adopted by health professionals working in remote Aboriginal nutrition in the future. The research provides insights that can be used to shape and develop strategies and approaches so that they adopt culturally respectful and appropriate approaches to difference (Wang & Tussing 2004).

For improvement in nutrition to occur there needs to be recognition and respect for the value of alternate knowledge and decisions need to be made collectively and be informed by communities. To achieve this there needs to be recognition of:

- The role food plays in Aboriginal society and cultural factors need to be incorporated into nutrition programs and policies.
- The colonial experience and its impact and how it continues to impact on nutrition outcomes in Aboriginal communities. Such recognition can come about only through education, self awareness and cultural competence.
- Current nutrition education practices and curricula and how they perpetuate colonial constructs of dominance and power and need to change.
- The discordance between the training offered and the training needed, for both non-Aboriginal and Aboriginal people.

It is crucial to focus on a holistic perspective and to address the socio-political, socio-economic and historical factors in order to improve nutrition. There is no one point, sector or institute capable of improving the nutritional outcomes of remote Northern Territory Aboriginal people; but a lot can be learnt from past policies and programs. We need to ensure that remote Aboriginal communities have their basic human rights met and that the provision of nutrition programs and policies do not continue to perpetuate colonial marginalisation and imbalances in power.

We (nutritionists) should not be afraid of what we do not know. We should hear the voices of the participants; support, respect, understand and learn from them; apply their suggestions and truly make a difference. We should be firmly grounded in place and practice. We should become appropriately specialised or appropriately generalised in order to meet the cultural context. In the words of Tom Calma (2008:online) – 'it is not about black armbands and guilt. It is about inclusion and learning from the past'.

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Appendix One

Brief Description of Participants

Rose is an Aboriginal woman in her fifties. She was born in a remote community in Central Australia and brought up in this community or 'mission' as it was then. She has been an Aboriginal Health Worker for over 20 years. She has held positions in both remote and urban centres. She is a renowned artist and tells her own stories and stories of 'bush tucker' through her art. She is a mother and a grandmother.

Dawn is an Aboriginal woman in her fifties, born in Central Australia. Dawn has been an Aboriginal Health Worker for over 30 years and has held various positions in both urban and remote settings. The nutrition course is not her first course of study at the Institute, although she claims it to be her last. Dawn has worked passionately for the cause of her people using her education to her advantage. She feels strongly about cases of injustice toward Aboriginal people and communities and has been a strong but quiet activist.

Mary is in her forties. She was born in a remote Aboriginal community and has been an Aboriginal Health Worker for over 15 years working in remote and urban settings, predominantly her home community. Mary still lives in the community she was born in and is a strong community advocate. She has worked with many of the younger white nutritionists, patiently instructing and guiding them.

Eliza is a fifty year old woman who was born in Queensland, although she has spent the majority of her life in the Northern Territory. She has been involved in the health field for less than 10 years. She is a trained Aboriginal Health Worker, although has not practiced as one, choosing instead to continue her studies in nutrition. She is a mother and a grandmother and has herself experienced many health problems.

Tracey, born in Darwin, is her in late thirties. After the birth of her second child she decided to seek a career in health and became an Aboriginal Health Worker. She then decided to specialise in nutrition and has followed a path to do so. Tracey has worked passionately to build up her career in nutrition and has been an advocate, cultural broker and source of inspiration for nutrition in the Northern Territory.

Jessie is an Aboriginal woman in her thirties, also born in Darwin. Jessie had focused solely on being a mother but later decided to pursue studies in nutrition. She is enthusiastic and sees her path as benefiting her people and as role model to her children. Jessie is very involved in the community and comes from a strong family.

Penny is an Aboriginal woman in her fifties. She is new to the field of nutrition, seeking a career change. Her background includes time spent as an enrolled nurse. She is outspoken about the rights of Aboriginal people and believes strongly in seeking justice. She has put time aside later in her life to focus on a career for herself. She is a mother and a grandmother.

Joy is a newly identifying Aboriginal woman from Queensland in her fifties. She is new to the field of health and new to an Aboriginal context. She articulates her up bringing as a 'white fella' upbringing. She has had limited exposure to remote settings but is well versed in Aboriginal issues and opportunities. She is a mother and grandmother.

Emma is an Aboriginal woman nearing 60 years of age. She has been an Aboriginal Health Worker for over 20 years. She has worked in various settings in the Northern Territory, including towns and remote communities. In her lifetime she has seen many changes to policy and practice and has been a witness to many successes and failures in the health arena.

Annette and Rolf are two Aboriginal student participants enrolled in a mainstream external post-graduate course in New South Wales. They live in remote Western Australia, similar in context to remote Northern Territory. Both are passionate about Aboriginal health and politics. They

are strong advocates for Aboriginal health and welfare within and external to their community.

Peta, a white woman, by background a hospital trained nurse, is in her fifties. She has worked in clinical, community and education settings. Her clinical experience includes time spent in a Renal Unit, in an Aboriginal aged care facility, both in Alice Springs and in the Alice Springs hospital. She spent several years as a lecturer at the Institute, teaching and coordinating the Aboriginal health worker program and the generalist health higher education course. At the time of interview she was a lecturer in nursing at a mainstream university.

Melissa is a white nutritionist who has lived and worked in the Northern Territory for over 10 years. She has held several nutrition roles both in government and non-government organisations. She has worked in Alice Springs, Katherine and Darwin and has experienced much of remote community life – from the desert to the sea. She remains strong in her stance in wanting to make a difference in Aboriginal nutrition.

Sonia is a white nurse by profession who has spent many years working in Aboriginal education. She was a lecturer at one of the smaller training institutes in the Territory for many years. This work involved extensive travel to remote Northern Territory communities, particularly those in Arnhem Land which provided an opportunity to really get to know people. She is a woman in her fifties who is passionate about Aboriginal health and welfare. At the time of interview she was working as a health practitioner in a clinical setting.

Fiona is a white nurse, who spent several years as a lecturer in the Aboriginal Health Worker program at the Institute. This work involved travel to many Central Australia remote communities. She has also worked in various acute care settings including Alice Springs Hospital. She is a woman in her forties who has lived in Alice Springs for over 10 years now and made it her home. She currently works in an educator role.

Allie is a white nutritionist. She worked in the Northern Territory for around five years. Her employment in the Territory was her first out of university. She worked in the Barkley and Alice Springs regions and travelled to many remote communities. She sees the Northern Territory as her training ground and reflects fondly on her time there. She moved onto a policy role in a larger metropolitan centre in Australia, still focused on Aboriginal health.

Rebecca is a white nutritionist who has worked in the Northern Territory for over 15 years. She actively sought work with Aboriginal people, coming to the Northern Territory as a new graduate. She has been the driving force for many programs and policies instituted throughout the Northern Territory since her arrival. Rebecca is known for her passion and commitment toward Aboriginal nutrition, training and employment. She considers the people she has worked with as mentors and friends.

Marissa is a white nutritionist who was brought up in metropolitan New South Wales. She has worked in the Territory for the majority of her career, from university to the present, a period of more than ten years. This has involved jobs outside of health and also involved living in remote communities. She worked at the Institute in various capacities for 3 years and is currently working for an Aboriginal health organisation. She has settled in the Northern Territory now and has two young children.

Lee is an Aboriginal nutritionist, born and bred in the Northern Territory. She has fervour for Aboriginal health and Aboriginal justice. She is a strong voice and strong advocate for Aboriginal people. She has been an inspiration, mentor and friend to many who have followed in her footsteps and has always provided steady and sound advice. Her energy never relents and her commitment never sways. She now has a young family but continues to work for health, committing time outside of usual working hours to be on committees, steering groups and the like.

Sally is a white nutritionist, from and also trained in, metropolitan New South Wales. She is in her thirties. Her first job from university was working with several remote Aboriginal communities in the Northern Territory with a non-government organisation. Sally is a quiet achiever, gentle and calm by nature. She remains committed to Aboriginal health and

nutrition and is now working in rural Queensland.

Mia is a white nurse. She has worked in several of the Territory's training organisations, as a lecturer and tutor with the Aboriginal Health Worker program. She has lived in several remote communities and is very passionate about Aboriginal health and welfare. She can be described as lively and excited. Mia throws herself into her work because she believes so strongly in righting the wrongs. She is currently working as an educator at an Aboriginal health organisation. She has made the Territory her home having lived there for over 20 years.

Cath is a white home economics teacher by profession. At the time of interview she had only be in the Territory for a couple of years but worked in remote Western Australia prior to that. She had spent time working in remote schools and at the time of interview was lecturing at the Institute.

Lynden is a white nutritionist who has worked in the Territory for almost 20 years. Lynden is a strong nutrition advocate, is very enthusiastic and creative in approach and the instigator of many programmes, policies and resources. Lynden has held positions in primary and tertiary care settings, inclusive of extensive remote community travel. Lynden is not afraid to speak up and works diligently to support others to do the same.

Andrea is a white nurse by background who has held a lecturer, coordinator role at the Institute for almost ten years. This role was her first working with Aboriginal people and was initially a very steep learning curve. She was based in Alice Springs and is now in Darwin. She has raised her two children in the Territory.

Lilly is a white nurse who has lived and worked in the Northern Territory for over 15 years. She has worked in various roles and has spent a large percentage of that time working at the Institute. She is committed to making a difference in Aboriginal health and has re-energised herself by focusing on different areas. At the time of interview she was working in the area of child health and was fighting for access to food and services for Aboriginal children.

Suzanne is a white nurse who currently specialises in Diabetes education. She has been based in Central Australia for over 20 years and has worked in various capacities, all involved in Aboriginal health. Her time in the Territory has allowed her to form strong relationships and experience many changes. She has worked with the Institute in various capacities throughout these years and is focused on improving Aboriginal health.

Angela is white and a nurse by profession. Her professional career has spanned many specialties including the acute care setting, alcohol and other drugs, mental health and generalist nursing. She has lived in the Territory for over 20 years and considers it her home. She has worked at the Institute on and off for over ten years and has been a strong voice in ensuring access and equity to training. She currently lives in the Barkley region and has devoted both her professional and personal life to social justice for Aboriginal people. She is currently the foster mother of two young Aboriginal girls and is a mother of three and grandmother of two.

Paul is a white doctor who spent many years as a District Medical Officer in the Northern Territory. This role involved flying in and out of various communities on a regular basis. He had previously worked in third world countries and experienced conditions in Africa. At the time of interview he had left the Northern Territory and was working as an academic in a university in Queensland.

Appendix Two

Open Ended Interview Guide

Tell me about your experiences in Aboriginal and Torres Strait Islander health?

Tell me about your experiences of Aboriginal and Torres Strait Islander food and nutrition?

Do you feel the Non-Aboriginal culture has affected Aboriginal and Torres Strait Islander nutrition? If so, how?

Give me any examples that you think illustrate what has happened.

How do you think things can be done better?

Note: This is an open ended interview guide. It is intended to be fairly non-specific so that participants can set the pace and direction of the interview themselves. In addition, qualitative research principles are such that the interview can evolve as the research unfolds and as people tell their stories. The aim is that the theories which emerge from this process truly reflect the participant's views.