



The Australian Indigenous Doctors' Association: A Journey through the First 25 Years

Prepared by Karabena Consulting and the
Australian Indigenous Doctors' Association

The Black Dingo – A Story about Healing

The Black Dingo story was given to AIDA in 2004 by Professor Helen Milroy's mother, Ms Gladys Milroy. The story was given freely to AIDA as a way of demonstrating the gift of healing. The story also conveys the importance and place of Indigenous doctors.

There was an old Lawman and he had a big Black Dingo. They were inseparable and had been together all their lives. One day one of the old ladies in the camp was very sick. Everyone was upset as they didn't want to lose her. The old Lawman came to her that night, and placed a precious gift in her hand. He had cut off some hair from the Black Dingo. He said, 'This is to make you feel better, but I don't want you to tell anyone.'

In the morning everyone was very excited as the old lady was better. 'How did this happen?' they said, and the old lady told them about the dream she had. When she opened her hand and saw Black Dingo's hair, she realised it wasn't a dream, but it was too late, everyone knew what she wasn't supposed to tell.

Now the old Lawman noticed that Black Dingo was losing all his hair – big tufts of hair had been pulled out. Black Dingo was sad and very cold. The old man realised everyone knew, but when he asked who'd stolen the hair, no one owned up. He became very angry and left the camp with Black Dingo.

After he'd left people began to get sick and the hair they had stolen didn't help. They soon realised what they had done was wrong.

So the women gathered all the hair and wove it into a blanket and went looking for the old man. When they found him, they wrapped the blanket they'd woven around Black Dingo crying how sorry they were.

In the morning when the old man took the blanket off, Black Dingo's hair had all grown back. But now it was all a silver grey just like the old man's. The silver was the salt from the women's tears.

MEANING

Healing is a gift; it can't be stolen and it also must be freely given.

The people were only looking at what they could see – the black hair, not beyond the surface.

They couldn't see that it was the love and trust between the old man and the dingo that made the healing work.

It was the power of the relationship that was important – the sacred relationship.

Indigenous doctors have a special calling – it is the trust and care of their relationships with their own families and communities, that gives them their deep healing gifts. And it is the trust and care they take with their relationship to their profession that helps them to give the right advice and work with doctors and other professions to help Indigenous people.



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Aboriginal and Torres Strait Islander people are advised that this history
contains the names and images of individuals who have passed away.

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Foreword

In marking 25 years of the Australian Indigenous Doctors' Association (AIDA), the Board of AIDA wanted to capture its humble beginnings and trace its progress over that time. AIDA is an organisation in which its members – and the broader Aboriginal and Torres Strait Islander community – take great pride, and it is important to know of and understand its development.

AIDA started initially as an idea to establish an alumni student support association. To this end, a national medical graduate and student event was held at Salamander Bay in 1997, the purpose of which was to connect a small but growing number of Aboriginal and Torres Strait Islander medical graduates and students with each other and to forge links with Indigenous doctors and medical students internationally. From this AIDA rapidly blossomed to become a national organisation of significant importance, ultimately incorporating as a company in 2008 when it assumed its present structure.

At the time of the Salamander Bay meeting there were just 24 Aboriginal and Torres Strait Islander doctors across the whole of Australia. Today there are around 600 medical graduates – an incredible achievement – representing an order-of-magnitude growth in just a single generation.

As a national organisation, AIDA sits on approximately 45 medical, health and health workforce advisory groups, and is constantly invited onto more. This provides an invaluable opportunity to bring our non-Indigenous stakeholders along on the journey, to share cultural understandings and to improve the delivery of health services to Aboriginal and Torres Strait Islander people. The AIDA Cultural Safety program is another way in which AIDA is guiding the broader medical workforce to close the gap in health outcomes for our people.

AIDA also works with our universities' medical schools to ensure support for our students throughout their studies. Although we have reached parity in terms of Aboriginal and Torres Strait Islander student enrolment, there is still some way to go to reach parity for graduation of our medical students.

We also work closely with Australia's specialist medical colleges to ensure support for our trainee advocacy, professional development and medical education as a way of addressing issues of cultural isolation and safety, discrimination, and other unique challenges faced by Aboriginal and Torres Strait Islander doctors on their path to fellowship.

AIDA acknowledges the support it has received from a broad range of stakeholders, partners and players – from our own communities, our Patrons, those who have served on the AIDA Board and Student Representative Committees, those in the broader health community, and our many allies in the health workforce and medical bodies.

Importantly, as a member organisation AIDA acknowledges our membership, including graduates, students and non-Indigenous associates. They support us as we support them in our collaborative efforts to improve the health and wellbeing of Aboriginal and Torres Strait Islander people.

We also acknowledge those who have supported our annual conferences so wholeheartedly. AIDA conferences are special and unique events, vitally important for our own members' networking and mentoring opportunities, but also a fulfilling experience for our non-Indigenous brothers and sisters.

From small and modest beginnings, AIDA now stands strong and proud on the national landscape. There are still challenges ahead – both in terms of the health of Aboriginal and Torres Strait Islander people, and for building and maintaining a strong Aboriginal and Torres Strait Islander doctor workforce. AIDA will continue to contribute to both.



Tanya Schramm
AIDA President

Professor Philip Truskett AM
with former AIDA
Board member
Professor Kelvin Kong



Sir William Deane AC, KBE, QC
Dr Lowitja O'Donoghue AC, CBE, DSG
Dr Jimmy Little AO

AIDA honours and thanks our Patrons for their
dedicated support over the past 25 years.



Dr Aden Ridgeway



Ms Nova Peris OAM
with AIDA member
Dr Vinka Barunga

Photographs courtesy of: Brad Newton (top left, bottom left, bottom right); AIDA archive (top right); Aden Ridgeway (bottom centre)

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Acknowledgments

This brief history chronicles the successful journey of the Australian Indigenous Doctors' Association since its inception in 1997. During this 25-year period there has been great effort on the part of its founding and later members to build a strong organisation to support Aboriginal and Torres Strait Islander medical students, graduates and fellows. Our success is the result of enormous commitment and goodwill on the part of many individuals and organisations to ensure that AIDA achieved its founders' vision.

AIDA thanks all those who have worked with us, including government, health and medical bodies, and acknowledges the sustained funding provided by the Australian Government to ensure the organisation can operate effectively. We also acknowledge our community partners, in particular our relationship with Ngangkari traditional healers of Central Australia for their enduring support over many years.

In addition to our CEOs, all of whom are mentioned in the history, AIDA acknowledges the dedication of Secretariat staff who have worked tirelessly for the organisation over the past 25 years. AIDA also acknowledges and thanks its Patrons for their dedicated support (see p.127).

AIDA conference delegates around the campfire, Alice Springs, 2006. Photograph from AIDA archive



In relation to the development of this publication, AIDA would particularly like to thank the 19 interviewees who generously gave their time to provide valuable insights into our history:

Professor Ian Anderson AO	Early AIDA member / presenter at Salamander Bay conference
Ms Monica Barolits-McCabe	Former AIDA CEO
Dr Kiarna Brown	Former SRC Student Director and AIDA Board member
Professor Ngiare Brown	First AIDA CEO / founding member of AIDA
Professor Gail Garvey	Organiser of Salamander Bay conference
Associate Professor Noel Hayman	Founding member of AIDA
Professor Jaqui Hughes	Current AIDA Board member
Dr Martina Kamaka	Co-founder of PRIDoC
Professor Kelvin Kong	Former AIDA Board member
Mr Romlie Mokak	Former AIDA CEO
Dr Karen Nicholls	AIDA Specialist Trainee Support Lead
Professor Peter O'Mara	Former AIDA President
Dr Louis Peachey	First AIDA President / founding member of AIDA
Associate Professor Kris Rallah-Baker	Former AIDA President
Dr Tanya Schramm	Current AIDA President
Associate Professor Shannon Springer	Former AIDA Vice-President / Student Director
Dr Artiene Tatian	Former AIDA Student Director / Board member
Dr Alicia Veasey	Former AIDA Student Director / Board member
Dr Mark Wenitong	Former AIDA President / founding member of AIDA

In approaching potential interviewees, we wanted to cover a range of backgrounds and ages and all eras of AIDA's history – with a particular focus on the early days. Of course, there were many others we would like to have interviewed, including several past presidents and Board members. They, along with countless former and present members of AIDA, have contributed greatly to the organisation that AIDA has become.

This history has been prepared by Karabena Consulting and Publishing, particularly David Moodie, Jane Yule and Kerry Arabena, with the huge support of Mary Guthrie who has been associated with AIDA for many years. As part of the AIDA History brief, Suzanne Brown of The Content People also produced a short film, *Celebrating the Past, Challenging the Future* (<https://aida.org.au/about/>), which was aired at the AIDA Gala Dinner in Sydney on 4 June 2022. We acknowledge and thank them all for their hard work, diligence and commitment to this project.

AIDA gratefully acknowledges the contribution of the photographers, professional and not, whose work is displayed herein. We have acknowledged them by name where possible, and apologise for any omissions.

During the writing of this history, former AIDA CEO Mr Craig Dukes sadly passed away. We would like to acknowledge Craig's contribution to AIDA.

AIDA HISTORY REFERENCE GROUP

SEPTEMBER 2022

Dr Ben Armstrong

Mr Romlie Mokak

Ms Monica Barolits-McCabe

Dr Louis Peachey

Professor Gail Garvey

Dr Mark Wenitong

Associate Professor Tamara Mackean

List of Abbreviations

ACCHOs	Aboriginal Community Controlled Health Organisations
AGM	Annual General Meeting
AHPRA	Australian Health Practitioner Regulation Agency
AHW	Aboriginal Health Worker
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
AMA	Australian Medical Association
AMC	Australian Medical Council
AMS	Aboriginal Medical Service
AMSA	Australian Medical Students' Association
ATSIC	Aboriginal and Torres Strait Islander Commission
CAAC	Central Australian Aboriginal Congress
CEO	Chief Executive Officer
CHETRE	Centre for Health Equity Training, Research and Evaluation
COAG	Council of Australian Governments
CPMC	Council of Presidents of Medical Colleges
CRC	Cooperative Research Centre
CTG	Close the Gap (campaign)
DoH	Department of Health (Australian Government)
DoHA	Department of Health and Ageing (Australian Government)
ENT	Ears, Nose and Throat
GP	General Practitioner
HIA	<i>Health Impact Assessment</i>
IPAC	Indigenous Physicians Association of Canada
JCU	James Cook University

LIME	Leaders in Indigenous Medical Education
Medical Deans	Medical Deans Australia and New Zealand
MJA	<i>Medical Journal of Australia</i>
MOU	Memorandum of Understanding
NACCHO	National Aboriginal Community Controlled Organisation
NAHS	National Aboriginal Health Strategy
NATSIHC	National Aboriginal and Torres Strait Islander Health Council
NATSIHP	National Aboriginal and Torres Strait Islander Health Plan
NHWD	National Health Workforce Dataset
NIAA	National Indigenous Australians Agency
NIHEC	National Indigenous Health Equality Council
NMTAN	National Medical Training Advisory Network
NSW	New South Wales
NT	Northern Territory
OATSIH	Office of Aboriginal and Torres Strait Islander Health (Australian Government)
O&G	Obstetrics and Gynaecology
P4JH	Partnership for Justice in Health
PRIDoC	Pacific Region Indigenous Doctors Congress
RACP	Royal Australasian College of Physicians
UNSW	University of New South Wales
UoM	The University of Melbourne
UoN	The University of Newcastle
UQ	The University of Queensland
UWA	The University of Western Australia
WA	Western Australia

Introduction – From Little Things, Big Things Grow

Twenty-five years ago, a group of Aboriginal and Torres Strait Islander medical graduates and students gathered in a small conference room on Worimi Country at Salamander Bay in the New South Wales (NSW) Hunter Region to workshop a vision for the future – a vision of mutual support to grow their numbers, and by doing so, improve the dire health of their people.

Tiny in size but big on fierce determination, the group's discussions over four days led directly to the formation of what became the Australian Indigenous Doctors' Association (AIDA). There was no funding, no office and no staff, just a dream and the collective will to carve out for themselves a unique place in Australia's medical landscape.

Little could they have predicted that over the span of a single generation, the organisation they created would transform itself from a mutual support network into a key player helping to drive fundamental change across the nation's entire health system.

Today AIDA sits on the committees and in the boardrooms of the most powerful peak health and medical bodies in the land. It has the ears of Prime Ministers, health ministers, health departments and specialist medical colleges alike, and has partnered with others to ensure that Aboriginal and Torres Strait Islander health is now a core component of every medical student's education.

Beyond the medical arena, AIDA is firmly embedded in the much broader Aboriginal and Torres Strait Islander health ecosystem, working in solidarity with its sister organisations to improve the health and wellbeing of all our people no matter where they live in this vast and ancient land that we have called home for more than 60,000 years.

This history charts how all this came to be, starting from AIDA's tentative beginnings to its emergence as a critical and powerful voice shaping the future of health care and of health service provision for Aboriginal and Torres Strait Islander people.

NOT JUST A PROFESSIONAL ASSOCIATION

From its earliest days AIDA was not only a professional association for black doctors and students. It was just as much an activist body focused on redressing health inequities experienced by Aboriginal and Torres Strait Islander people as a direct result of colonisation and racism.

Dr Mark Wenitong, founding member and Gubbi Gubbi man from southern Queensland, recalls the discussions leading up to the formation of AIDA.

'Back then we said one of our key issues was we're not gonna be uptown doctors, this is not a black medical association,' he said. 'We want to influence the system for better outcomes for our people, we don't want another black club or anything like that.'

'It was always going to be different, and I think that's one of the big differences for our mob. This is part of our cultural calling as well, and lots of our health professionals realise that... it's more than a job, it's more than a profession and it's more than a Western career.'

'It's what we've been meant to do... so thinking those things gives you resilience as well when the going gets tough.'

As it has grown AIDA has stayed true to its calling, casting its net well beyond medicine into advocacy for human rights, for fundamental changes to education systems and health policy settings, and for greater cultural safety in our hospitals and clinics.

AIDA's leadership and membership are not confined by offices and hospital wards. The Board holds meetings in regional and remote locations several times a year, and members visit schools, speak at conferences and attend job expos as part of AIDA's outreach activities. Despite the relentless demands of a medical career, many also put in the extra hours to provide mentorship to the up-and-coming next generation of Aboriginal and Torres Strait Islander doctors.

Photograph by Brad Newton Photography

...one of our key issues was we're not gonna be uptown doctors, this is not a black medical association. We want to influence the system for better outcomes for our people...

Mark Wenitong,
a founding AIDA member

Since its foundation, AIDA has steadily built its influence in the mainstream health sector and now has representation on 45 national health bodies, including the Australian Medical Association (AMA) Federal Council, the Australian Medical Council (AMC), the National Health Leadership Forum, the National Rural Health Alliance, and key Commonwealth Department of Health (DoH) committees. It has collaboration agreements with peak doctor education bodies, such as the Medical Deans Australia and New Zealand (Medical Deans) and the Council of Presidents of Medical Colleges (CPMC), and co-convenes important gatherings such as the Leaders in Indigenous Medical Education (LIME) Connection (AIDA 2021).

AIDA is also a proud member of peak Aboriginal and Torres Strait Islander health advocacy bodies the Coalition of Peaks and Close the Gap (CTG) Committee, and partners extensively with Aboriginal and Torres Strait Islander health organisations across the sector.

Monica Barolits-McCabe, a Kungarakana woman from the Top End, was the CEO of AIDA from 2019 until her resignation in July 2022. Monica believes that the challenges facing member organisations of the Coalition of Peaks 'are very similar in a lot of respects and we support each other. We also have a key relationship with NACCHO [the National Aboriginal Community Controlled Health Organisation], and NACCHO Deputy CEO Dawn Casey sits on our Board as an Independent Director.

'We try to have as much of a relationship with as many other Aboriginal and Torres Strait Islander organisations as we can... we join partnerships, for example, the Partnership for Justice in Health (P4JH) and the Raise the Age campaign.'

AIDA's student membership is similarly engaged across university campuses, with more than 75 per cent of Australia's medical schools now having Aboriginal and Torres Strait Islander representation on their Student Representative Committees (SRC).

Many of our students are supported through scholarships and bursaries either directly administered by AIDA, such as the Avant Foundation Scholarship and the Rural Doctors' Association of Australia Scholarship, or via partnerships with other bodies such as the Royal Flying Doctor Service, the Royal Australian and New Zealand College of Ophthalmologists, the AMA and the Northern Territory Primary Health Network. AIDA also participates in the Puggy Hunter Memorial Health Scholarship Scheme, which supports medical and allied health students.

One such student is AIDA member Destiny Kyuna, a Koko-bera and Wunumara woman from Yarrabah in far north Queensland, who was awarded the annual AMA Indigenous Medical Scholarship in 2021 to support her studies at the University of NSW (UNSW).

During a recent interview on ABC Radio National's Life Matters program, she explained why scholarships are so important for Aboriginal and Torres Strait Islander medical students, who often have to live far from home with minimal financial resources in order to pursue their dream of a medical career (ABC Radio National 2022).

'I think the support is really important, moving away from your community is a big thing especially if it's a few hours by plane,' she said.

'You're so well supported once you meet other Aboriginal doctors, you're really encouraged. With this scholarship it definitely encouraged me even more and helped me pursue my dream... When I finish [my degree] I want to become a psychiatrist.

'It [also] has a domino effect. My own nieces and nephews are now thinking of doing medicine, whereas before, maybe if I wasn't doing medicine they wouldn't think about it.'

This increasing normalisation of a medical career for Aboriginal and Torres Strait Islander people is replicated across AIDA's membership, and several of AIDA's earliest members – including Louis Peachey, Helen Milroy, Mark Wenitong, Noel Hayman and Tanya Schramm – are among those who now have adult children following in their footsteps.

Associate Professor Noel Hayman is 'sure we've influenced our students at school to get on and do medicine. I've had a lot of kids come here [to my centre] and talk to me about medicine, I've tried to influence them to do medicine.

'My own daughter's a registrar, she's in training [to become a psychiatrist]... actually my daughter's here, working here at our centre. I get really good feedback from the patients, which is really great, they go, "Oh, your daughter's deadly!"'

Mark Wenitong's son Joel finished his GP exams in 2021 and is now working three days a week in a general practice.

Noel Hayman, a founding AIDA member, and daughter Gemma Hayman



...we've influenced our students at school to get on and do medicine. I've had a lot of kids come here [to my centre] and talk to me about medicine, I've tried to influence them to do medicine.

'He's loving it... it's fantastic to see,' Mark said. 'And the other thing is, if someone's gone before you, [medicine] is so doable as opposed to not knowable.'

'[I'm hopeful for] two things, that we'll pass on just as much passion and motivation, but hopefully the next generation won't have to do as much because things should be a bit structurally better. Being the catch-all for everything black in the health system [the way we were], I think now the burden's a lot less.'

Of course, Aboriginal and Torres Strait Islander people have our own healing traditions stretching back tens of thousands of years. Although denigrated and marginalised by Western medical opinion since the arrival of Europeans, the influence and importance of these traditions remains profound, and AIDA has always honoured the role of traditional healers known in Central Australia as Ngangkari.

'Our work with Ngangkari has been extraordinary,' founding AIDA member Dr Ngiare Brown said. 'Having that respect for the contribution of our senior people who are cultural knowledge holders, and really are healers in the true sense. We should bow down in the presence of that, and understand that.'

'I think AIDA's [played a] role in elevating our [healers in] the mainstream medical system. [By] acknowledging and respecting traditional healers and their roles, we've helped to elevate them.'

Former AIDA Vice-President Associate Professor Shannon Springer, who hails from Mackay's Aboriginal and South Sea Islander community, says that in his experience Aboriginal and Torres Strait Islander people 'do still continue to practise traditional medicine, access traditional medicines... As a doctor who [can] quite easily now work in both worlds, that's not particularly an issue for me'.

'My view is that all cultures around the world have their own understanding about what creates health, what protects health and what takes health away,' he said. 'To deny that exists just from Western standards being the "benchmark" is really the epitome of how epistemic racism continues and maintains itself.'

Photograph by Brad Newton Photography

The efficacy of traditional medicine was the subject of the first-known article about Aboriginal and Torres Strait Islander health published in Australia. It was written by Scottish-born doctor Andrew Ross and appeared in the *New South Wales Medical Gazette* in 1870, as reported by Dr David Thomas in his book *Reading Doctors' Writing* (2004:11):

The article described the role of Aboriginal medicine in the 'startling' recovery of an Aboriginal man from an abdominal spear wound. The patient's condition had declined during the first two days following Ross's surgical removal of the barbed spear. The doctor noted that when he visited his patient on the third day, the surgical dressing had been removed and replaced by a poultice of gum leaves and shoots. Ross then stated that 'the slight chance of his recovery seemed now to be completely taken out of my hands'. To his surprise, he documented the patient's steady improvement over the next two weeks. The patient's recovery would have appeared much more amazing to

*Ross's contemporaries than to current medical readers, as deaths from infected surgical wounds were then common. Joseph Lister's ideas about antiseptics and aseptic surgery had been published in the *Lancet* only in 1867 and were not then widely accepted or implemented. The germ theory of infection had not yet been proposed and the subsequent discoveries of vaccines and then antibiotics were still to occur. At a time when Western medicine was far less effective than today, Ross could see the advantage of investigating effective Aboriginal treatments as yet unknown to Western medicine.*

AIDA has always respected and sought the counsel of Ngangkari, the traditional healers of the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara lands in the remote western desert of Central Australia (NPY Women's Council 2022). Ngangkari have looked after people's physical and emotional health for thousands of years, and the work of AIDA's doctors is informed by their traditional healing practices.

Photograph from AIDA archive



Mr Andy Tjilari (left) and Mr Rupert Peter (right) with founding AIDA member Ngiare Brown and former AIDA CEO Romlie Mokak, PRIDoC 2008, Kauai, Hawai'i

MAINTAINING THE MOMENTUM

Since the very first formative conference at Salamander Bay in 1997, AIDA's annual conferences have been the heart and soul of the organisation. It's where our Aboriginal and Torres Strait Islander doctors and students can come together, network, recharge and celebrate their achievements in a space that is totally safe and totally theirs.

It's also a time where we can honour our new medical graduates, and from its earliest years AIDA made it a custom to present all new graduates with a painted stethoscope to congratulate them on becoming doctors. In later years, we extended this honour to our new specialist fellows with the presentation of a framed stethoscope.

Australia's first Aboriginal surgeon, Professor Kelvin Kong, a Worimi man from NSW's Mid North Coast, describes the annual conference as 'one of the most important meetings that we have'.

'I go back to my first meeting... at Salamander Bay,' he said. 'As a medical student to walk in that room was so overwhelming for me, and so inspiring for me. I've never forgotten that, I'll never forget that feeling I had.'



Tammy Kimpton (5th from right) and Louis Peachey (3rd from right) with new medical graduates displaying their painted stethoscopes, AIDA conference, Cairns, 2016

'Because I felt like that, I realised how important it is to make sure we provide that environment where our young ones can come through into a room and feel 100 foot tall, super proud and look around them and see all the amazing talent that we have around us.'

Professor Peter O'Mara, Wiradjuri man and former AIDA President, says 'there's a real sense of belonging you don't get in any other space'.

Above: Photograph by Brad Newton Photography | Below: Photograph by Wayne Quilliam



AIDA Patron Lowitja O'Donoghue (centre right) holds one of the framed stethoscopes awarded to fellows, AIDA conference, Darwin, 2008



Ngangkari traditional healers address
PRIDoC 2012, Alice Springs

'I've always described the AIDA conferences as like a family reunion, and it just feels beautiful, you feel you're in a safe space,' he said. 'You don't have to explain things, you're confident you're not going to get any comments coming your way that will blindside you... and think "Oh, here we go again!"'

In fact, it is only in the last two years (2020 and 2021) that there hasn't been an AIDA conference due to, of course, the impact of COVID-19. Everyone has been missing the occasion and when the next one happens – scheduled again for Yugambah (Gold Coast) in October 2022 – it is sure to be a major celebration.

'We've all been isolated and separated for so long, just reconnecting will be so important at so many different levels for our membership,' Monica said. 'I know that from a Secretariat point of view we'll draw strength from it as well.'

AIDA member and Torres Strait Islander woman Dr Alicia Veasey speaks for many when she expresses her longing for the normal round of meetings and annual general meetings (AGMs) to resume.

'Coming back to the AGM is always a refreshing time of year. With COVID, it's been something that's been sorely missed. I was supposed to go to the Yugambah (Gold Coast) one [in 2021] but it got cancelled because of an outbreak,' she said. 'I definitely have missed that over the past two years and noticed that absence.'

Another event impacted by COVID is the biennial Pacific Region Indigenous Doctors Congress (PRIDoC), with the 2020 meeting that was to take place in Vancouver, Canada having to be rescheduled to July 2022. PRIDoC, which welcomes Indigenous doctors and medical students, health researchers, health professionals and allies across the Pacific region, is the most important

international collaboration on AIDA's calendar. With events held biennially since 2002 in either Australia, New Zealand, Canada, Hawaii or Taiwan, AIDA has always been a strong partner in PRIDoC, and supported both its governance, and conference organisation and participation by AIDA members, keynote speakers and Central Australian Ngangkari traditional healers.

PRIDoC plays a vital role in considering the collective and common issues of people who have, and continue to be colonised. One of PRIDoC's founders, Dr Martina Kamaka from 'Ahahui o nā Kauka (Association of Native Hawai'ian Physicians), also believes its importance lies in fostering connectedness between Indigenous physician organisations by allowing them to share their separate cultures and healing traditions, such as those of Ngangkari traditional healers, and draw strength from one another.

'I look at it as a fishnet,' she said. 'Each member is its own entity, they're their own knot on the fish net... but yet they're connected, and movement in one affects movement in the other.

'PRIDoC does it well because what we do is we invigorate our members. When you leave a PRIDoC, you're inspired... A lot of us tend to burn out, we can be burning out, browning out, and then you come to PRIDoC and you get reinvigorated. Then you go back out there and you meet with students and you're excited again.'

AIDA TODAY

In 2022, AIDA's membership stands on the cusp of 600, which represents the majority of the 1000-plus Aboriginal and Torres Strait Islander medical graduates and students in Australia. Considering that just 25 years ago there were only 70 Aboriginal and Torres Strait Islander medical graduates and medical students,¹ we have come a long way.

Table 1 shows the steady rise in the number of Aboriginal and Torres Strait Islander medical graduates during the past 40 years, with spectacular growth over the past decade in particular as graduations tripled.

Table 1 Number of Aboriginal and Torres Strait Islander medical graduates, 1983–2020

Year	No. of Aboriginal and Torres Strait Islander medical graduates*
1983	1
1991	6
1997	24
2001	90
2006	106
2011	160
2013	271
2017	484
2020	600

* Estimated number only; more recent figures are expected to be released by the DoH in late 2022. Also see Box 7: Aboriginal and Torres Strait Islander medical graduates and doctors – a numbers game, pp. 103–04.

However, much work remains to be done. A Medical Workforce Brief prepared by AIDA in 2020 shows that Australia needs a further 3000-plus Aboriginal and Torres Strait Islander doctors to achieve population parity **right now**, let alone in the future (AIDA 2020a:7).

AIDA President Dr Tanya Schramm, a Palawa woman from Tasmania, says this situation is 'quite the challenge'.

'We've got parity in terms of students entering medicine, but we don't have that with students graduating at the end of the day,' she said. 'We're only making up about 0.5 per cent of the workforce rather than 3 per cent, so we've still got a long way to go.

'If we can obtain that population parity for the workforce, and help develop more culturally safe hospital systems, I think what we'll see in general is an increase in the number of GPs. We do know that our doctors when they graduate tend to work quite nicely in the Aboriginal health sector, so we will be improving outcomes for our people which is what we want to do to close that [health] gap.'

1 For a total of 24 Aboriginal (23) and Torres Strait Islander (1) medical graduates, and 46 Aboriginal and Torres Strait Islander medical students.

... our doctors when they graduate tend to work quite nicely in the Aboriginal health sector, so we will be improving outcomes for our people which is what we want to do to close that [health] gap.

Currently, the national life expectancy for Aboriginal and Torres Strait Islander people born in the last decade is 8.2 years lower than their non-Indigenous counterparts. Aboriginal and Torres Strait Islander men born between 2015–17 are expected to live to 71.6 years and women to 75.6 years, compared with the respective figures for non-Indigenous men and women of 80.2 years and 83.4 years (Productivity Commission 2021).

Most of this gap is due to the disproportionate ill health experienced by Aboriginal and Torres Strait Islander people, which together means they bear a health burden 2.3 times higher than that of non-Indigenous Australians (AIHW 2022:15). Clearly, this is the result of more than

200 years of cultural and physical dispossession, and AIDA acknowledges that the intergenerational trauma experienced by our people has contributed to these poor health outcomes. As such, we strongly support the Uluru Statement from the Heart's call for 'the establishment of a First Nations Voice enshrined in the Constitution and a Makarrata Commission to supervise a process of agreement-making and truth-telling about our history' (ulurustatement.org 2022).

‘...if we can get the whole population to adopt our viewpoint about how you manage health and wellbeing, I think what will happen is that we’ll be... a happier, healthier country.’

Tanya Schramm

While continuing to push hard for constitutional change to achieve long-term structural reform, we are also focused on the immediate health needs of our fellow Aboriginal and Torres Strait Islander Australians. As such, our doctors have a major role to play in delivering a more welcoming environment to ensure our people receive proper health care. In short, the more of our doctors and other health professionals there are, the more culturally safe the entire health system will be.

‘I think if we can get the whole [Australian] population to adopt our viewpoint about how you manage health and wellbeing, I think what will happen is that we’ll be... a happier, healthier country,’ Tanya said.

So the challenge remains for AIDA but, looking back, the organisation can be proud of how much it has achieved.

Professor Ian Anderson, a Palawa man from Tasmania, is one of Australia’s earliest Aboriginal medical graduates and has been a keen observer of AIDA since attending and presenting at the first Salamander Bay conference.

‘AIDA has played a critical role in promoting a culturally safe health care system,’ he said. ‘The schooling system has a key role to play, medical education also has a key role to play... so it is a system. But we could not have helped build that more inclusive system without an independent Indigenous doctors’ association.’

Another who has been watching AIDA’s evolution from the outside has been Kauka’s Martina Kamaka.

‘I really admire AIDA, we started at about the same time but... they grew much faster than we did,’ she said. ‘They had a... business model, we didn’t, and I think it made a big difference actually.’

‘I think AIDA for me, they’re inspirational, what they’ve been able to achieve and do. AIDA has really taken the ball and run with it and just done amazing things.’

Dr Louis Peachey, a Girrimay/Djirribal man of the Rainforest People in far north Queensland, believes ‘we’ve seen a transformation of the medical profession in the way that it has accepted Indigenous Australians into the fold’.

‘I’m not saying that there’s no Aboriginal kid who’s ever gonna have a hard time in medicine,’ he said. ‘It’s still going to happen because we’re a collection of human beings and there’s going to be meanies and bullies in any walk, but the amount of people who you’re going to have on your side just far outweighs [that]... it’s even just our presence in the room, it changes the conversation.’

Mark Wenitong recounts a formative experience he had while working as a junior doctor in the early 1990s.

‘I was working in Central Australia and an Aboriginal woman came up to me one night when I was working in Alice Springs and just said, “You’re one of them Aboriginal doctors aren’t you?”

‘Then she goes, “You know, you’re never going to be the same as the white doctors. You realise that, don’t you, and that the old people have called you. That’s why you’re doing this, it’s not even your own [choice]”.

‘I’ve never forgotten that – it’s guided me ever since.’

For all of our Aboriginal and Torres Strait Islander doctors and students, the medical profession represents far more than a personal career choice. It is a way to make a positive difference, to improve the lives of our people and our communities, and to realise a future where once again we can stand strong and healthy on Country. The Australian Indigenous Doctors’ Association is the living embodiment of that passion and that potential, now and into the future. This is our story.

Health Sector Overview – From Activism to Community Control

To understand the key factors that gave rise to the Australian Indigenous Doctors' Association, we need to revisit Australia as it was in the 1960s and 1970s. This was an unprecedented time of change for Aboriginal and Torres Strait Islander people as the exploding civil rights movement abroad crashed onto our shores and gave new energy to those seeking change in Australian society.

There had always been determined activists fighting for Aboriginal and Torres Strait Islander rights, including the work of the Australian Aboriginal Progressive Association, which had called for self-determination, cultural identity, land rights and civil rights in the 1920s. In the 1930s emphasis shifted to demanding equal rights, culminating in the Day of Mourning Protest in 1938. This protest called for citizenship rights and fuelled the post-war campaign that culminated in the national 1967 Referendum (Perheentupa 2020).

What had changed in the lead-up to the Referendum vote was the emergence of a full-throated and broad-based movement in favour of constitutional change that galvanised the nation's attention and at last received mainstream media coverage. On Referendum Day – 27 May 1967 – more than 90 per cent of Australians said 'yes' to amending the Constitution, thereby ushering in a sea change to our national life (AIATSIS 2021).

This successful outcome meant Aboriginal and Torres Strait Islander people would now be counted in the Census for the first time, and gave the Australian Government the power to make laws for them. It also had the flow-on effect of forcing successive governments at a federal level to implement wide-ranging administrative and policy initiatives, and coincided with an upsurge in support for a more progressive political agenda across the nation.

The newly established
Aboriginal Tent Embassy
opposite Old Parliament
House, Canberra, 1972



On Australia Day 1972, the Aboriginal Tent Embassy began its 50-year tenure on the manicured lawns of Parliament House in Canberra, a visual reminder on the nightly news that Aboriginal and Torres Strait Islander people were determined to fight for our rights.

In 1973, the recently elected Whitlam Labor Government began work on enacting land rights legislation in the Northern Territory (NT) and establishing Aboriginal-controlled land councils, setting the scene for similar initiatives in the other States and Territories. That same year saw the Australian Government launch the inaugural National Plan for Aboriginal Health (NACCHO 2021), with the aim of achieving equal health status for Aboriginal people within 10 years.



SRC members visit the Aboriginal Tent Embassy with Aunty
Matilda House, Canberra, 2014

Top: Photograph courtesy of the collection of the National Archives of Australia | Bottom: Photograph from AIDA archive

For the first time since colonisation, the broader non-Indigenous population could no longer ignore the voices of those who had been dispossessed and marginalised for 200 years.

Throughout the 1970s, there were other government initiatives, inquiries and parliamentary reports as Aboriginal and Torres Strait Islander health finally gained more attention from policymakers. But our leaders knew from hard-won experience that for true health gains to occur we needed to take control of our own health services.

Indeed, *Aboriginal Health*, a 1979 report by the House of Representative Standing Committee on Aboriginal Affairs, noted that 'little progress had been made in raising [Aboriginal people's standard of health]' despite the National Plan already being in place for six years (House of Representatives 1979:28)

DESIGNED TO FAIL

At the start of the 1980s the provision of health services to Aboriginal and Torres Strait Islander people remained much as it had been since the dawn of the 20th century: a patchwork overseen by State and Territory governments and – in remote areas – Christian missions, pastoral stations, other white employers and even police officers (Rosewarne, et al. 2007:116).

As a consequence, many of these health services were often hard to access, paternalistically run, underfunded and intimidating for those they were intended to serve. Unsurprisingly, this alienated many Aboriginal and Torres Strait Islander people, and became a major contributing factor to our terrible health outcomes and low life expectancy.

In a series of oral histories recorded between 2003 and 2004 for the book *Nyernila Koories Kila Degaia: Listen up to Koories Speak about Health* (Vickery, et al. 2005), community Elders, Aboriginal health workers and others recall their experiences of the mainstream health system prior to the 1980s.

The stories describe managers of missions refusing to transport sick people to doctors or hospitals and Koorie people being treated at the back of or on the verandas of hospitals. Frequently people were admitted to hospital 'on their last legs' when they were too acutely ill for treatment to make much difference. Hospitals then became known or associated with death and dying rather than as a place to go for improvements in health... Men in particular are described as dying aged in their thirties and women in their forties.

(Vickery, et al. 2005:101)

One of the interviewees, Wiradjuri woman Barbara Gibson-Thorpe, said:

... Seeing the doctor back in those days, when I was going to school, parents had to have money up front and it made it very difficult. And if we went to the hospital we were treated differently. At that time there was a move towards the rights of Indigenous people, but if there was a public toilet you weren't allowed to use it. In a hospital setting we were segregated from non-Indigenous people, and the mannerism of doctors, the gentleness and compassion, wasn't there.

We didn't feel equally accepted. We were segregated. We were put in one section of the hospital and we were all there, there was no mixing with non-Indigenous patients. It was stereotyping from non-Indigenous people and it was their attitude towards us.

(Vickery, et al. 2005:24)

Another interviewee, Bella Kennedy, recalled her experience of health services in Victoria's Swan Hill district where she grew up:

If you had anything wrong with you, these welfare people would come around and they handed out little parcels of first aid things, and they checked us to see if we were healthy enough. Then if we were really sick we had to go into town because we didn't live in town, we lived out on the blocks on the fruit blocks, and we used to just go round to the doctors.

I remember going in and then you'd see this room full of white people sitting there, and it made you feel a bit uncomfortable and intimidated. You felt uncomfortable going in there and you'd only go because you really needed to see a doctor, but people would just stare at you.

(Vickery, et al. 2005:26)

In his 1985 discussion paper *Aboriginal Health: Status, Programs and Prospects*, written under the auspices of the Australian Parliament's Legislative Research Service, the late Neil Thomson from the then Australian Institute of Aboriginal Studies noted:

In theory, the general Australian system of medical care should be able to cope with the treatment of the diseases experienced by Aborigines and other Australians. However, in practice many Aborigines have found the system wanting, mainly because of lack of accessibility and/or acceptability.

(Thomson 1985:16)

One of AIDA's founding members, Mark Wenitong, says it was his own experience of maltreatment at the hands of hospital staff that firmed his resolve to become a doctor after initially working as a laboratory technician.

Photograph by Leon Mead



Neil Thomson (left), who made a significant contribution to Aboriginal and Torres Strait Islander health research and was a strong supporter of AIDA, is pictured here with our members Brad Murphy and Ray Warner at the AIDA conference, Broome, 2011

'One of the other reasons I studied medicine [was] because when I was working in laboratories in Cairns, I had this really bad migraine problem. I'd get photophobia and I'd end up in emergency, you know, two o'clock in the morning vomiting my guts out, and inevitably I was treated like an alcoholic,' Mark recalled.

'Every time I was shunted out the back and left by myself until the morning... one doctor told me "until you tell the truth", because I'd said I didn't drink, you know, "we'll leave you out there until you tell the truth".'

'I had another doctor push me back down when I was trying to vomit onto something and say, "I'm asking you a question, answer the question!" – this is him taking a history.

'I worked in that hospital [at the time]. I was the technician in the laboratory at that hospital and my first thought was, "Man, if my brother from Yarrabah comes over here or from Cape York remote, how badly are they treated if I'm getting treated this badly?"'

'And I kinda knew my rights, or I knew them to the extent that I told my wife at the time, "I'm not going back there, I'll just stay at home and suffer, I'd much prefer to just bump my guts out and become dehydrated than to come in here and be treated like this".'

A BLEAK PICTURE

Although the 1967 referendum had spurred a major injection of Commonwealth funding into programs to improve Aboriginal and Torres Strait Islander health from the early 1970s onwards, the States determined 'the form of the individual programs' (Thomson 1985:18):

Despite the fact that these programs are funded by the Commonwealth Government, little Commonwealth assessment of their achievements is made and, to this stage, few real demands have been placed on the States for the provision of health statistical information.

(Thomson 1985:18)

This meant that the collection of Aboriginal and Torres Strait Islander health data right up to the 1980s was 'very poor' (Thomson 1985:7), with the statistics that were available painting a bleak picture. In terms of general mortality:

In country regions of New South Wales during 1980 and 1981 the Aboriginal expectation of life at birth was 48 to 49 years for males and 55 to 57 for females. These life expectancies are more than 20 years less than those for the total population of New South Wales in 1980 and 1981, which were 70.9 years for males and 77.7 years for females. The estimated New South Wales Aboriginal two-sex life expectancy of 52 years is consistent with the 1975 Australian estimate by the National Population Inquiry of 50 years.

(Thomson 1985:9)

Other statistics provided by Thomson (1985:7–16) were just as damning:

- The Aboriginal infant mortality rate in 1982 was 30.2 deaths per 1000 live births, more than three times the non-Aboriginal Australian rate of 9.9 per 1000.
- Aboriginal maternal mortality over the period 1976–78 was 7.63 maternal deaths per 100,000 female population, eight times the non-Aboriginal rate of 0.95.
- Hospital admission rates for Aboriginal people 'compared unfavourably' with the general population, with infants and young children experiencing the worst outcomes. Western Australian (WA) figures, for example, showed an Aboriginal infant/child hospitalisation rate four times that of their non-Aboriginal peers.
- Disease of the circulatory system was the major cause of death in New South Wales and Queensland between 1976 and 1981, with the death rate from ischemic heart disease in the 25–44 age group being 20 times that of the total population.

In terms of specific diseases and chronic conditions, 'the limited survey and hospital morbidity data available indicate that, over a wide range of diseases, Aborigines fare very poorly compared with non-Aboriginal Australians' (Thomson 1985:12). Rates of respiratory, ear, diarrhoeal and eye diseases were far higher among Aboriginal populations, along with chronic conditions such as hypertension and Type 2 diabetes.



Veteran activist Chicka Dixon (centre) with AIDA Patron Lowitja O'Donoghue and Tamara Mackean and family, AIDA Symposium, Adelaide, 2007

When Thomson compared the life expectancy of Aboriginal Australians with those of other countries, he found Aboriginal people would be located in the group of 'very high infant mortality countries' – that included Bolivia, India, Pakistan, Cameroon, Haiti and Lesotho – where rates of infant death were between 110 and 120 per 1000 births (Thomson 1985:31). He concluded that 'a consideration of life expectancy at 15 years of age would make the Aboriginal/world comparison even worse' (Thomson 1985:31).

THE RISE OF COMMUNITY CONTROL

This appalling situation could no longer be hidden from view in the 1960s/70s climate of social and political activism. In 1971, a determined band of Aboriginal and non-Indigenous people led by Shirley 'Mum Shirl' Smith, Ken Brindle, Gordon Briscoe, Fred Hollows, and Elsa and Charles 'Chicka' Dixon² made the momentous decision to set up the Aboriginal Medical Service (AMS) Co-operative Ltd in inner-city Sydney's Redfern on land donated by the Catholic Church (Marlow 2016).

Initially a shopfront volunteer service, 'within a year of opening, AMS Redfern had become so popular it was unable to meet the demand for its services' (Marles, Frame & Royce 2012:433–6). This pioneering service sparked the rise of the Aboriginal community-controlled health movement more broadly, with both the Central Australian Aboriginal Congress (CAAC) in Alice Springs and the Victorian Aboriginal Health Service in Fitzroy, Melbourne, opening their doors in 1973.

These early AMSs were run largely by volunteers and funded by donations, and most embraced a much broader definition of health services than solely providing medical care. For instance, CAAC's first services were a Tent Program and a Night Pick-Up Service, both of which provided shelter and safety to Aboriginal people camping in and around Alice Springs (CAAC 2021).

As time went by, other Aboriginal organisations grew to take care of issues like housing, education, and land. But health remained a great concern for Aboriginal people, and in 1975, Congress started a Medical Service in a house on Hartley Street. A doctor was employed and transport and welfare services set up.

(CAAC 2021)

The popularity of the community-controlled health model with Aboriginal people in Central Australia (as elsewhere) quickly became evident:

On 10 October 1975, Congress moved into a converted house on the edge of the Alice Springs central business district. In its first year of operation, there were around four thousand medical consultations. By 1976, this had grown to 9,750 and a dental service and welfare services were also provided.

(Rosewarne et al. 2007:131)

Photograph from AIDA archive

² In 2007, Dr Charles 'Chicka' Dixon addressed AIDA's annual symposium in Adelaide. His message that the struggle for Aboriginal and Torres Strait Islander rights and respect is ongoing, and one that we can't afford to take for granted, was particularly timely given the backdrop of the NT Intervention. As Uncle Chicka said, 'While I breathe, I'll struggle' (AIDA 2007:49).

In 1975, the National Aboriginal and Islander Health Organisation came into being (NACCHO 2021) – the forerunner of today’s National Aboriginal Community Controlled Organisation – and by the mid-1980s there were approximately 35 AMSs operating around the country (Thomson 1985:19). By 2021, this number had risen to more than 140, with AMSs now more commonly referred to as Aboriginal Community Controlled Health Organisations (ACCHOs) (NACCHO 2021).

Although each ACCHO tailors its services to suit the specific needs of its clientele, the common thread uniting all ACCHOs is that they are ‘a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive and culturally appropriate care to the community which controls it, through a locally elected Board of Management’ (NACCHO 2021).

DAWN OF THE DOCTORS

The rise of ACCHOs and other Aboriginal-focused health services in turn spurred the development of a cohort of Aboriginal and Torres Strait Islander health professionals and administrators, with the first accredited training programs established for Aboriginal Health Workers (AHWs) in the early 1970s (Thomson 1985:21). However, it was not until 1983 that Australia had its first acknowledged Aboriginal doctor when Helen Milroy, a Palkyu woman from Western Australia’s Pilbara, graduated from the University of Western Australia (UWA).

Photograph by Brad Newton Photography

Helen Milroy,
Australia’s first
acknowledged
Aboriginal doctor



By comparison, the first native Canadian doctor, Dr Oronhyatekha, graduated in 1866 from the University of Toronto; Te Rangi Hiroa (Sir Peter Henry Buck) became the first Māori doctor to graduate from a New Zealand university (Otago) in 1904; and the first native American woman doctor was Susan La Flesche Picotte, who graduated top of her class in 1889 from the Women's Medical College of Pennsylvania (Anderson & Onemda VicHealth Koori Health Unit 2008).

It was the ground-breaking work of a handful of far-sighted medical academics at the University of Newcastle (UoN) that finally kickstarted the establishment of a small cohort of Aboriginal Australian doctors by the end of the 1980s (Lawson, Armstrong & van der Weyden 2007). Founded in 1975 with a specific ethos of community, equity and engagement, in 1978 the UoN's School of Medicine became the first in regional Australia to enrol medical students. In the early 1980s, with the support of then-dean Professor John Hamilton, the school began to explore the barriers to entry for Aboriginal and Torres Strait Islander people.

In 1984, the school set aside four places specifically for Aboriginal and Torres Strait Islander students – the first time such an entry program had been done anywhere in Australia. Among that first intake was Louis Peachey, who subsequently became AIDA's first president in 1998.

By that stage, a then-teenaged Louis had abandoned his engineering studies at James Cook University (JCU) and was casting around for alternative career choices.

'The culture of the university was something that I just hated,' he said. 'Having grown up in north Queensland I was, you know, fairly used to the white supremacy and a good bit of racism.

'It had been my hope when I went to university [in 1983] that I might... see a little bit less racism. The racism was probably about the same, but the thing I must admit that just really turned me [off] was the misogyny.'

Louis only found out about the UoN's medical entry program through a chance conversation with a Department of Education field officer.

'[He said] "Newcastle Uni's opened up four places for Murris in the medical school, [are] you interested?". So full of bravado and bullshit... I said, "Yes, yes, of course. Yes, that sounds like me." When I got home, I pulled out the Jacaranda atlas to find out where Newcastle was... but apart from that, I didn't know anything else.

'The University of Newcastle was advertising the concept so they had arranged... community meetings in a number of regional areas basically to get the message out that they're looking for young Indigenous people wanting to go to medical school. So, I went to one of these meetings in Cairns...

'[The presenter] said that [the year before] in 1983 a group of medical students, a third-year group of medical students for their population health project, decided to count up all of the Indigenous doctors in the country that they could find. When they did that, they got point nine [0.9]... and that was it, that was all that they could find.

'So, when the [UoN medical] faculty was confronted with this information they said, "Well, okay, we can do something about that you know, we're a doctor-making factory, this is what we do for a living. We may not be able to fix all... these other inequities... but this thing, we can do this thing, so let's just do this thing." So they did.'

Among the other three Aboriginal students in that first UoN intake was Sandra Eades, a young Noongar woman from Western Australia who went on to become Australia's first Aboriginal Dean of Medicine at WA's Curtin University.

'Sandy [Eades] was a big support,' Louis said. 'Sandy and I went through the whole way together. And so she was certainly a very significant support for me... but the main support for me came from my mentors, none of whom were Indigenous. [That was because] the total number of Indigenous doctors was still Helen Milroy.'

Mark Wenitong nominated a number of key factors that made UoN's medical school such a success in nurturing Aboriginal and Torres Strait Islander medical talent.

'One, it was innovative and because their medical education was self-directed learning... it actually was a lot more inviting for a lot of our mob in that style of education, and hands on, so you know you're seeing patients in the first week,' he said.

'The second part was that the whole faculty bought into it... even the people that I thought were the harshest hard-nose clinicians and stuff like that. There were minutes [of meetings] where they said, "Well, if we're going to do this for Aboriginal people, we need to make sure that we've got our act together rather than just getting them here and let them fail".

Sandra Eades and
Louis Peachey, the first
Aboriginal graduates in the
University of Newcastle
medical program, 1990



'The third thing was that we had our own little space in the medical department... having a space within [the] medical department... in a room in amongst all the rest of that, everybody else, made us feel a lot more like we actually belonged in the medical department.

'And we had a cohort of [black students] as well. At the other universities you only had one or two blackfellas sitting there by themselves, trying to answer every question about black health and stuff.

'It really helped at the time and we totally supported each other... particularly over those developmental years... when there was only, in Newcastle Uni, there was just Louis and Sandy Eades who had graduated by then, and me and Ngiare [Brown] followed and Alex Brown.'

Louis and Sandy Eades graduated in 1989, as did Ian Anderson at the University of Melbourne (UoM) – and in a stroke there were four Aboriginal doctors.

Ian recalls he was 'one of a few, very small number of rural kids and the only known Aboriginal kid at the time [studying medicine at UoM]'.

'I remember the experience was reasonably difficult,' he said. 'For a lot of my university life I remember being quite lonely.

'I think it was a fairly unfriendly environment for students who didn't come from elite private schools. And to be fair, on the other hand, we did have... some remarkable lecturers who really supported us. But most of my emerging peers were working in Aboriginal health outside of the university and [were] not part of the university system.'

Photograph courtesy of University of Newcastle Library's Special Collections


The following year this early cohort was joined by Wakka Wakka and Kalkadoon man Noel Hayman, who graduated from the University of Queensland (UQ) as a mature-age medical student after pursuing an earlier career as a food scientist. Noel and fellow student Christine Woolgar were the first two Aboriginal medical graduates to emerge from UQ.

By 1991, there were six Aboriginal doctors in all of Australia – Helen Milroy (UWA), Ian Anderson (UoM), Sandra Eades (UoN), Louis Peachey (UoN), Noel Hayman (UQ) and Christine Woolgar (UQ). It was a modest beginning, but a beginning nonetheless.

CHANGE GATHERS PACE

Change continued apace in the wider health landscape. In 1984 the responsibility for all Commonwealth Aboriginal and Torres Strait Islander health programs was consolidated within the Department of Aboriginal Affairs, then run by Australia's first-ever Aboriginal departmental secretary, Dr Charles Perkins AO. A civil rights activist who dedicated his life to achieving justice for Aboriginal and Torres Strait Islander people, in 1966 Perkins became one of Australia's earliest Aboriginal university graduates.

Photograph courtesy of the collection of the National Archives of Australia



Charles Perkins at a demonstration outside Old Parliament House during Queen Elizabeth's visit, Canberra, 1974

Key Aboriginal-focused health research capability also came into its own, with the Menzies School of Health Research founded in Darwin in 1984, and the forerunner to the Aboriginal Health and Medical Research Council established in Sydney in 1985. At the same time, light was being shone on the dark underbelly of Australia's race relations, with Labor Prime Minister Bob Hawke announcing a Royal Commission into Aboriginal Deaths in Custody in 1987.

Against this background, work had quietly begun on a National Aboriginal Health Strategy (NAHS), with a Working Party established in 1987 under chairperson Naomi Mayers, then director of the Redfern AMS. The final report was released in 1989 and proved ground breaking in its focus on maximising the involvement of Aboriginal and Torres Strait Islander people in our own health care, and on determining our own health research priorities (NAHWP 1989). More than 30 years on, the NAHS continues to be influential.

Reflecting on the NAHS, Working Party member Professor Shane Houston described it as a breakthrough both for policymakers and for Aboriginal and Torres Strait Islander community health services:

I think, looking back on it, it was one of those key turning points in the Aboriginal health movement across the country that just flipped the debate, that created a new way of talking about, a new way of engaging [with] and a new way of solving the challenges that we confronted.

(AIATSIS/Lowitja Institute 2017:13)

In the following year (1990) the Aboriginal and Torres Strait Islander Commission (ATSIC) came into being, with Pitjantjatjara woman Dr Lowitja O'Donoghue – among Australia's first Aboriginal nurses, former Australian of the Year and a future AIDA Patron – appointed as inaugural chairperson. ATSIC assumed national responsibility for Aboriginal and Torres Strait Islander health, replacing both the Department of Aboriginal Affairs and the Aboriginal Development Commission.

MABO HERALDS A NEW ERA

When the High Court of Australia handed down its landmark Mabo decision in 1992, the prospect of Aboriginal and Torres Strait Islander people achieving self-determination finally seemed a realistic proposition. After 200 years, the legal concept of *terra nullius* – 'land belonging to no-one' – was overturned, and our prior ownership of the lands, waterways and seas which became Australia was at last acknowledged in the highest court of the land.

Political acknowledgment came soon after in the form of Labor Prime Minister Paul Keating's landmark 'Redfern speech'. In December 1992, Keating told the gathered audience in Sydney's Redfern Park that 'by doing away with the bizarre conceit that this continent had no owners prior to the settlement of Europeans, Mabo establishes a fundamental truth and lays the basis for justice' (Keating 1992).

With the passage of the *Native Title Act* in 1993, the familiar policy and political landscape we now inhabit was coming into view. NACCHO was established in the same year, followed by the Aboriginal Medical Services Alliance Northern Territory in 1994.

In 1995 another significant change took place with the transfer of responsibilities for funding Aboriginal and Torres Strait Islander health services from ATSIC to the new Office of Aboriginal and Torres Strait Islander Health (OATSIH) within the Commonwealth Department of Human Services and Health. NACCHO and many of its affiliates supported this transfer, seeing it as a way of gaining equitable access to a much larger pool of health funding than was available under the ATSIC allocation (AIATSIS/Lowitja Institute 2017:16).

At the same time more Australian medical schools began encouraging the recruitment of Aboriginal and Torres Strait Islander medical students by offering specific entry programs. UWA was one of the first to implement such a program in the early 1990s, augmented in 1996 when it opened the Centre for Aboriginal Medical and Dental Health. The new Centre provided both a student entry pathway and assisted the various medical departments with teaching about Aboriginal health. In 1999, JCU opened its own medical school with a specific focus on producing Aboriginal and Torres Strait Islander doctors, followed in 2003 by the creation of an Indigenous Health Unit to improve student recruitment and retention across all health disciplines (Lawson, Armstrong & van der Weyden 2007).

Negotiations also commenced to establish a Cooperative Research Centre (CRC) for Aboriginal and Tropical Health in Darwin, with the vision of creating a vehicle for Aboriginal and Torres Strait Islander people to take control of our own health research agenda, as recommended by the NAHS. This vision was ultimately achieved on 1 July 1997, with Lowitja O'Donoghue becoming chair of the new CRC. Today the CRC lives on as the Lowitja Institute, Australia's national institute for Aboriginal and Torres Strait Islander health research.



The Australian Human Rights Commission's ground-breaking 1997 report on the Stolen Generations

Earlier that year the Australian Human Rights Commission released its landmark report *Bringing them Home*, the outcome of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families – the children known as the Stolen Generations (AHRC 1997). The inquiry had taken two years, with hearings across the country exposing the brutal and genocidal practice of forced removal of our children from their families. It ultimately resulted in Labor Prime Minister Kevin Rudd's official apology to Aboriginal and Torres Strait Islander peoples in February 2008.

Just a few weeks before the report was released, in the conference room of a low-key resort in Salamander Bay in NSW's Hunter region, a small group of Aboriginal and Torres Strait Islander doctors, health academics and medical students came up with a brilliant idea. There were just 24 Aboriginal and Torres Strait Islander medical graduates across the whole of Australia, and most of them were in that room: which brings us to the main part of our story.

Foundation – The Early Years, 1997–2002

AIDA in its present form was far from the minds of its original architects when they first met up as medical students in the late 1980s/early 1990s.


'I think there would be a lot of our members that would say that when they were younger, or when they were growing up... doing medicine, being a doctor, let alone any other kind of... specialist within the field had never even occurred to them,' AIDA founding member and Yuin Nation woman Professor Ngiare Brown recalls in an interview for this history.

Like so many of her University of Newcastle peers, Ngiare had defied her own expectations and those of her community to make it into UoN's medical school as part of its early intake of Aboriginal and Torres Strait Islander students.

'I went to... some ragtag high school on the [NSW] south coast,' she said. 'I was kind of told at high school, don't get your hopes up, don't set your sights too high, because you'll never get to those sorts of lofty heights of... studying medicine [or] whatever else. It was a very multicultural school so I never got the sense that they said that because I was Aboriginal.'

'In terms of discrimination, I actually didn't get a sense of that until I went to university, which surprised me, because I thought this is an institution for learning and bringing together people with diverse experience and interests. And yet I got hassled... and I remember someone saying to me specifically, you don't deserve to be here. You are taking the place of a good white student.'

'I was mortified... we were at an 'O Week' camp on a weekend. And there's this guy, he's a couple of years in but that's no excuse, right? What was the joke? How do you tell if an Abo has robbed your house or something like that; I won't repeat the answer because it makes me feel nauseous. But Louis and I were standing right behind him.'



Ngiare Brown, a founding member of AIDA

In terms of discrimination, I actually didn't get a sense of that until I went to university, which surprised me... I remember someone saying to me specifically, "You don't deserve to be here. You are taking the place of a good white student."

'Now, Louis, as much as he is the man mountain, is a pacifist, although he can cut you to shreds just with the edge of his tongue. I on the other hand at that stage was far more likely to punch this man in the face.'

Even before graduating in 1989, Louis had noted the growing numbers of Aboriginal and Torres Strait Islander medical students at UoN and begun thinking about setting up an alumni association as a way of providing mutual support to counteract the racism and isolation they often experienced.

'[It was] 1988, that was when I first met Ian Anderson,' Louis said. 'There was a conference to celebrate the 10th year... of Newcastle Medical School. And it was a series of conferences, over a two-to-three-week period... and the last of the conferences was an Indigenous health conference, which was actually titled 'Aboriginal Health in Aboriginal Hands'.

'It was at that conference that I then got interviewed by the Newcastle University radio. And that was the first time I expressed my desire to create an alumni association... I went on the public record saying that... it might be handy... if we get an alumni association [so] we can at least have, we can provide, some degree of mentorship along the way. That was the germ of the idea.'

Photograph by Brad Newton Photography

Although UoN continued to be the epicentre of change, there was a growing number of Aboriginal and Torres Strait Islander medical students enrolled at medical schools around the country, and conversations were taking place across and between campuses about setting up a mutual support network.

Ian Anderson recalls that 'there were quite a number of graduates in the early 1990s, some who came through in the late 1980s, but there were only a small handful of Aboriginal doctors in Australia'.

'So, I went up to speak to Richard Gibson [who was in an academic support role] at the University of Newcastle [Medical School],' he said. 'Newcastle had graduated so many Aboriginal doctors, and [I] proposed to Richard and the University of Newcastle just to test, to see if they were interested in hosting a gathering of Indigenous graduates and students to facilitate a conversation around the development of an Indigenous medical network or structure to support Indigenous doctors.'

It was around this time that Mark Wenitong, who had finished his internship and graduated as a medical doctor in 1995, began working part-time at UoN in the medical school's Indigenous Support Unit after taking time off from his clinical role at Hunter Area Health Services.

'Me and Louis had been talking about alumni for Newcastle Uni because we'd kind of been the success story in graduating Aboriginal and Torres Strait Islander medical students,' Mark said.

'Gail Garvey had taken one of the positions of medical educator at Newcastle Uni. She took care of the cohort of students that were coming through, and I took some time off from [my] clinical [role] to [work] part-time... there as well in the [Indigenous] Support Unit. So that's when we hatched the idea of, well, let's have a big conference and get everybody back here if we can.

'What we were trying to do was track down all of our students who had dropped out as well and especially invited them... so that we could engage and work out what to do better. And what ended up happening with that meeting was that everyone came, including medical students from the other universities and Canadian Aboriginal, Māori, some native Hawai'ians.

Photograph by Jamie Kidston / Australian National University

... there were quite a number of graduates in the early 1990s, some who came through in the late 1980s, but there were only a small handful of Aboriginal doctors in Australia.



Ian Anderson, one of Australia's earliest Aboriginal medical graduates

'And so it turned into something a bit bigger [than we had planned], and that was when we kind of went, well, why would we do an alumni for just Newcastle Uni [when] half the people that are here are not even associated with Newcastle Uni anyway? So that's when we started thinking about, well, let's start an Aboriginal Doctors' Association here in Australia.'

Professor Gail Garvey is a Kamilaroi woman who grew up in NSW's Hunter Region. She is now at the University of Queensland leading a program of cancer and wellbeing research in Aboriginal and Torres Strait Islander populations but back then she was a young high school teacher looking for a career change.

'When I was a teacher, I used to participate in the [UoN] medical school interviews, as a representative from the community, to recruit students into the [special entry program],' Gail said. 'I was on the panel of many [of the earlier Aboriginal graduates]... and so had a connection to the medical school.'

When a job came up as the Aboriginal and Torres Strait Islander Students' Liaison Officer in the medical school, Gail was the natural choice with her experience in education and participating on the school's selection panel.

Photograph courtesy of Gail Garvey

At that time, across Australia, some medical schools were saying, "It's too hard, I'm not going to enrol any Aboriginal and Torres Strait Islander students, leave that to the University of Newcastle because they're doing [it] well".

Gail Garvey was instrumental in organising the Salamander Bay meeting

THE UNIVERSITY OF NEWCASTLE
AUSTRALIA



'I started [working at UoN] in 1996... and one of my tasks in being appointed was to help [Mark Wenitong] follow on with this conference... of Aboriginal interests around the graduates and undergraduates in medicine,' she said. 'Mark had really started to sketch out what some of the ideas [were for the conference].

'At that time, across Australia, some medical schools were saying, "It's too hard, I'm not going to enrol any Aboriginal and Torres Strait Islander students, leave that to the University of Newcastle because they're doing [it] well".

'So my role was to identify the factors that were impacting on the students' course progression so we could develop and implement strategies to overcome these. And... everyone was obviously interested in that work.'

THE ROAD TO SALAMANDER BAY

Louis says his thinking around an alumni association had started to become more defined by 1996.

'At the... Newcastle medical school graduation ceremony, which must have been in April of that year, I went along and attended,' he said. 'Newcastle medical school was graduating another five [Aboriginal and Torres Strait Islander students], so suddenly we went from single figures to 11 graduates. So, I wrote a letter to the other 10 graduates outlining my vision for this alumni association... with the two main aims and five or six objectives.

'Obviously my vision was too small, we needed a national alumni, not a university-centric alumni. [But] I had a copy of that letter in my stuff. It came out of the cupboard and the aims and objectives on that original letter then just got transposed to AIDA.'

Gail started firming up the conference schedule towards the end of 1996, contacting potential attendees and speakers and drafting a conference schedule.

'[Mark] was thinking [the conference] could be scheduled for early December 1996, but it never sort of developed or got up,' she said. 'That's when I... came on [and] took it on board.

'At that time, the number of Aboriginal and Torres Strait Islander medical graduates was small, the student [numbers] were slightly larger. Those of us who were working in this space knew of every Aboriginal and Torres Strait Islander student in the whole country and [every] graduate... you knew them by name.

'We always worked very closely with... the Commonwealth Office of Aboriginal and Torres Strait Islander Health, and they were very interested in what we were doing and were very supportive.'

As luck would have it, by late 1996 Ian Anderson had moved to Canberra to take up his new role as Medical Adviser with OATSIH, so was well positioned to present the conference as a great funding opportunity for the organisation.

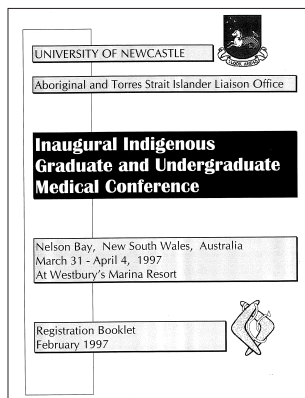
'We funded [the Salamander Bay] conference from the Office of Aboriginal Health,' Ian said. 'That brought together... most of the existing medical graduates and some of the students at the conference... with the view that actually it would be good to set up an Indigenous medical network that became the Australian Indigenous Doctors' Association.'

Preparations began in earnest and, after a few false starts, the Salamander Shores Resort at Port Stephens, an hour's drive north of Newcastle, was chosen. The OATSIH funding covered all the delegates' accommodation and transport costs, a huge relief to organisers given the poor financial state of most of the Aboriginal and Torres Strait Islander students.

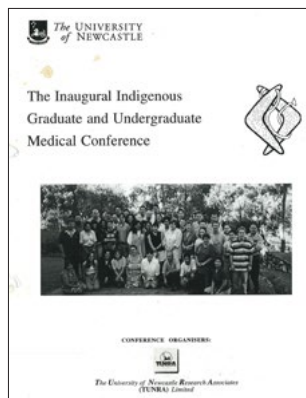
In February 1997, Gail began sending out registration booklets for the Inaugural Indigenous Graduate and Undergraduate Medical Conference, slated to run from 31 March to 4 April of that year (UoN 1997a). The booklet advised recipients:

There are a variety of initiatives being established to redress the substantial under representation of Aboriginal and Torres Strait Islander peoples in Australian medical schools.

Although there have been some discussions that have led to the sharing of knowledge and expertise, these have not been coordinated. Indeed, many of the initiatives have stemmed mostly from debates about rural health.



Inaugural Indigenous Graduate and Undergraduate Medical Conference Registration Booklet and Proceedings, 1997



SALAMANDER BAY AND THE GERM OF AN IDEA

Statistics compiled around the time of the conference show just how small the Aboriginal and Torres Strait Islander medical fraternity was in 1997 (Garvey 1997). Across all of Australia there were only 23 Aboriginal and one Torres Strait Islander medical graduates and 46 Aboriginal and Torres Strait Islander medical students. These students, representing just 0.7% of all Australian medical students at that time, were enrolled across eight out of the 10 medical schools but, to our knowledge, only six medical schools had graduated Aboriginal and Torres Strait Islander medical graduates.

The conference attendance list shows 51 delegates made it to Salamander Bay. These included 18 Aboriginal and Torres Strait Islander medical graduates – almost the entire cohort in Australia at that time – 21 Aboriginal and Torres Strait Islander medical students, four native Canadian medical students and one Métis physician.

Associate Professor Kris Rallah-Baker, a Yuggera/Warangu/Biri-Gubba/Wiradjuri man, was one of those students. At just 18 he was in his first year at UoN medical school.

'My head was still spinning after a couple of months in medical school and settling in down there,' Kris said. 'And then this idea came through, "Oh, we're gonna have a conference, we're going to get all the people involved to Salamander Bay".'

Gail says the conference's main aim was 'to connect people together... so that they can pretty much share their experiences – especially the graduates – and what were the factors that enabled them to get through the course'.

'We [also] invited, at that first... conference, students who had... decided medicine wasn't for them, to come and share some of their experiences... as this is really important information that can help inform support programs. We also wanted to know how our students were being supported across the respective universities, and what was most helpful in supporting them.'

The scene was set.

Photograph from AIDA archive



There was no plan at that point from that very junior level, which was my level, and certainly no discussion in the unit to establish an entity that became AIDA. It was simply to sit down and work out how we could form a network to support each other.

'Of course, most of those people were Newcastle people, so I already knew most of them. I was like, okay, well, let's go up and sit around. There was no plan at that point from that very junior level, which was my level, and certainly no discussion in the unit to establish an entity that became AIDA. It was simply to sit down and work out how we could form a network to support each other.

'Now, I've since learned that Mark Wenitong and Louis and Ngiare had had conversations before the event... so there was a framework of an idea, but Louis very much drove the idea...'

Ngiare concurs: 'By that time [the Salamander Bay conference] we had a really good cohort of students and graduates, but it [forming an association] had always been part of our conversation. Louis Peachey in particular... really felt that we needed that collegiate group.

'He said, you know, "The AMA has it, and other organisations have it." He said, "I don't want it to be like that, I want it to be like us. And the heart of it is that we're not just doctors, that we're Aboriginal and Torres Strait Islander doctors.'"

Kris remembers arriving at Salamander Shores on Monday 31 March 1997, ahead of the conference's official opening that evening.



Salamander Shores Resort, Port Stephens NSW, which hosted the first Aboriginal medical alumni conference

'[The resort] was daggy but it was affordable!', he said. 'And we had these daggy old rooms, mine looked over the water. It was back in the days of the Walkman. And I remember, because we didn't have Internet or anything, [that] when times were quiet I'd have my Walkman.'

'I had these little sample tapes from my mates back in Brisbane. I'd click them on and there's still a couple of songs when I hear them it takes me back to Salamander Bay. But look, it was very friendly, it was exciting. It was really collegiate by the end... there were lots of parties in the rooms.'

Gail has a vivid memory of how excited everyone was: 'It was... the place to be. People were... meeting each other for the first time, sharing their experiences, and yeah, I think it was just a really exciting time.'

Gail also brought her then seven-year-old niece Nicole to the conference, as she regularly accompanied her to meetings and medical school events and this was a special occasion. Little did Gail know then that, some years later, Nicole (Whitson) would both study medicine at Newcastle and be the AIDA student representative, and is setting her sights on a career in obstetrics and gynaecology.

The four-day conference schedule reveals a packed agenda, with presentations by overseas and local dignitaries, reports from medical schools in Australia and Canada, and two days of intensive group discussions. The conference chair was Ms Laurel Williams, who at the time chaired the NSW Aboriginal and Torres Strait Islander Higher Education Network.

There was also plenty of downtime, including a memorable Dolphin Watch Cruise at the end of Day 2. In the words of Kris Rallah-Baker:

'So, you can imagine a bunch of medical students and we're all pretty young. I don't know if there would have been really many of any of us above the age of 30 or 35, most of us were in our 20s or younger.'

'We went on this dolphin cruise but we saw no dolphins that evening, none at all. It was a lot of fun; there were a lot of laughs. It was just a typical blackfella event where, you know, it's about the people. We're there to do important work, but you have to do it with a smile...'

Of the formal conference business, none of the presentations and speeches survive. Fortunately, Laurel Williams' summary of the group discussions does exist, including these inspirational final lines:

Please do not 'self doubt'. You must remember that Aboriginal communities are proud of what you do, whether that is as a doctor, a cleaner or a teacher as long as you try your best. Decide for yourself what you want to be and you will succeed.

We have to support those who will be leaders and role models for other Aboriginal students. Indigenous people throughout the world need to bear that in mind and take on the roles of leaders and mentors for those who are going to follow and continue to make social change.

(UoN 1997b:6)

While there is no mention in the conference schedule of forming an Australian Indigenous Doctors' Association, the personal recollections of those who were there show that the idea gradually percolated to the surface of conversations and of delegates' minds as the conference progressed.

'The Salamander Bay meeting was fantastic,' Ngiare said. 'I think you'd be hard pressed to find somebody who just didn't think that that was such an amazing meeting.'

'There were our students and graduates, [and] there were our international guests. They'd also come because they had... organisations, but they also had issues. They were also part of that extended family.'

Photograph courtesy of Bannisters Port Stephens

'So that was actually the meeting whereby we agreed on the premise that it would be fantastic to have an association. Yep, whatever that might look like, that would be really cool.'

Another who highlighted the impact of the overseas delegates is Noel Hayman: 'At Salamander Bay, we had people from Canada... and they were a bit more advanced than us. And that's what gave me the strength to actually pursue that [idea of an association]... To me, it was talking to those other mob to say, "Well, you know, that's a good idea".'

Kelvin Kong was a medical student at UNSW at the time he attended the Salamander Bay conference. Although he hadn't come across many Aboriginal or Torres Strait Islander students or medical graduates up to that point, he was already in awe of those UoN medical graduates who were leading the charge to form an association.

'I still remember to this day walking into that room... and there were all my celebrities, my heroes, my academic mentors... people like Louis Peachey, Sandra Eades, Ngi Brown, Mark Wenitong. Really, I had goose pimples all over me,' he said.

'I don't think I said a word the whole day, except "Hello", because I was too nervous. But when they started talking about forming this organisation, of course, it was a no brainer for me that I wanted to be around these people as much as I possibly could and absorb just by osmosis.'

Photograph by Brad Newton Photography

Kelvin Kong, former
AIDA Board member

I still remember to this day walking into that room... and there were all my celebrities, my heroes, my academic mentors... people like Louis Peachey, Sandra Eades, Ngi Brown, Mark Wenitong.

THE SEED SPROUTS

After the success of the first conference, a second conference was held at Salamander Bay from 14–16 July 1997 to follow up on business and actions left unfinished from the first. Not much detail from this second conference has survived beyond a brief summary of the proceedings prepared by Gail Garvey shortly afterwards (Garvey 1997). This shows some 31 people attended, including representatives from nine of the 10 medical schools, the Indigenous Australian Health Resource Centre (NSW), the Royal Australian College of General Practitioners, the Australian Medical Association, OATSIH and Hunter Area Health, along with Aboriginal and Torres Strait Islander Australian medical graduates and students.

Much of the discussion focused on ‘issues raised from the student and graduate conference’ and to ‘plan appropriate responses’. The summary also shows that Aboriginal and Torres Strait Islander health curriculum development matters were discussed. Another outcome of this second meeting was that a small contingent of attendees – including Gail, Simone Raye and Tamara Mackean – continued these international collaborations by travelling to Canada shortly afterwards in August 1997 to present at the IPAC Conference.

Gail says a key moment of the second Salamander Bay conference was ‘the presentation by Mark and Louis... on [the] Indigenous Australian Medical Doctors Association’.

‘They already had that sort of title, and so it was really around further consultation and developing the aims of the association,’ she said. ‘[Also] how links would be developed and maintained with communities and peak bodies and organisations.’

‘All participants agreed... on the concept of these aims and objectives, but noted further developments were required for these to be implemented.’

Ian Anderson remembers it was at this second conference that Louis Peachey ‘put up his hand to lead the first AIDA’.

‘He actually asked me – Louis is very generous – he said, “Brother, do you want to do this?” I said, “Louis, I work for the government, I can’t do this, this is your moment”.

‘Look, I think it was a powerful moment. I think most of us... relative to where we’ve landed, I think probably would look back and see ourselves as being quite naive at the time. Naive but knowing.’

‘If you look back on that group of people, and look at where they are now, in terms of their career, their multiple contributions to Indigenous health, it was a profound moment and was profoundly the right thing to do.’

HARD WORK BEGINS

Now began the hard work to flesh out the concept of an ‘association’. Mark Wenitong describes the post-conference period as ‘the most important part’ in ensuring AIDA’s long-term viability.

‘We developed a reasonably fast strategy around where [we] wanted to be,’ he said. ‘We thought, let’s put ourselves centrally in the health system so it can’t be as effective without us being there, being spokespeople, being vocal, being advocates and stuff like that.’

In a stroke of fortune, among the delegates at the conferences was a mature-age medical student named Alan Eldridge, a Wiradjuri man from Narrandera on the Murrumbidgee River who was already a qualified accountant and had previously run an accounting practice.

‘He, [Alan, ended up] pulling out of medicine but he was the only one [of us] who had the kind of nous to give us a bit of an idea of what [we had to do],’ Mark recalled. ‘You know, we had to have a treasurer and we had to have a secretary and we had to have some money and stuff like that. We had 200 bucks, [which] felt pretty good!’

Another issue that had to be resolved was what to call the embryonic ‘association’. One suggestion was the Aboriginal Medical Association but as Mark wryly points out, ‘that acronym had already been taken’.

Louis says ‘the other thing that came up... [was] the Verdi opera Aida, that was doing a big tour at the time’.

‘Part of the joke was that if... we made our acronym the same name as that, then we might get people looking them up and accidentally find out about us, so we could tag on the back of the name,’ he chuckled.

Another issue that had to be resolved was what to call the embryonic ‘association’... The Verdi opera Aida was doing a big tour at the time. Part of the joke was that if we made our acronym the same name as that, then we might get people looking them up and accidentally find out about us, so we could tag on the back of the name.

Louis Peachey

Thus, it was that a Verdi opera proved the inspiration for the nameless ‘association’ to become the Australian Indigenous Doctors’ Association.

Louis agrees that Alan Eldridge was a key figure in AIDA’s early development.

‘He had his own accounting firm and they did a lot of the business for us, they did a lot of the organising and stuff for us and... were our makeshift Secretariat until we actually got one,’ Louis said.

‘Alan had some ideas for the constitution, borrowing a bit from that mob’s constitution and that mob’s constitution... The actual [AIDA] constitution itself was physically written by Ray Gadd, he was the Student Representative³ and he physically typed the original constitution on an old laptop of Alan’s.’

Ngiare says the key players keeping AIDA moving forward at that time were ‘the crazy five’ – herself, Louis, Noel, Mark and Alan.

‘Initially, [we] just went on a bit of a rampage then to find where we could get some funding, our constitution, become incorporated,’ she said.

‘We also then had a bit of flexibility... because we’d graduated... [and] I was working. I think at that time I’d started working with the AMA. Now they have a fair bit of pull, and they were very supportive.

³ In 2008, Student Representatives on the AIDA Board were given the title Student Directors.

'We just tapped into our leads – Ian was with the Commonwealth, Alan pulled together the articles of association, we got that part done. Ian got us an 'in' [with the Government] so we went and presented – I think it was Louis, me, Noel, Mark, whomever else it was – to the Commonwealth about getting some funding to just get some of the initial stuff done.

'When we finished talking about all of that, they looked at us across the table and said, "well, that all sounds a bit ambitious". And we just said... "you say it like ambition is a bad thing". I said, "We not only can do that, but we are doing that".'

Shortly after that meeting, and with the benefit of Ian's internal lobbying, OATSIH provided the first batch of funding for AIDA. Ian says a key factor behind the funding decision was that 'we wanted to bring in Indigenous folks into policy and research and other forms of the system'.

'That was partly on my observation in Canberra [about] just how influential doctors were in the policy-making space,' he said.

'We had a Minister, Michael Wooldridge, a medical doctor who had a very strong passion around Indigenous health and some key formative influences around him. He really understood the health policy system and the need for a pluralistic approach to policy development that included the Aboriginal community-controlled sector, the doctors and also the nurses... And, of course, we worked for the government, so we had the backing of the government.'

'I can't remember how much [the funding] was,' Louis said. 'It was a significant amount [so] that we could pay a salary to Ngi and a salary to an office person.'

'We made the seed funding last for three years, I think, instead of one, so they should have loved us,' Ngiare said. 'And we did, we made them look good, and we did stuff for them... I think Ian was instrumental in the introductory phase and getting people interested and actually helping to create that pathway for us.'

Louis recalls that most of AIDA's administration in those early days 'happened out of a spare room in Ngiare's apartment'.

So we went and presented... to the Commonwealth about getting some funding... When we finished talking... they said, 'well, that all sounds a bit ambitious'. And we just said... 'you say it like ambition is a bad thing. We not only can do that, but we are doing that.'

Ngiare Brown

'Ngiare was our public officer... and she pulled together the very first conference at Coogee [in Sydney]. [I think] it was at the Coogee Bay Hotel, but I wouldn't want to swear on a stack of bibles about that,' he said. 'But anyway, the first conference or the first, whatever we call it, AGM/conference, whatever the thing was, just blackfellas getting together, was at Coogee...

'Official votes and all that sort of stuff... and I went from being an unofficial president to being an official president... Mark was the treasurer, Noel was the secretary, Ngiare was the public officer and Ray was the student.'

Shortly afterwards AIDA officially came into being, with the organisation registered with the NSW Office of Fair Trading in 1998. The following year Ngiare was appointed as AIDA's first CEO.

'So that's how I started [as the first CEO],' Ngiare said. 'I was in my spare room on the computer, you know, tap-tapping away, often at 2am, because that's when people in Canada were awake.'

HITTING THE GROUND RUNNING

The energy and enthusiasm of those first years seems incredible to all those who were part of it. Louis describes AIDA's early work as 'a really, really good smoke and mirrors campaign'.

'We managed to make Ngi and Noel and Mark and myself look like we're about a couple of dozen people,' he said. '[We] were always having to take leave without pay and days off to attend stuff... you did it in your spare time.'

Mark says a lot of effort went into lobbying ministers 'pretty strongly'.

'Some of the committees we sat on... the Health Workforce Committee was the first, it was the first Indigenous Health Workforce Strategy that the feds were coming up with,' he said.

'Being around at that stage was very good for us because it just meant that we could get investment in what we were doing. And it was fantastic having another Aboriginal medical doctor as the medical adviser for [OATSIH], Ian Anderson. He just saw the potential.'

AIDA's early work was a really, really good smoke and mirrors campaign. We managed to make Ngi and Noel and Mark and myself look like we're about a couple of dozen people. [We] were always having to take leave without pay and days off to attend stuff... you did it in your spare time.

Louis Peachey



Attendees at AIDA's AGM, Minjerribah, 2000

Against this frenetic background the second AIDA conference took place in Bondi in 1999, with the third at Minjerribah (North Stradbroke Island) the following year. Shannon Springer remembers that when he joined AIDA in 2000, it 'was still galvanising itself, and working out really about developing a critical mass of Aboriginal Torres Strait Islander doctors and changing the health workforce'.

'I think I was the second Student Representative on the Board of Directors [in 2002]. It was really galvanising to have a shared collective understanding that the challenges of going through the system of education wasn't unique to me, it was a universal challenge across Australia,' he said.

Another to join AIDA at that time was Dr Kiarna Brown (née Adams), a Yadiagahana (Cape York) and Gurindji (Northern Territory) woman who was in her first year of medicine at UWA.

'Everyone was going to... [Minjerribah] Stradbroke Island, and I met people like Ngiare Brown and Louis Peachey, and then all the other crew that were around my age and my year of training,' she said. 'So Shannon Springer and Aaron Davies and all those people.

'It was all new to me, it was amazing. And just all these people who had come from everywhere around the country, and had this passion and energy and just wanted to do great things.'

Photograph from AIDA archive

GOING FOR GOLD

The year 2000 was a momentous one for Australia. Sydney hosted the Olympic Games, Cathy Freeman won gold, and AIDA secured the then Governor-General Sir William Deane as a key supporter and, ultimately, an AIDA Patron.


As Louis describes it: 'One day [I get] a phone call. Ngiare rings up and says... "Louis, the Governor-General wants to meet us". [And I say] "You sure? Why does he want to meet us?"'

'And Ngi says, "I don't know, he just said he wanted to meet us, so we need to go and meet him".

'So we all [Drs Peachey, Brown and Wenitong] met together... and we get a couple of cars and we go to the GG's place, which was originally supposed to just be a brief meeting because this is our proxy head of state... But in the meantime, Uncle Bill had set aside a whole bunch of time, so we then went... and sat in his office and had a long chat with him... and we then dropped into the palace itself next door and had a feed!

'At the end of that Sir Bill had offered to do an official launch for us at some stage... It was about two weeks out from the Olympics that he did the official launch of [AIDA] at Admiralty House [in Sydney].

'As he's doing the launch, he just wanted to pass on regards from a guest staying with him the night before at Admiralty House, one Nelson Mandela. So, these two old men had been discussing long into the night among other things the creation of this new Australian Indigenous Doctors' Association.



Kiarna Brown, former SRC
Student Director and AIDA
Board member

Everyone was going to...
[Minjerribah] Stradbroke
Island... It was all new to
me, it was amazing. And
just all these people who
had come from everywhere
around the country, and
had this passion and energy
and just wanted to do great
things.

Photograph by Brad Newton Photography



Martina Kamaka,
co-founder of
PRIDOC

[Te ORA] invited me and our president... [from 'Ahahui o nā Kauka, the Association of Native Hawai'ian Physicians]... in 1999 [to visit New Zealand].... And there's Dr Ngiare Brown, and AIDA is doing the same thing we are... so that was kind of the start of just an incredible collaboration, partnership, friendship that the three organisations had.

'It was a gobsmacking moment... we were black, so there was no bigger hero any of us had [than] Nelson Mandela. The only better you could have gone was that God Himself had actually popped in as well!'

BIRTH OF PRIDOC

Another momentous event that took place in 2000 occurred during a low-key game of golf on Minjerribah (North Stradbroke Island); no-one remembers who won, but the outcome has reverberated around the Pacific Ocean ever since.

One of the golfers was Martina Kamaka, then a young native Hawai'ian family physician who had graduated from the University of Hawai'i four years previously.

'There were a group of us who realised that we really needed a native Hawai'ian Physicians Association, not only for ourselves, but to address our horrible health statistics,' Martina said. 'So we started searching on the Internet for Indigenous or minority medical associations where we could get some guidance as to bylaws and, you know, logistical stuff like that. And we stumbled across Te ORA [Te Ohu Rata O Aotearoa, the Māori Medical Practitioners Association].

'So we contacted Te ORA and Te ORA said, "Hey, come on down. The best way to find out about what we're doing is come see us and see what we're doing." They invited me and invited our president, I was the vice-president at the time of our organisation ['Ahahui o nā Kauka, the Association of Native Hawai'ian Physicians], it was brand new. This was in 1999...

'And lo and behold, I get there [to New Zealand] and there's Dr Ngiare Brown, and AIDA is doing the same thing we are... so that was kind of the start of, I think, just an incredible collaboration, partnership, friendship, really, that the three organisations had.

'It was amazing, it was exciting, it was inspiring. I mean, there was just something there with the energy that we have. And when we realised we all have the same story, right? We were all trying to do the same thing. And that the potential was just... it's hard to describe. It was just this overwhelming [realisation] – we're not alone.

Photograph courtesy of Martina Kamaka

'We were so excited about what happened in Aotearoa that when AIDA had [its annual general meeting] on North Stradbroke Island they decided to invite Te ORA and us.

'We were part of it, but then they had sort of an AIDA-only business meeting. And so the rest of us, we headed off to a golf game. And the golf game kept getting interrupted by kangaroos, which was hysterical for the Māoris and the Native Hawai'ians, right? Because we're like, oh my gosh, there's kangaroos on the golf course, and we can't play golf, because you have to wait for them to leave!

'So, we had a lot of downtime. And as we had this downtime we were talking about [how] this has been so amazing for our organisations to meet with each other. And how powerful would that be if we could share this with our members.

'And we were like, yeah, let's have a conference, let's meet for a conference. I was outnumbered, I guess, everybody wants to come to Hawai'i. I was outnumbered. So they're like, Martina, you're gonna host the first one!'

And thus, the Pacific Region Indigenous Doctors Congress – more widely known by its acronym PRIDoC – was born.

END OF THE BEGINNING

By the end of 2000 AIDA was firmly embedded in the national health landscape, no small achievement for an organisation that had only been an idea three and a half years earlier. It was also outgrowing the spare room in Ngiare's apartment.



Traditional Māori welcome (powhiri) at Tamatekapuha Marae, PRIDoC 2006, Rotorua. Photograph from AIDA archive

'Ngi took a really significant role trying to get things moving, and Alan [Eldridge] was centrally involved in those early stages, early days as well,' Gail recalled. 'I met with him and Ngiare in Sydney a couple of times, I remember. It sounds terrible now that I reflect, sitting in a park on a park bench having discussions; you know, three blackfellas sitting on a park bench!'

'Most things start small and go from there,' Ngiare said. 'We had no idea whether we'd be able to maintain it, but I know that we all believed in it.

'[We were] constantly being asked to teach or to be academics within medical faculties, be mentors, provide clinical placements. Or there were students and graduates calling with issues that they were having with faculties, or since... they're the only black face in the crowd that they were always being pressured to be the experts.

'So a real range of issues that we were fielding in the first instance, lots of committees, lots of policy stuff... we were able to provide a pivot point for some of that.

'We [were also] looking out for Aboriginal and Torres Strait Islander mob, who were students and clinicians, we did a lot of fun shit like careers expos... it was a lot of fun.'

For her part, Gail says she has 'fond memories of this time, and the contribution that I made, albeit small in the context of this whole thing, but being able to support our Aboriginal and Torres Strait Islander students... So I feel a real connectedness, and it's one of the things I'm most proud of'.



AIDA students at PRIDoC 2006 dinner, Rotorua. Photograph from AIDA archive



AIDA Boards of Directors over our 25-year history | Photographs from AIDA archive



Our Board usually meets at least four times per year, with one of the meetings held in a community setting



Delegates at AIDA conference, Perth, 2018



Photograph by Brad Newton Photography





These are always a great opportunity for our students from across Australia to meet and work together





All of these are important calendar dates for our members and stakeholders



Consolidation – AIDA Makes its Mark, 2002–2010

AIDA's main regret for the 2001–02 period was the cancellation of its scheduled 2001 AGM in Perth due to the sudden collapse of Ansett Airlines into administration in September that year; with tickets paid for and no refunds, the fledgling organisation just couldn't afford to rebook flights with another carrier for its mainly eastern States membership.

Otherwise, AIDA's *Annual Report 2001–2002*, one of AIDA's earliest official documents still in existence, shows that the organisation was already beginning to make its presence felt (AIDA 2002). Over this period, the organisation gained representation on various key medical bodies including the Australian Health Ministers Advisory Committee, Royal Australian College of General Practitioners, Royal Australasian College of Physicians (RACP), and the Aboriginal and Torres Strait Islander Research Agenda Working Group.

By the time the annual report appeared in August 2002, AIDA had also moved out of Ngiare's spare room and into its own office in the south-side Canberra suburb of Manuka. The relocation to Canberra brought AIDA close to policymakers and funders, as well as to other stakeholders in health such as the AMA, Rural Doctors' Association of Australia, and Public Health Association of Australia, all of whom had (and still have) head offices in Canberra. It was a key step in AIDA's evolution.

'That little office in Manuka, that was cool,' Ngiare said. 'We had our sticker on the door, it was outstanding.'

AIDA also had a second employee, ex-AMA Secretariat staffer Jean Reed, described by Ngiare in the annual report as an 'all-round office genius'. Jean's role included developing AIDA's first website, providing 'links and information on conferences, scholarships, publications and member activities'.

The other key highlight for the 2001–02 period was AIDA's involvement in the first PRIDoC, held in Honolulu, Hawai'i from 29 May to 2 June 2002.

AIDA's *Annual Report 2001–2002* not only details its rapid progress as an organisation, but also features the first-known use of AIDA's distinctive logo and the accompanying strapline Yaga Bugaul Dungun – 'Our Health in Our Hands' (AIDA 2002).

In 1987, University of Newcastle medical students Lynley Grogan, Ray Warner and Andrew Amor created the beginnings of the AIDA logo – a boomerang with a stethoscope wrapped around it. The Yuin words underlying the logo – Yaga Bugaul Dungun – originate from first CEO Ngiare Brown's Country. The idea to include this phrase came from Louis Peachey in about 1988 when he was still a medical student.

Following the formation of AIDA at the Salamander Bay inaugural meeting in 1997, the logo was further developed under the leadership of Noel Hayman, Louis Peachey, Ngiare Brown, Mark Wenitong and Alan Eldridge. Sam Savage, a Torres Strait Islander artist, added the dhari (head dress) to either side of the boomerang and the necklace underneath.

AIDA acknowledges the contribution of everyone involved in the creation of its original logo.



Australian Indigenous Doctors' Association

THE FIRST PRIDOC

Although the idea of PRIDoC was born during a kangaroo-interrupted game of golf in 2000, a lot of work had to be done to turn that idea into a reality, including finding funding and a venue. On her return to Hawaii from Minjerribah (North Stradbroke Island), Martina Kamaka decided to go straight to her manager at the John Burns School of Medicine.

'I went to my boss, and I said, "Guess what just happened to me?", and he was like, "Yes, let's do it!".

'So really that's how we were able to do it, it was just fortuitous. I happened to be working at the right place for a boss who got it. He was a native Hawai'ian physician, and he got it...'

The founding members of PRIDoC were Kauka, AIDA and Te ORA, with the organising committee comprising Martina, Ngiare and Dr Peter Jansen from Te ORA. Over the next two years they pulled together a five-day program of presentations, dinners, cultural events and outings, booked Honolulu's Hawaii Prince Hotel and sent out invitations to their respective memberships – then held their collective breath. An international gathering of Indigenous doctors on such a scale had never been attempted before and no-one knew what the response would be.

As it turned out, the organisers need not have worried. More than 150 delegates from Pacific rim nations answered the call (including 10 from AIDA) and arrived in Honolulu for the opening day on 29 May 2002. Among them was Ian Anderson.

'It was a profound meeting because actually... for a number of us, we felt like we'd found our professional home, that we weren't the oddballs,' he said.

'Those early international gatherings consolidated a professional network that was both in Australia, but particularly strong in New Zealand, and in Hawai'i and Canada... that then subsequently helped exchange best practice, but also to just create a professional community.'

Louis Peachey was also there in his capacity as AIDA President.

'I remember when brother Barry [Lavallee, Canadian Métis doctor] got up, he said, "OK, so time for me to talk about health statistics of my people, and all I can say is 'ditto'", punctuating the point that every story that was told [at PRIDoC] was virtually the same story,' he said.

'It was this interesting thing that... as Indigenous people in Australia, we had this relatively unknown story, which nobody was aware of. And then we're sitting in this room with our brothers and sisters from around the Pacific, and the stories were the same.'

Martina says the first PRIDoC established the template for all those that followed. One of the on-the-fly ideas was a cultural sharing night, which has since become a set feature on every PRIDoC schedule.

‘The cultural sharing night, that was one of the highlights of that PRIDoC,’ she said. ‘It was very spur of the moment, most of us didn’t have much chance to prepare... but the main thing, I think, was the excitement of being together as Indigenous physicians and medical students and what we call residents, or you might call registrars in Australia.

‘Because so many of us work alone, you don’t really see other colleagues who are Indigenous, and that was, I think, part of the power in the early days. We realised how much... it was like coming home. It was like coming to a big family reunion.

‘And I feel like every time we come together for PRIDoC, it’s a family reunion. That’s what it feels like.’

NEW FACES, NEW CHALLENGES

Following the success of the inaugural PRIDoC and the AIDA Indigenous health symposium held in Sydney later in 2002, by early 2003 Ngiare was ready for a change. She decided to step down after the 2003 AIDA symposium on Waiben (Thursday Island) in July of that year, and Alan Eldridge took her place as AIDA’s second CEO.

In the meantime, AIDA had elected a new Vice-President, Helen Milroy, and established regional representation on its executive with Directors elected from the Torres Strait, Northern, Western, Central, Eastern and South Eastern regions. For the first time, AIDA also opened its doors to associate members, non-Indigenous doctors who supported the work and aims of the organisation (AIDA 2004a).

Work continued at a frenetic pace. Planning began for the 2004 PRIDoC to be held in Cairns and OATSIH allocated funding for AIDA to conduct a Best Practice Project into the recruitment of, and support for, Aboriginal and Torres Strait Islander medical students (AIDA 2004b). Ultimately, this project led to the publication of the *Healthy Futures* report, which we will come back to later in this chapter.



AIDA Board visit to Waiben (Thursday Island), 2003



The AIDA symposium at Newcastle in 2005 was well attended



Mark Wenitong addressing the AIDA AGM, Adelaide, 2007

Associated with this project was additional OATSIH funding to develop a coordinated mentoring support program (with the RACP) for Aboriginal and Torres Strait Islander Australians either interested in undertaking medical studies or already studying/qualified in medicine (AIDA 2004c:25).

Last but not least, AIDA had also assisted with the development and formation of the Indigenous Dentists' Association of Australia, including supporting the nascent organisation through the AIDA Secretariat 'until they can acquire sufficient resources to become viable in their own right' (AIDA 2004c:6).

All this meant a huge up-tick in the organisational workload, and by early 2004 four new staff had joined the Secretariat and AIDA had moved its Canberra office to larger premises in Barton – a step closer to Parliament House.

Mark Wenitong recalls AIDA becoming a key organisation in the Commonwealth's effort to build an Aboriginal and Torres Strait Islander health workforce.

'The timing was pretty good around the health workforce development,' he said. 'Ian Anderson's office [OATSIH] rang us up and said, "What do you want to do, 'cause you know we're getting lots and lots of interest in you guys and we want to develop the Aboriginal and Torres Strait Islander medical workforce stuff and you guys will be central in that"... So that's how we started getting our first funding back then.'

As part of its outreach work to medical students, the Best Practice Project ascertained that as of mid-February 2004 there were 97–100 Aboriginal and Torres Strait Islander medical students enrolled across Australia 'with an unknown number deferred and some enrolments incomplete' (AIDA 2004b).

The *Annual Report 2003–2004* (AIDA 2004c:8) reveals AIDA's growing representation on boards and advisory groups relating to Aboriginal and Torres Strait Islander health training and workforce development, including 'the General Practice Education and Training, Aboriginal and Torres Strait Islander Training Reference Group, [which] oversees Indigenous content in the GP Registrar Training Program'.

In another sign of a rapidly maturing organisation, AIDA also developed its first Strategic Plan for the 2004–07 period (AIDA 2004c), setting out several of the objectives that have remained at its core ever since, including:

- to improve the recruitment, retention and graduation of Aboriginal and Torres Strait Islander medical and allied health professionals
- to ensure Aboriginal and Torres Strait Islander health is part of core curriculum for all medical undergraduate and postgraduate training
- to ensure mentoring programs are in place for students and graduates
- to provide policy direction and advice at local, State/Territory and Commonwealth levels.

The second PRIDoC took place in Cairns at the Radisson Hotel from 31 May to 2 June 2004 with the theme of 'Innovations in Pacific and Indigenous Health'. Over the course of three days, some 200 delegates from around the Pacific heard more than 50 presentations relating to the conference theme, and had the opportunity (the first for most overseas delegates) to learn more about Aboriginal culture and traditional healing practices.

PRIDoC 2004 was a fitting swansong for Louis Peachey in the final year of his founding presidency, as he prepared to leave for a new role as medical educator at the Mount Isa Centre for Rural and Remote Health back in his home State of Queensland. Helen Milroy took over as AIDA's second President later that year at a critical juncture in the organisation's history.

COMING OF AGE

Looking back, it could be said that 2005 was the year AIDA came of age. With the growing Secretariat ensconced in its new Barton office, a number of key developments took place.

One was the growing collaboration between peak health bodies – especially between Medical Deans Australia and New Zealand and AIDA – which resulted in the inaugural Leaders in Indigenous Medical Education Connection meeting in Fremantle in June 2005. LIME Connection has continued as a biennial event ever since.

Ian Anderson, one of the key architects of LIME in its early days, said 'that collaboration [has] remained really critical'.

'The focus of the Leaders of Indigenous Medical Education was to really develop and nurture and foster teaching on Indigenous health within medical education, to foster development of resources and also to create a network of medical educators in Indigenous health who are, in the main, working in some isolation in their faculties,' he said.

Another development was the Best Practice Project, which was rapidly approaching fruition in the form of AIDA's ground-breaking *Healthy Futures* report (2005).

Last but not least, the AIDA Board appointed a new CEO from outside the organisation, Romlie Mokak, who took over in August 2005. Rom (as he prefers to be called) is a Djugun man from Broome in Western Australia who was born and grew up in Darwin. Prior to his AIDA appointment, Rom worked in the Commonwealth Department of Health and Ageing (DoHA) from 1998 to 2005, where he rose to head up Aboriginal and Torres Strait Islander substance use policy and programs. This included a focus on tackling petrol sniffing, notably the development and roll out of Opal unleaded fuel.

Rom says that after three and a half years in this leadership role he was looking for a change.

'I knew that there were people from Indigenous Workforce [in DoHA] who were seconded across to this new organisation called AIDA,' he said. 'Ngi Brown was... walking the floor in Canberra, well connected, and I knew Ngi, she was a mate of mine. I knew people like Mark Wenitong and [Dr] Alex Brown. So people were familiar to me, the organisation I became aware of and I was aware that they had some resources.'

'So with that I applied for the job. I don't think I had too much trepidation, because... the idea and the promise of an Aboriginal and Torres Strait Islander medical organisation just seemed so compelling.'

'[At the time AIDA] had been moving from a regionalised kind of structure to... a national organisation advocating nationally for Aboriginal medical students and doctors.'

The office in Barton had a boardroom, two offices, a small common area, a staff of four and recurrent funding in excess of \$1 million per annum. The foundations were in place, but Rom describes the AIDA he found as 'very much in the developmental stages'.

Photograph by Belinda Pratten

...[When] I applied for the job [of AIDA CEO], I don't think I had too much trepidation, because... the idea and the promise of an Aboriginal and Torres Strait Islander medical organisation just seemed so compelling.

Romlie Mokak,
former AIDA
CEO



Our strategic approach was that we couldn't possibly tackle the whole of the medical continuum in one go. [So] we start with the [Medical] Deans because they're responsible for graduating medical students.

Romlie Mokak

'[At that time there] was the view that there were so many eyes on Aboriginal organisations, and a willingness, almost an appetite, to see black organisations fail in this country, [and] this was my first job heading up a black organisation,' he said.

'So I thought the key thing was, the driver for me was, we're not only not going to fail, we're going to excel. That's what leadership is about. And we needed our leadership, including me, to walk the talk.'

The first priority was to deliver the *Healthy Futures* report, and with the publication deadline only a couple of months away it still needed a lot of work (AIDA 2005).

'So we mobilised the Board, and Kelvin Kong was the project leader at the time,' Rom said. 'We locked ourselves in the Qantas Club at Brisbane Airport for a day. People flew down from Darwin, Ngi for example, the red eye down to Brisbane. Others flew up.'

'We had documents, the kind of raw data in front of us, and we smashed out [the] *Healthy Futures* strategy in a day, in an airless, windowless room, at the Brisbane Airport, and then tidied it all up.'

'That became the policy framework and ended up in government publications around growing more Indigenous medical students in this country.'

The second priority was to put in place collaboration agreements with the top medical bodies, and top of that list was the Medical Deans.

'Our strategic approach was that we couldn't possibly tackle the whole of the medical continuum in one go,' Rom said. 'We start with the Deans because they're responsible for graduating medical students.'

Good relations were already in place between the two organisations following their collaboration on the LIME Connection conference earlier in the year and discussions were positive. In October 2005, AIDA and Medical Deans signed an inaugural collaboration agreement (Kimpton & Smith 2015). This agreement formalised a shared commitment to achieving health equality for Aboriginal and Torres Strait Islander people, with a focus on growing their numbers in the medical workforce. At a stroke of the pen, AIDA was now firmly at the centre of developing the Aboriginal and Torres Strait Islander medical workforce across the country.

HEALTHY FUTURES

Healthy Futures was published in September 2005, the culmination of two years' work by the Best Practice Project working group of AIDA members led by Kelvin Kong and Deanne Minniecon.

'My interest in that project was really spawned by seeing the paucity of medical students at my university... at the time I was at University of NSW,' Kelvin said. 'The hard thing about going through medicine is it's a very difficult course [and] going through without any peer support or not knowing there are peers around you made it even tougher.'

'I think "imposter syndrome" affects a lot of our members, and they don't actually realise that they're affected by that. We have so many amazing talented doctors... and to hear them talk about how they're not capable or that they're worried about applying for something or that they're not going to achieve it is ridiculous because these people are just incredible.'

'I'm still super proud of that report... because it actually was quite instrumental in the way in which we shape the medical workforce, particularly pertaining to Aboriginal and Torres Strait Islander [Australians].'

In analysing the massive health disparity experienced by our people, the report pointed to the need for more Aboriginal and Torres Strait Islander doctors, at least to the level of population parity. And, for the first time, it also specified the ways in which Australian medical schools needed to step up to the plate in order to achieve this goal.

The report's Executive Summary states:

It is clear that Australian medical schools are not recruiting enough Indigenous students into medicine and retaining them. According to the literature, prior educational and other disadvantages severely impact on Indigenous students' opportunities to successfully apply for medicine. However, the findings indicate that some medical schools are significantly more successful at recruiting and retaining Indigenous medical students, even given these disadvantages. Successful recruitment and retention approaches can also be found in other comparative countries such as New Zealand, the USA and Canada.

(AIDA 2005:xi-xii)

The Best Practice Project team had surveyed Aboriginal and Torres Strait Islander medical students, graduates and medical schools; interviewed 13 of 15 Deans of Australian medical schools; analysed outcomes from the LIME Connection workshops; and conducted a comprehensive literature review.

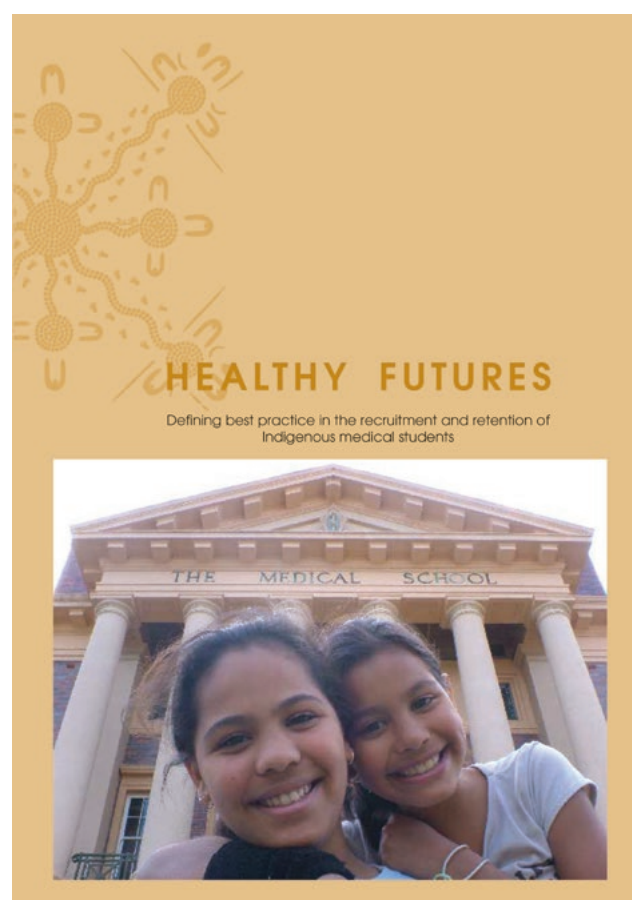
Using this information, the report proceeds methodically to pinpoint the barriers to Aboriginal and Torres Strait Islander participation at all stages of the education system. It also highlights the scarcity of literature on the recruitment and retention of Aboriginal and Torres Strait Islander medical students in Australia, and looks at positive examples of proactive approaches both within Australia, such as at UoN, and in New Zealand, the United States, India and Canada.

Healthy Futures points to Commonwealth Department of Education, Science and Technology figures at the time that showed numbers of Aboriginal and Torres Strait Islander medical students and doctors were plateauing (AIDA 2005:18), unlike in comparative countries where they were increasing:

The Best Practice Project findings support the evidence that Australia has a severe shortage of Indigenous doctors and show there has been no growth in Indigenous medical student numbers since 2003. This is despite calls on government from senior medical organisations such as the AMA to urgently train more Indigenous doctors.

(AIDA 2005:41)

In order to achieve somewhere close to population parity in doctor numbers within two decades, *Healthy Futures* set an explicit headline target of 350 Aboriginal and Torres Strait Islander enrolments in medical schools by 2010 (AIDA 2005:xii).



***Healthy Futures* set an explicit headline target of 350 Aboriginal and Torres Strait Islander enrolments in medical schools by 2010**

BY 2010

- Australian medical schools will have established specific pathways into medicine for Indigenous Australians
- Committee of Deans of Australian Medical Schools Indigenous Health Curriculum Framework will be fully implemented by Australian medical schools
- There will be 350 extra Indigenous students enrolled in medicine

PRINCIPLE 1

All Australian medical schools and principal stakeholders have a social responsibility to articulate and implement their commitment to improving Indigenous health education; and must

PRINCIPLE 2

Make the recruitment and retention of Indigenous medical students a priority for all staff and students and show leadership to the wider university community

PRINCIPLE 3

Ensure cultural safety and value and engage Indigenous people in medical school business

PRINCIPLE 4

Adopt strategies, initiate and coordinate partnerships that open pathways to medicine from early childhood through to vocational training and specialty practice

PRINCIPLE 5

Ensure all strategies for Indigenous medical student recruitment and retention are comprehensive, long term, sustainable, well resourced, integrative and evaluated

The second half of the report identifies numerous 'best practice' strategies to encourage both the recruitment and retention of Aboriginal and Torres Strait Islander medical students. These include community engagement, school and university visits, mentoring, cultural safety, alternative entry schemes and quotas, financial support, scholarships and tutorial assistance.

Everything was summarised into a Best Practice Framework, which also included earlier work on an Indigenous Health Curriculum Framework funded by the Medical Deans, OATSIH and DoHA (Committee of Deans of Australian Medical Schools 2004). Most of what was contained in the Best Practice Framework has gone on to be incorporated into the core curriculum and modus operandi of every medical school in Australia today. This is how that happened.

THE DEANS MACHINE

Armed with the *Healthy Futures* report and the new collaboration agreement with the Medical Deans, AIDA went to work to get the Best Practice Framework implemented.

'One of the things that we did [at OATSIH] was we workshopped with Medical Deans the development of a strategy around Indigenous health and education,' Ian Anderson said. 'AIDA played across both platforms, but essentially did that as an independent organisation... which is its true power... representing Indigenous doctors, it could play an independent role.'

'AIDA's ability... to start to influence what was happening in the medical colleges and the professional structures around medicine... became pivotal.'

Coincidentally, at around the time *Healthy Futures* came out the Australian Medical Council was running a review of medical school standards.

'This was a review undertaken by Medical Deans, kind of a 10-yearly review of [AMC's] standards,' Rom said. 'They set up a sub-committee [the Medical Schools Accreditation Committee] headed by a bloke called David Prideaux who was [a] dean in South



Former AIDA President Helen Milroy and Medical Deans' Lindon Wing sign a collaboration agreement, 2005

Australia somewhere. That committee was an all-white committee. And they set up an Indigenous committee under Michael Hensley, who had been the Dean of Newcastle [medical school].


'On that committee, Michael was really just the link person. But we had Ngiane Brown, myself, [Indigenous Health Curriculum National Program Manager] Gregory Phillips, and we had a student on there [Catherine Henderson].

'We presented our work... to the overarching committee, I don't know, maybe a week or so before a [face-to-face] meeting with them. That meeting took place at the ParkRoyal... opposite Melbourne Airport [in 2006].

'We basically said, "We're here to discuss the work [for] as long as we need to"... and it was astounding... I mean, quietly, I think they underestimated us because, virtually to the committee member, they didn't say boo.

'We embedded *Healthy Futures* as a document, as a kind of companion doc... we got *Healthy Futures* into the Australian standards for medical schools.

'We've walked out of that meeting, really literally thinking, "This is a game changer"... it was like, did that really happen just then?'

A photograph of Shannon Springer, a man with dark hair and glasses, wearing a blue and white striped button-down shirt. He is sitting outdoors in a forest, leaning against a tree trunk. The background is filled with green foliage and tree trunks.

Shannon Springer, former
AIDA Vice-President and
Student Director

...it was important to see that Aboriginal and Torres Strait Islander people had a voice, both at changing the standards for medical education, recruitment and retention, but also informing health policy in trying to make long lasting changes over time.

Shannon Springer, then a recently graduated doctor, recalls the importance of that moment.

‘From a medical school and a health policy point of view, it was important to see that Aboriginal and Torres Strait Islander people had a voice, both at changing the standards for medical education, recruitment and retention, but also informing health policy in trying to make long lasting changes over time,’ he said.

‘I think [since then] we’ve developed that critical mass over time. We’ve been able to really cement... AIDA’s spot in the health policy space.’

In November 2006, the AMC formally accepted the recommendation of its Accreditation Committee to include Aboriginal and Torres Strait Islander health curriculum content, as well as standards around enrolment and support structures (AIDA 2006:38). Being enshrined in the AMC’s Standards and Procedures meant that all medical schools would henceforth be assessed on how they addressed Aboriginal and Torres Strait Islander health in their medical degree.

It was a pivotal event, and one that forever changed medical education across Australia.

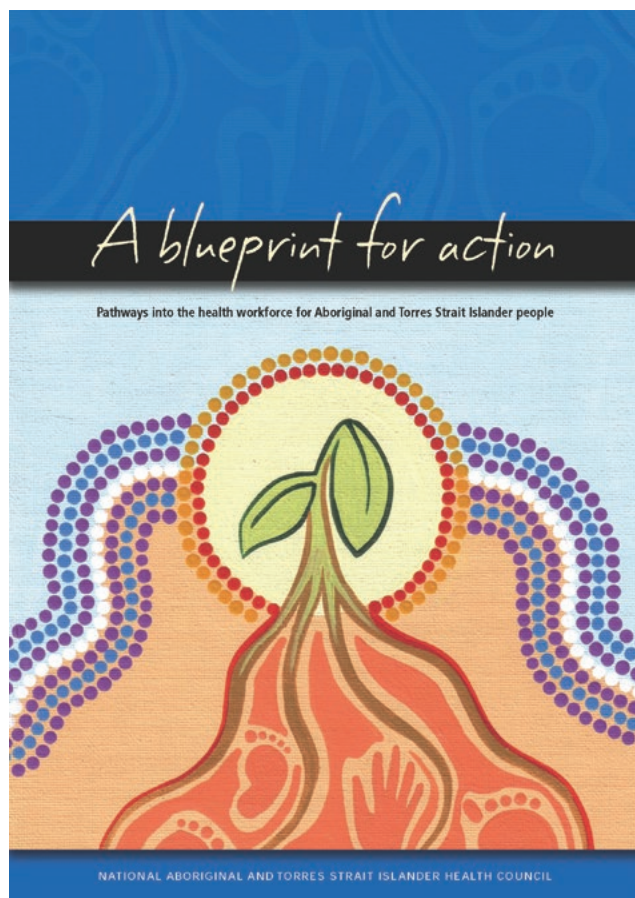
Photograph by Brad Newton Photography

THE PACE PICKS UP

As he settled into his role Rom started to identify changes that needed to be made within AIDA, not just structurally but also to the ethos of the organisation. Key members on the recently elected Board were supportive.

'There was this notion that AIDA is a family, and I think there may be some who still continue to speak in that way,' he said. 'I became quite explicit about saying, that's not the way that I'm wanting the organisation to see itself or [to] represent itself. We're not a family, we are a professional organisation and we're here to do the business of agitating and advocating for our people.'

'Mark Wenitong was the incoming president and Mark and I worked really closely together... we continue to remain close friends and peer supporters. Peter O'Mara was rock solid... Helen [Milroy], Mark and Pete were really key [supporters of mine].'



The seminal report *A Blueprint for Action* charted pathways into medicine for Aboriginal and Torres Strait Islander secondary students

With support from the AIDA Board, the Secretariat began work on a fresh three-year Strategic Plan in consultation with the membership (AIDA 2007a:2). As well as maintaining many of the themes from the previous plan, the new plan envisioned AIDA as 'a medical professional body' that would demonstrate these values through its work. It was made explicit that AIDA would push for a culturally safe health system and pursue social justice and human rights for Australia's First Peoples.

For the first time, it also pledged to seek 'parity of Aboriginal and Torres Strait Islander health professionals across the entire health sector'.

Beyond the strategic changes, in October 2006 AIDA received Commonwealth funding to conduct the 'Pathways into Medicine for Indigenous Secondary Students' project (AIDA 2006:38). Auspiced by the National Aboriginal and Torres Strait Islander Health Council (NATSIHC), the project ultimately resulted in the seminal report *A Blueprint for Action* (NATSIHC 2008). AIDA also turned out in force for the third PRIDoC held on 6–10 December 2006 in Rotorua, New Zealand, with nine members presenting at the event (AIDA 2006:53).

Outside the health arena, the death of Cameron 'Mulrunji' Doomadgee on Palm Island while in police custody in 2004 had been a galvanising moment for AIDA. After a second autopsy found police responsible for Mulrunji's death, on 15 December 2006 AIDA took a public stand in solidarity with the Palm Island community, targeting the Queensland Government with a media release headlined 'Indigenous Doctors Call for Justice':

In December 2004, AIDA offered its support to the Palm Island community to assist in understanding the medical information related to the second autopsy. Today, we want you to know that we stand side by side with our brothers and sisters in Palm Island in your quest for justice.

Our future is our children. AIDA is working on closing the 17-year gap in life expectancy for all of our people. It is a crime for our young people to be dying in custody.

(AIDA 2007b:4)

AIDA was beginning to stride firmly into the social justice arena.

By the end of 2006 there was so much work on, including representation on 35 committees, that the Secretariat had expanded to eight staff split into two teams – Administration and Policy (AIDA 2006:14). Figures compiled from a number of sources, including Medical Deans and the Australian Institute of Health and Welfare, show that by this stage there were 106 Aboriginal and Torres Strait Islander medical practitioners across Australia, up from 90 in 2001 – a rise of barely three per annum and comprising around 0.2 per cent of all Australian doctors (AIDA 2011a). But things were about to change.

CALM BEFORE THE STORM

The year 2007 began quietly enough with the activation of AIDA's new three-year Strategic Plan and the end of regional representation on AIDA's Board. Work also continued on drafting a constitution for the new AIDA corporate entity – The Australian Indigenous Doctors' Association Ltd – slated to replace the original members' not-for-profit association the following year.

AIDA members were achieving great things, headlined by Kelvin Kong who became Australia's first Aboriginal surgeon after passing all of his exams and accreditation requirements in 2006. In doing so, he also became one of only a handful of Aboriginal and Torres Strait Islander medical fellows at the time. The trail-blazing Helen Milroy had been the first when she became a Fellow of the Royal Australian and New Zealand College of Psychiatrists in 2000.

Later in the year, another member of the Worimi Nation, Dr Marilyn Clarke, became Australia's first Aboriginal obstetrics and gynaecology specialist. Like her brother Kelvin, she was also elected to the AIDA Board following elections in September 2007. Their sister Dr Marlene Kong, a GP, also had a strong connection with AIDA and held the position of Medical Officer in 2008.

AIDA student members were increasingly making their presence felt as well. Student Representatives had always sat on the AIDA Board, beginning with Ray Gadd in 1998, and in 2006 AIDA established a Student



Sisters Marilyn Clarke (left), Australia's first Aboriginal obstetrics and gynaecology specialist, and Marlene Kong (right), former Medical Officer at AIDA

Left: Photograph by Brad Newton Photography | Right: Photograph from AIDA archive



Peter O'Mara (far right) presenting an AIDA stethoscope to then Prime Minister Julia Gillard with Tom Calma (far left) and Pat Anderson, 2011

Representative Council to ensure Aboriginal and Torres Strait Islander representation on student councils at all medical schools across Australia (AIDA n.d.). Former student members were also becoming much more of a force within AIDA itself, with Shannon Springer becoming the first of the former Student Representatives to join the Board as a Director in 2007.

Meanwhile, a groundswell was building for government to take real action to achieve equality in health outcomes for Aboriginal and Torres Strait Islander people. This was crucial, given that the life expectancy 'gap' between our people and non-Indigenous Australians was stuck at 17 years.


In 2005, the Aboriginal and Torres Islander Social Justice Commissioner, Professor Tom Calma AO, had urged Australian governments to commit to 'closing the gap' within 25 years (Calma 2005). In 2006, AIDA joined other non-government agencies in the national Indigenous Health Equality campaign (aka Close the Gap campaign). Rom made a speech at the campaign launch on Professor Calma's invitation, and in April 2007 AIDA formalised its position with membership of the Steering Committee for the Close the Gap campaign for Indigenous Health Equality.

With a federal election in the offing, there was an air of anticipation when, in May 2007, AIDA members and leadership joined other dignitaries at Old Parliament House for the 40th anniversary celebrations of the 1967 Referendum. Then the storm hit, in the form of the Howard Coalition Government's Northern Territory Emergency Response or, as it came to be known, 'the Intervention'.

THE INTERVENTION – CHALLENGE AND RESPONSE

On 17 August 2007, then Prime Minister John Howard OM, AC, SSI, and his Indigenous Affairs Minister the Hon. Mal Brough, announced a package of measures to combat child abuse in Aboriginal communities (AIDA 2007c:8) ostensibly in response to the release of the report *Little Children Are Sacred* (Anderson & Wild 2007). The report had emerged from an inquiry into the incidence of child sexual abuse in Aboriginal communities ordered by the NT Government and overseen by co-chairs Rex Wild QC and prominent Aboriginal leader Ms Pat Anderson AO, an Alyawarre woman from the Northern Territory.

Photograph from AIDA archive



Former AIDA Board member Alex Brown was one of many who responded to the trauma caused by the NT Intervention

The Intervention was, in effect, a takeover of Aboriginal communities, mandating health checks of children, welfare restrictions, and alcohol and pornography bans, among a range of other measures.

Equally confronting was the news that the Australian Army would be enforcing the new policy, effectively occupying Aboriginal land, and that the Intervention would require suspension of the *Racial Discrimination Act*.

AIDA's leadership responded to the shock announcement with a resolve to use all the powers at its disposal to moderate the impact of the Intervention.

'There was so much pain and re-traumatisation with lots of people,' Rom recalled. 'But this real sense of, well, what are we going to do about it? You know, we have proximity to power and privilege, what is our obligation in this space?'

'We [the leadership group] used to meet every Friday... [with] our Board members, [led by President Tamara Mackean, and] other members who weren't on the Board, [like] Ngiare [and] Alex Brown, Kelvin Kong... Some of these meetings would go two, three hours into the night on a Friday night when people should be at home with their families.

'[So as soon as the Intervention was announced, we met up with this group] and out of that, we worked up an immediate plan to get some of our people directly on the ground in Alice Springs. At the time, we had a medical officer working within the organisation, Marlene Kong, so Marlene, Ngiare and Alex were on the ground within a week, I think it was, just yarning to people.'

Photograph by Brad Newton Photography

AIDA also intervened directly with the Government by providing critical input to the departments responsible for implementing the Intervention, and making representations at ministerial level to express concern that proper cultural protocols be observed, especially with regard to the child health checks. Then, in conjunction with UNSW and supported with funding from the Fred Hollows Foundation, in September 2007 AIDA commenced a Health Impact Assessment (HIA) of the Intervention in four NT communities (AIDA 2008a:15), an exhaustive process that led to the publication of a detailed report in 2010 (see Chapter 5).

From the time the Intervention was announced AIDA kept up public pressure on the Government over its actions, warning it via a series of media releases and joint statements that the rushed Intervention policy and accompanying legislation would affect Aboriginal children for generations to come (AIDA 2007c:8–9).

‘On this [issue], the solidarity was absolutely clear... the idea that we were completely unified in our obligation to support our people in the Northern Territory,’ Rom said. ‘We know that the Intervention only took place because the Commonwealth had powers to do it. They couldn’t do it against a State, so it was really the only location in this country that they could do it and get away with it. It did bring people together.’

‘The Intervention... firmly put us in a political space as well, in that sense, taking up the fight.’

It also loomed large over the 2007 federal election campaign. Although the Labor Opposition refused to condemn the policy outright, it did commit to a formal apology to the Stolen Generations and to implementing the Close the Gap agenda developed by the CTG Campaign’s Steering Committee. History shows that Labor went on to win the November 2007 election, with new Prime Minister Kevin Rudd AC sworn in on 3 December.

At the end of 2007, a meeting of the Council of Australian Governments (or COAG) chaired by Prime Minister Rudd committed itself to the CTG targets, pledging to close the life expectancy gap within a generation and to halve the gap in mortality rates of children under five within a decade, along with another four commitments in the areas of education and employment (Australian Government 2009).



Tamara Mackean, former AIDA President

AIDA also had a new incoming Board, with Waljen woman and founding AIDA member Dr Tamara Mackean from WA taking over as President from Mark Wenitong. AIDA was now 10 years old, combined student and graduate membership had just passed 140, and the future was looking bright (AIDA 2008b:12).

NEW GOVERNMENT, FRESH OPPORTUNITIES

When Prime Minister Rudd stood up in Parliament on 13 February 2008 to deliver the National Apology to the Stolen Generations, it brought tears to the eyes of the many Aboriginal and Torres Strait Islander people gathered on the lawns outside and around the nation. It also brought an end to the wrangling that had characterised the decade since the *Bringing them Home* report had been released. The National Apology was the first act of the new Parliament and it felt as though the nation had turned a corner in its relationship with our people.

The following month, AIDA participated in the National Indigenous Health Equality Summit in Canberra and co-signed the CTG Statement of Intent drawn up during the summit. For the first time, the Commonwealth had made an explicit commitment to reduce Aboriginal and Torres Strait Islander health disadvantage with clear targets, and in July AIDA became a founding member of the National Indigenous Health Equality Council (NIHEC).

Earlier, in April 2008, the National Aboriginal and Torres Strait Islander Health Council (the precursor to NIHEC) had endorsed its report *A Blueprint for Action*. This was the final step in the government-funded 'Pathways into Medicine' project managed by AIDA to identify ways of increasing the numbers of Aboriginal and Torres Strait Islander people in the Australian health workforce. Officially launched in July 2008 by the Hon. Nicola Roxon MP, Minister for Health and Ageing, *A Blueprint for Action* has guided the expansion of the Aboriginal and Torres Strait Islander health workforce ever since (NATSIHC 2008).

The biennial PRIDoC took place on the Hawai'ian island of Kauai in June of that year. PRIDoC, too, was joining in the celebratory mood, welcoming aboard the Indigenous Physicians Association of Canada or IPAC as its fourth full member as well as hosting a delegation of Indigenous physicians from Taiwan for the first time. It also established a governing body, the PRIDoC Council, of which AIDA is still an active member.



Former CEO Romlie Mokak with former President Tamara Mackean and Board member Latisha Petterson at PRIDoC 2008, Kauai, Hawai'i

The busy start to 2008 was capped off on 1 July 2008 when AIDA became a registered company – AIDA Ltd – and along with the new corporate entity came a new three-year funding agreement with DoHA. Rom says AIDA's presence in Canberra was crucial at this time of change.

'Proximity to power is something that can't be taken lightly,' he said. 'You have to constantly check in... on where the strategic intent is. And my intent was always for the greater collective for Aboriginal people, and AIDA was the mechanism.'

'To be recognisable was really important. I used to have so many coffees in Canberra, I'd meet with anyone and everyone basically.'

In October 2008, AIDA's Board farewelled the last of its 'crazy five' founding members when Noel Hayman completed his final term as secretary.

'I was on the Board first up and was... there the longest, for 10 years I was on the Board,' he said. 'We first started with a little bit of nothing, and then we had to get all the Board members savvy with business, because we became a business... and so yeah, it was a big learning curve for all of us.'

'I was also pretty lucky because I worked for Queensland Health, and they gave me a lot of time... I must admit they gave me good time off to attend these things and still get paid.'

But Noel wasn't ending his AIDA involvement entirely. As a Fellow of the Australasian Faculty of Public Health Medicine, in December 2008 he was invited to join a new Indigenous Health Sub-committee set up by the Council of Presidents of Medical Colleges (AIDA 2008a:12). He was joined by two AIDA representatives (Vice-President Peter O'Mara and Dr Latisha Petterson) and four other AIDA members who were fellows of specialist colleges (Helen Milroy, Kelvin Kong, Marilyn Clarke and Dr Bradley Murphy).

Photograph from AIDA archive



AIDA Board members and staff were invited to meet with former Governor-General Dame Quentin Bryce AD, CVO in 2009

Co-chaired by AIDA and a specialist college representative, this sub-committee was important for being the first body with the explicit objective of increasing not only the number of Aboriginal and Torres Strait Islander doctors but of medical specialists as well. Over the next decade the lack of Aboriginal and Torres Strait Islander medical specialists would become a key AIDA concern.

In October 2009, AIDA welcomed a new Board headed by Peter O'Mara. A former mine mechanic who hailed from NSW's Hunter Valley region, Peter combined medical practice with an academic role as Head of Discipline – Indigenous Health at UoN's School of Medicine (AIDA 2009a:38). With his keen interest in medical education, Peter was the right man for the times.

In the same month, AIDA published the first *Journeys into Medicine*, a full-colour publication showcasing the stories of 20 Aboriginal and Torres Strait Islander medical graduates and students and the different pathways they took to achieve the same goal – a career in medicine (AIDA 2009b) – with a follow-up volume published a decade later (AIDA 2019a). Distributed among AIDA members and to peak medical organisations, these stories deliver an inspirational message: that becoming a doctor is not only a realistic career choice for Aboriginal and Torres Strait Islander students, but also a powerful vehicle for forging long-term positive change in the health outcomes of our people.

Photograph from AIDA archive


By the end of 2009, AIDA figures show there were 140 Aboriginal and Torres Strait Islander medical graduates and 137 medical students throughout Australia. As noted at the time, this provided an opportunity 'for AIDA to strategically influence and ensure smoother pathways into and through specialties'. As it stood, 'there are currently some 19 Aboriginal and Torres Strait Islander fellows and an increasing number of registrars in training' (AIDA 2009c:11).

In 2008, AIDA set up a Graduate Committee – chaired first by Noel Hayman and then by Shannon Springer – to examine the issue of boosting Aboriginal and Torres Strait Islander specialist numbers. The committee consulted with fellows and registrars and held two graduate workshops between September 2008 and September 2009, resulting in the policy position paper *Pathways into Specialties: A Strategic Approach to Increasing the Number of Aboriginal and Torres Strait Islander Fellows*, otherwise known as the AIDA Fellows Paper (AIDA 2009d).

The AIDA Fellows Paper recommended a range of strategies, including more support from the specialist colleges and a smoother pathway into specialist training for Aboriginal and Torres Strait Islander medical graduates. But both our medical students and graduates were still finding the going tough in the general medical workforce, let alone in the specialties.



AIDA's *Journeys into Medicine I and II* showcased Aboriginal and Torres Strait Islander medical graduates' and students' pathways into medicine



Alicia Veasey, former AIDA
Student Director and Board
member

I had several experiences in those early new junior doctor years where I just felt that the work, the hospital system, was not safe for our mob. From a clinical and cultural point of view, but also as a... Torres Strait Islander person witnessing this every day. The racism [was] overt and... very obvious sometimes. I found it quite traumatic...

STRENGTH IN NUMBERS

One of those students was Alicia Veasey, who started her health career as a paediatric nurse and has subsequently served on the AIDA Board both as a Student and Graduate Director.

'I actually vividly remember... I was working as an assistant nurse during my nursing degree doing night shifts and was on the Australian Indigenous Doctors' Association website,' she said. 'I remember thinking, "Oh, this is actually a thing that Aboriginal and Torres Islander people do. That's kind of nice to know".'

Alicia's father knew Noel Hayman and with his encouragement, she applied to UQ and was accepted into the 2008 medical school intake.

'Through Uncle Noel I got to know the other Aboriginal medical students at the university, who supported me and helped me study... They encouraged me to come along to the AIDA conference [in Darwin, 2008],' she said.

Photograph by Brad Newton Photography

'That was the first AIDA conference I attended – it was a powerful experience. I probably wouldn't have had the guts to go... and would have missed out, if it wasn't for the other Indigenous medical students being like, "Nah, you got to come to this". And once you're in the AIDA family, you're in the AIDA family, and that was that.

'I had several experiences in those early junior doctor years where I felt that the work, the hospital system, was not safe for our mob from a clinical and cultural point of view. It also felt unsafe for mob working in the system and needing to witness the racism every day. The racism [was] overt and... systematic. I found it quite traumatic...'

Another who felt isolated in her student years was Kiarna Brown. Like Alicia, she has subsequently served stints on the AIDA Board as both a student and graduate.

'I think that, particularly in those early years, it can be so overwhelming, it can be so isolating,' she recalled. 'There are three Aboriginal people sitting in a massive lecture theatre of 100–150 people, and you do kind of feel overwhelmed at times, and very stressed, and you wonder how you're going to get through.

'And there's lots of people in the room who you can't relate [to], you know, kids of doctors, generations of doctors... and being around doctors wasn't foreign to them. To me, it was.

'Then you start going to the [AIDA] conferences every year, and you build that rapport and you have these amazing people who you look up to [and] that you love dearly, that are like your big sisters, big brothers or aunties and uncles who are really holding your hand and walking through it... pumping you up and telling you that you're important, and what you're doing is amazing. And, you know, we're all in this together.

'I just loved being around, I loved being in that environment. I loved what AIDA gave to me, and that really was a strong sense of community and family.'

Student support has been a critical role for AIDA since its inception, with early student representation on the AIDA Board and specific student gatherings held at AIDA conferences and regional networking events. The AIDA Student Representative Committee, however, did not officially form until 2006, after which time it held annual face-to-face meetings in Canberra along with monthly

SRC teleconferences. Comprising Indigenous medical students, elected by their peers, from each medical school, the role of the SRC is to provide advice to AIDA Board's Student Director on issues, challenges and successes faced by Aboriginal and Torres Strait Islander students at their medical schools.



AIDA student members at Sydney membership event, 2007

Dr Artiene 'Artie' Tatian, who grew up in Sydney and has Arrernte, Gadigal and Darug heritage, initially set his sights on becoming a scientist when he started at the Western Sydney University in 2009.

'I was the only Aboriginal science student in the entire university,' he said '[But] there was this amazing cohort of Indigenous medical students that hung out in the [Badnami Centre for Indigenous Education] room on campus and got along, [were] well supported, [and] having the time of their life.

'For somebody feeling a bit isolated, there certainly... was an attraction to a new career, or a new kind of study option that had much better support, understood what I wanted to do for my people, understood why I was there, and really had the option of making change to people across time... So that's kind of how I ended up [studying medicine].

'I didn't know that AIDA existed before I started medicine... the first time I truly engaged with AIDA was at the [2011] conference, which was in Broome that year. And I think once I had attended my very first conference, that's when I fell in love and ingrained myself with AIDA as much as I could.'

Artie has since gone on to sit on the AIDA Board, both as a Student Director and as a Graduate Director.

For Dr Karen Nicholls, a Torres Strait Islander woman, the sense of being alone in the medical universe kicked in after she graduated as a doctor in 1998. She spent her early career in Mackay, and says she 'did feel isolated'.

'When Shannon Springer started working in the same practice as [me] in 2009, it was great,' she said. 'Then I left Mackay and came down to Newcastle, and actually missed working with an[other] Indigenous doctor. And so I didn't realise I'd missed it until it wasn't there.'

Future AIDA President Kris Rallah-Baker had already spent some time away from medicine after an unhappy period as a junior house officer in a Brisbane hospital blighted by racism, but by 2009 he was in training to be an ophthalmologist, the first Aboriginal person ever to enter the specialty.

'[My senior colleagues] were all dinosaurs,' he said. 'At that time there were very few female ophthalmologists, in fact I think there were only two in Brisbane... I think there were two trainees on the program. It was an unwritten rule that you don't have children while on the training program. And everybody else was a private school, University of Queensland white male graduate. I was the only person of colour on the training program and most of the consultants were white male. It was quite isolating.'

'I called AIDA... and I called key people like Kelvin Kong, [who] helped me a lot at that time. So, at that time, I had to lean very heavily on AIDA. But they were very dark days.'

However, change was coming, and it was these early experiences that galvanised a new generation of Aboriginal and Torres Strait Islander doctors to take AIDA's agenda and make it their own.

Photograph by Brad Newton Photography

...the first time I truly engaged with AIDA was at the [2011] conference, which was in Broome that year. And I think once I had attended my very first conference, that's when I fell in love and ingrained myself with AIDA as much as I could.

Artiene Tatian, former
AIDA Student Director
and Board member



Turbulent Times – Riding the Waves, 2010–2018

By the end of 2009, AIDA's Secretariat staff were literally running out of room at the Barton office they had called home since 2004.

'The Commonwealth had a view that... if there's anything to do with Aboriginal... medical policy etcetera, those projects, and this was heavily advocated within the Commonwealth, should run through AIDA,' Rom said.

'The team was growing, work was coming our way, [we] had to say no to some of it, park it elsewhere. And then, in this growth phase, we had to find another residence. My corporate services manager at the time, Susan Granger, who's just a dynamo... it was just serendipity that she knew through personal connection (because her boys played cricket)... the Museum of Australian Democracy's Director at the time (Jenny Anderson).

'[Susan] just said, "We're looking for some accommodation". [Jenny] said, "... We've got some spare rooms; would Rom like to come across and have a look?"

'We went across, had a look at the room... it's like a dungeon, it's in... the Senate side [of Old Parliament House]. But immediately the idea of the first black organisation in the seat of power was a compelling story, so I was really very keen on the idea. In any case, [the Director] all of a sudden found accommodation in a renovated wing, House of Reps side, and we could take out a lease for a year or two.

'We paid commercial rents, and so that was a good deal of money. But for me, this went beyond symbolism, and it was worth paying for.'

AIDA moved in January 2010 and, after much preparation, the official opening took place on 12 March in front of 190 invited guests, including representatives from the Aboriginal Tent Embassy located on the lawns just beyond the forecourt.

'What we could have done is just got a removalist and slinked our way in,' Rom said. 'But what we did... we blocked off the forecourt, we put a marquee up [on the] bottom of the steps of... Old Parliament House [and] invited everyone...

'There was a bit of trepidation about how the Tent Embassy might view us. So I did a fair bit of work with the Tent Embassy, in kind of bringing the idea to them, talking to some of the mob... [there], the Elders particularly, and bringing them into the process. And all of that went really well.

'In line with that, we only ever saw ourselves as continuing a tradition of medicine from way back [to the] traditional healers. So we had [three] traditional healers... who have since passed, come and cleanse our office. We had a smoking out the front, but we couldn't smoke Old Parliament House as the fire alarms would have gone nuts!'

AIDA President Peter O'Mara launched the opening with a message about the significance of the move,

describing Old Parliament House as 'a national and historic institution which, for many Indigenous Australians, represents the seat of colonial power – a place where legislation was developed that continues to affect our people today' (AIDA 2010c:51).

Among those listening on were past AIDA Presidents, three AIDA Patrons – Dr Lowitja O'Donoghue, the late Dr Jimmy Little and Sir William Deane – Lady Helen Deane, and senior Commonwealth and Territory politicians, including the Hon. Warren Snowdon, MP who later addressed the gathering. The three Central Australian Ngangkari who had performed the cleansing ceremony, Mr Andy Tjilari, Mr Rupert Peter and Mr Toby Ginger, were seated among the dignitaries (AIDA 2010c:53).



The opening of AIDA's new offices at Old Parliament House, 2010

Top left: Ngannawal Elder Auntie Matilda House leads a Smoking Ceremony. Bottom left: Performance by AIDA Patron, Jimmy Little. Right: Ngangkari Ginger Toby, Rupert Peter and Andy Tjilari at the opening.

Sadly, Dr Jimmy Little and Ngangkari Mr Ginger Toby, Mr Rupert Peter and Mr Andy Tjilari have all passed away since the 2010 event.

Photographs from AIDA archive



Ngangkari prepare the then AIDA President Peter O'Mara for a cleansing ceremony of the new offices



Peter O'Mara (left) with dignitaries (from right) William and Helen Deane, Lowitja O'Donoghue and Warren Snowdon



Warren Snowdon addresses attendees at the opening

Also integral to that day was Pat Anderson, one of the co-authors of the *Little Children Are Sacred* report that had led to the Intervention.

'We asked Pat to launch the *Health Impact Assessment* [of the NTER] on the steps of Old Parliament House,' Rom said. 'We were keen to do that because the Howard Government had used *Little Children Are Sacred* as a defence for activating the Intervention. That carried a heavy load for a lot of people to carry, and [particularly] Pat.'

THE HEALTH IMPACT ASSESSMENT

Two years in the making, the *Health Impact Assessment of the Northern Territory Emergency Response* confirmed what many within AIDA and in the wider Aboriginal and Torres Strait Islander community had suspected:

The ways in which the NTER was introduced and is being implemented are likely to contribute to the continuation of the high burden of trauma and disease already carried by Aboriginal people across generations – a cumulative burden to which the NTER is likely to add. The HIA predicts that improvements in physical health may be outweighed by negative impacts on the psychological health, spirituality, and cultural integrity of a high proportion of the Aboriginal population in pr[o]scribed communities...

(AIDA & UNSW CHETRE 2010:ix)

Furthermore, the *HIA* found the Intervention had 'overlooked the centrality of human dignity to health' (Durie 2008, as cited in AIDA & UNSW CHETRE 2010:ix).

Conducted in partnership with UNSW's Centre for Health Equity Training, Research and Evaluation (CHETRE) and the Fred Hollows Foundation, the *HIA* used methodology endorsed by the World Health Organization in conjunction with Helen Milroy's 'Dance of Life' model (see Box 4 overleaf) as its framework for understanding Aboriginal and Torres Strait Islander health (AIDA 2010a:12).



The image on the cover of the *HIA* was of Helen Milroy's painting *The Dance of Life*, which she presented at the AIDA symposium, Sydney, 2002

The Dance of Life painting is the last in a series depicting a multi-dimensional model of health and wellbeing from an Aboriginal perspective. The final painting brings all of the dimensions together to reflect the delicate balance of life within the universe. The dimensions include the biological or physical dimension, the psychological or emotional dimension, the social dimension, the spiritual dimension and finally, but most importantly, the cultural dimension. Within each dimension there are additional layers to consider, including the historical context, the traditional and contemporary view as well as our gaps in knowledge.

The potential solutions for healing and restoration of wellbeing come from considering additional factors encompassing issues at the coal face of symptom presentation and service delivery such as education and training, policy, the socio-political context and international perspective. As the final painting suggests,

we can only exist if firmly grounded and supported by our community and spirituality, whilst always reflecting back on culture in order to hold our head up high to grow and reach forward to the experiences life has waiting for us.

The stories of our ancestors, the collective grief, as well as healing, begin from knowing where we have come from and where we are heading. From the Aboriginal perspective, carrying the past with you into the future is as it should be. We are nothing if not for those who have been before, and the children of the future will look back and reflect on us today.

When we enable a person to restore all of the dimensions of their life, then we have achieved a great deal. When all of the dimensions are in balance, within the universe, we can break free of our shackles and truly dance through life.

The *HIA* involved a series of community consultations and key stakeholder interviews across the NT, augmented by commissioned expert reviews in the areas of drugs and alcohol, mental health, child mental health, education, child health and human rights.

An analysis of all this information ultimately found that most of the government actions implemented as part of the Intervention should either be stopped or were unlikely to work (AIDA & UNSW CHETRE 2010:x). Only the housing, education and child health checks initiatives were supported, with strong caveats around the need for extensive community consultation and proper levels of recurrent funding.

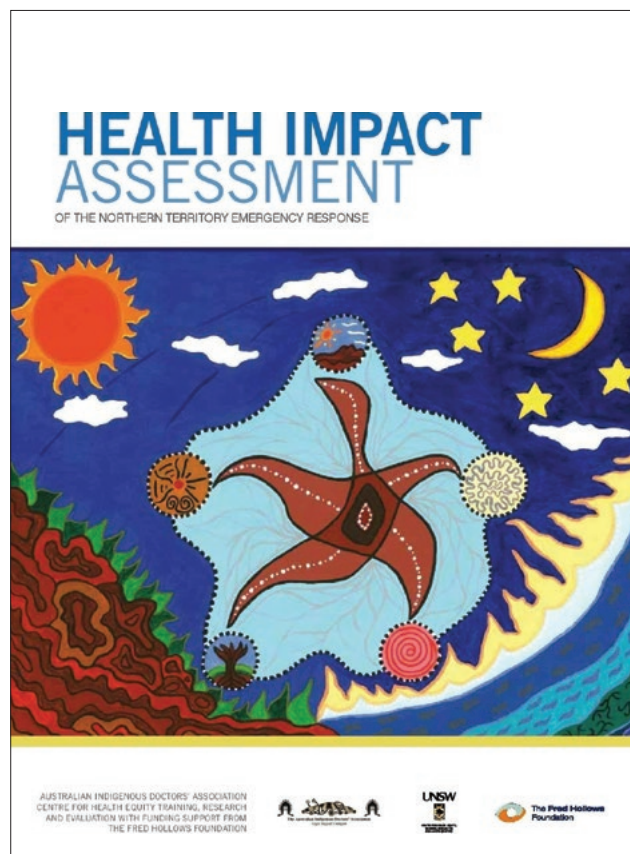
Speaking after the *HIA* launch, former AIDA President Tamara Mackean, who chaired the *HIA* Steering Committee, said: 'It is simply not possible to fight oppression with oppression. When we do this, our children suffer and we are lesser for it.'

In an article published in the *Medical Journal of Australia* (MJA) in May 2010, Peter O'Mara had this to say:

In preparing our report, we spoke to more than 250 people affected by the intervention measures. Grandmothers spoke about the humiliation of going 'back to the old days' when all decisions were made for them. Mothers spoke about the added burden of trying to buy family groceries using the BasicsCard, which can only be used in specified locations. Communities spoke about their hurt when their successful local programs were disregarded by the Government. And men everywhere spoke about their despair at being labelled as paedophiles.

(O'Mara 2010)

The *HIA* attracted wide media attention and many of its predictions have been borne out, particularly that 'the intended health outcomes of the NTER (improved health and wellbeing, and ultimately, life expectancy) are unlikely to be fully achieved through the NTER measures' (AIDA 2010a:12; AIDA & UNSW CHETRE 2010:ix).



The *Health Impact Assessment* of the Intervention in four NT communities was an exhaustive process

In July 2010, AIDA Board members Dr David Brockman and Dr Latisha Petterson travelled to Alice Springs where they presented the *HIA*'s findings to the 'Defending Indigenous Rights' conference, which included many representatives from the communities affected by the Intervention (AIDA 2010b:10). The trip was a strong affirmation that AIDA stood with its people.

'That *HIA* made a huge difference both to the organisation but more importantly, [a] black doctor organisation saying the Government knew that it would retraumatise and it did, and it went ahead with the Intervention [anyway],' Rom said.

'That goes back to that obligation, [that] you can't just sit and rest on your laurels and just count the number of doctors coming through.'

ALL GROWN UP

By 2010, the transformation of AIDA into a mature, professional organisation was largely complete. Membership was growing strongly, rising from 207 in December 2009 to 229 in December 2010, and by 2011 Secretariat staff had reached 14.

Governance activities and member events had assumed a regular rhythm, with four Board meetings each year including at least one in a regional or remote community, regular member dinners in the various State and Territory capitals and an annual combined symposium/ AGM in the second half of each year. The SRC was also meeting regularly, such as at the formal annual meeting in Canberra to set student priorities, and AIDA continued to engage strongly on various medical boards and committees.

Each year saw more reciprocal visits between PRIDoC member organisations and affiliates in their respective countries, and PRIDoC itself was continuing to grow.



AIDA members preparing to dance at PRIDoC 2010, Whistler, Canada



Australian delegates to PRIDoC 2010, Whistler, Canada

The 2010 PRIDoC took place in August and for the first time was hosted by the Indigenous Physicians Association of Canada at the Canadian ski resort of Whistler. Fittingly, the conference was opened by IPAC President Dr Barry Lavallee, who had attended the original Salamander Bay meeting in 1997 and been a strong supporter of AIDA ever since. Almost 40 delegates from Australia attended with 24 directly sponsored by AIDA, including the three Ngangkari from Central Australia who had cleansed AIDA's new office earlier in the year (AIDA 2010c:55). Also present was the Medical Association for Indigenous People of Taiwan, which became a full PRIDoC member that year.

Back in Australia, a decade-long period of political instability began when Kevin Rudd stood down as Prime Minister after he lost party room support, with Julia Gillard AC taking over as the nation's first female leader in June 2010. She immediately called an election, and in August Labor just held onto power as a minority government with support from the Greens and key independents.

AIDA and its members continued to achieve great things. AIDA was a top four finalist in the 2010 Indigenous Governance Awards in the category for organisations established for more than 10 years, an achievement that then-President Peter O'Mara remains especially proud of.

'It was really important for our organisation to know we can do a great job in that space,' he said. 'We have leaders who lead in a different way, Aboriginal leadership is very different to other styles of leadership – stamping your hand on the table and saying "I'm the boss!", that doesn't work for anyone.'

Photographs above and right from AIDA archive

In the same year Peter received a Deadly Award for Outstanding Achievement in Aboriginal and Torres Strait Islander Health, and in 2011 Noel Hayman was nominated for the Australian of the Year Award after being named Queenslander of the Year for his dedication to improving Aboriginal and Torres Strait Islander health. Mark Wenitong was another AIDA member to be recognised when he took out the AMA's Excellence in Health Care Award for his significant contribution to improving health outcomes in Australia.



Dave Brockman, former AIDA Vice-President, accepting Reconciliation Australia Indigenous Governance Award, 2010

An important milestone was also reached in 2011. For the first time, the number of enrolled Aboriginal and Torres Strait Islander students studying first-year medicine – 80 out of 3241 or 2.5 per cent of all enrolments – reached population parity (AIDA 2012a:65).

'I think it was 2011 where we hit first-year enrolments [parity]... these are not completions, but these are enrolments of medical students,' Rom said.

'So my contention then to deans, to public policymakers was, we've achieved this, medical schools have achieved this. But let's not rest on our laurels and get all excited about enrolments and admissions. The real count is the graduations, so we need to do a whole lot of work to get people to graduate.

'And so the discourse... moves from just entry and admissions through to retention [and] completion.'

In 2011 the total Aboriginal and Torres Strait Islander medical workforce stood at 371, comprising 153 medical practitioners and 218 medical students (AIDA 2011a), and AIDA's membership reached 265 in December of that year (AIDA 2011b:39).

LOOKING TO THE FUTURE

By 2012 Rom had been CEO for seven years and was beginning to turn his mind to governance issues and a succession plan for the next CEO.

'I had a number of conversations with the Board, in declaring the... two things that I saw as the greatest risk for the organisation,' he said. 'One was that we had to answer for ourselves what cultural safety meant for Indigenous doctors. We were out there spruiking it in the policy world, but we didn't have a cultural safety policy or position.

'The other was that I was the biggest risk to the organisation, there's too much of me in the organisation. And at year seven, I had put to the Board that this was really time for me to kind of free up the space for someone new to come on.

'The Board asked if I'd stay for a bit longer, so I took another contract that took me through to year nine. In those [final two] years it was really about governance, roles, systems, etc.'

Jaqui Hughes, current AIDA
Board member



...the reason that I went
away to do medicine
and specifically to do
nephrology... was because
my community up here
needed someone just
like me...

The Board itself was changing as long-time members ended their terms and fresh faces signed up. Current President Tanya Schramm had attended the Salamander Bay meeting as a newly minted graduate in 1997 and was involved in AIDA from its earliest days. She joined the Board for the first time in 2010, as did Alicia Veasey as a Student Director.

Others were becoming more involved. Current Board member Professor Jaqui Hughes, a Torres Strait Islander woman who grew up in Darwin, became one of our first two nephrologists when she was admitted to the RACP in 2007. In the same year she moved back to her hometown and began to take more interest in AIDA's advocacy role.

'It was really good to come back [to Darwin] and connect with family and it was really good just to remind myself that the reason that I went away to do medicine and specifically to do nephrology... was because my community up here needed someone just like me, so I was able to find the space to come back here and to do this purposeful work here,' she said.

'I met the last few [AIDA] CEOs when they would do their visits to Darwin because they'd be up doing stuff with the Flinders Medical programs [and] they would pop in and see me... around that time I was really interested in what does AIDA do for the senior membership, not just the emerging membership of students.'

After her first year as a Student Director, Alicia Veasey returned to the Board as a Graduate Director in 2012.

'It's only a one-year tenure when you do the student position,' she said. 'I came off for a year and then came back on for two years after that whilst being a junior doctor... so I've done three years on the Board. As a student and junior doctor... seeing the level of the impact that you can have at that broader systems level was really influential for my professional development.'

'AIDA really supported me to expand my skills with training in governance, policy development, media training and things that I wouldn't have normally been exposed to. AIDA [really helped] foster my leadership skills... in those very early formative years.'

Photograph courtesy of Jaqui Hughes

'In 2012 we were looking at our organisational governance, we really wanted to make sure that we were setting a strong standard as a black organisation. There was a lot of work around [then] looking at our constitution,' Alicia said. 'That sometimes seems like boring work, but I feel like that was really good fundamental reflective work for AIDA, to make sure that we remained a strong organisation with a clear vision.'

'That work was happening under Romlie Mokak, near the end of his time with AIDA. [We] solidified a plan and direction for the organisation to be sustainable, to have a strong black voice that is guided by community, with transparency and strong black governance.'

The year 2012 was also Peter O'Mara's last as President, and it proved to be another busy time in the life of the organisation.

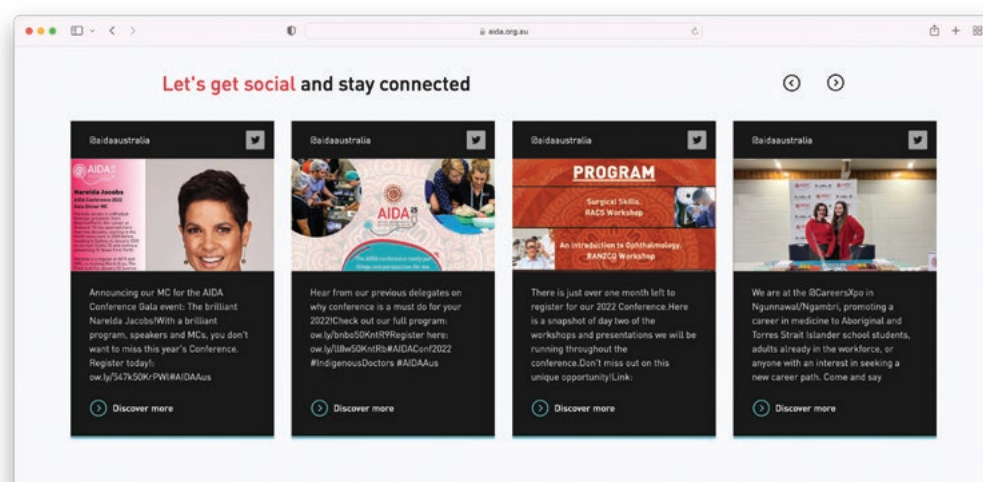
In February AIDA and the Medical Deans completed a two-year assessment of Australian medical schools' implementation of the *Healthy Futures*-inspired Indigenous Health Curriculum Framework (AIDA 2012b:6). The review found that while more Aboriginal and Torres Strait Islander health content was now included in the curriculum and that numbers of medical student enrolments were growing, there was still much work to do. The main concern was that only six out of 19 medical schools offered specific pre-medicine programs and/or pathways into medicine for Aboriginal and Torres Strait Islander students, and that those six schools were in the main responsible for the improvement in our student enrolments.

The review also found that not all medical schools had an Indigenous Health Unit on campus, and that in several schools the numbers of Aboriginal and Torres Strait Islander and non-Indigenous staff available to implement the Framework were 'clearly insufficient'.

Despite slow progress at the medical schools, AIDA continued pushing to improve the quality and cultural safety of medical education for Aboriginal and Torres Strait Islander students. In June it signed a collaboration agreement with the Confederation of Postgraduate Medical Education Councils to provide support for Aboriginal and Torres Strait Islander doctors wishing to pursue a career in higher education, and in August AIDA renewed its collaboration agreement with the Medical Deans (AIDA 2012a:32).

AIDA was also contributing heavily to the development of the new National Aboriginal and Torres Strait Islander Health Plan (NATSIHP) via its membership of the National Health Leadership Forum, formed in 2011 to support the implementation of the CTG agenda.

By now the age of social media had well and truly arrived, and in 2012 AIDA launched itself on Facebook and Twitter. Both have since become key platforms for the organisation to connect with its membership, as well as with policy makers, the media and the wider community. As of June 2022, AIDA's Facebook has 8000+ and Twitter has 7500+ followers, along with smaller audiences on Instagram, YouTube and LinkedIn (AIDA 2021a:32-33).



AIDA's social media posts keep it connected not only with its membership, but with policy makers, the media and the wider community



Delegates at PRIDoC 2012,
Alice Springs



Former Board member Latisha Petterson celebrating at PRIDoC
2012, Alice Springs

It was also the Tent Embassy's 40th anniversary, and to honour the occasion Peter O'Mara penned an editorial for the *MJA* entitled 'The spirit of the tent embassy: 40 years on'.

In many ways, what the tent embassy stands for is also what we, at the Australian Indigenous Doctors' Association (AIDA), strive to achieve in Indigenous health. We want to confront and reverse the negative impacts of colonisation, discrimination and cultural suffocation. In other words, we want self-determination.

Photographs from AIDA archive

It is sobering to see that, 40 years after four Aboriginal men, Bertie Williams, Billie Craigie, Tony Coorey and Michael Anderson, camped under a beach umbrella in Canberra and called for equal rights, as a group, we still do not enjoy the same opportunities to be healthy as non-Indigenous people. Research into the hospital management and outcomes of stroke in Aboriginal and Torres Strait Islander people, published in 2012, has found that we were less likely to be treated in a stroke unit and receive timely assessments from allied health professionals than non-Indigenous patients. The study also found that Indigenous patients aged 18–64 years had threefold odds of dying or being dependent at discharge. Studies such as these indicate that we still have a long way to go in providing good-quality health care for Aboriginal and Torres Strait Islander people – care that is affordable, accessible, available and appropriate; care that requires a real commitment from doctors and other health care providers.

(O'Mara 2012)

In October 2012, AIDA hosted PRIDoC for the second time, welcoming more than 320 delegates from across the Pacific to Alice Springs where the theme for the gathering was 'Connectedness'. It was also PRIDoC's 10th anniversary and the original founding team – Ngiare Brown, Martina Kamaka, and Peter Jansen and Rees Tapsell from Te ORA – were on hand to reflect on their journey together.

For many delegates it was their first visit to Central Australia and the traditional lands of the Arrernte people, so conference organisers under Ngiare's leadership ensured they had an unforgettable cultural experience alongside the scientific program. The Hermannsburg Choir and the Pitjantjatjara women showcased their talent on the main conference stage, while Ngangkari spoke of their traditional healing practices during day two of the Scientific Program. Outside the conference there were visits to nearby communities, traditional weaving workshops, dance performances, and two magnificent conference dinners under the stars at the Telegraph Station and The Quarry.

PRIDoC 2012 was among the last acts of Peter O'Mara's presidency, and as much as he enjoyed the occasion, he reflected that 'the location of this event is not lost on me, as the Northern Territory is the place where the... Intervention was implemented' (AIDA 2012a:32).

FRESH INITIATIVES

By the start of 2013 Prime Minister Julia Gillard had been in power for two years, the Intervention had been rebranded as 'Stronger Futures'⁴ and AIDA's membership had grown to almost 300. AIDA had a new Board and a new President in Dr Tammy Kimpton, a Palawa woman from Tasmania.

Concerns over cultural safety in the workplace had been raised by members at the 2012 AGM and, in response, AIDA began work on a cultural safety position paper. A July 2013 Roundtable helped inform the discussion, and by the AGM in October the paper was finished and endorsed by the AIDA membership in a shared quest for 'a health system that is culturally safe, high quality, reflective of need and which respects and incorporates Aboriginal and Torres Strait Islander cultural values'.

AIDA had also been funded by the Department of Education, Employment and Workplace Relations to coordinate 'Murra Mullangari – Pathways Alive and Well', a first-ever National Aboriginal and Torres Strait Islander Health Careers Development Program targeting high school students and delivered in collaboration with other Aboriginal and Torres Strait Islander peak health organisations. The first intake of 30 students from across Australia took place in April 2013.

In July that year, AIDA and the CPMC formally committed themselves to facilitate the recruitment and training of an Aboriginal and Torres Strait Islander medical specialist workforce. This commitment, sealed via a collaboration agreement signed by Tammy Kimpton and CPMC Chair Professor Kate Leslie, was the culmination of four years' hard work by members of CPMC's Indigenous Health Sub-committee originally established in 2008.

4 Stronger Futures legislation expired on 30 June 2022.



Former President Tammy Kimpton signs CPMC agreement with Kate Leslie to facilitate the recruitment and training of an Aboriginal and Torres Strait Islander medical specialist workforce, 2014

‘What I discovered from that committee was there’s some amazing people in these specialist colleges who had been chipping away forever, but being smashed by their own peers,’ Rom said. ‘Like, “Why do we need special attention to Aboriginal people?”’

‘When Professor Kate Leslie took over as Chair, she said, “I want to make this one of my priorities, so let’s just do it”. And it was done. Younger woman, amongst peers across the medical colleges, is just going, “We’re going to do it”.

‘That changed not only the discussions and the ambition, but the obligations or responsibilities of specialist medical colleges. We could then have a very direct and transparent and ongoing relationship around what happens when a student finishes med school, or even while they’re in med school, [about] how do we get them ready for thinking about specialist colleges?’

‘So it went from graduating our med students to growing our specialists, that became a new agenda.’

In June 2013, Kevin Rudd had come back as Prime Minister, having toppled Julia Gillard in a leadership ballot, and within weeks he announced an election would be held in September. AIDA kept on with its work, which included putting the finishing touches to its input into the NATSIHP and launching its first research agenda at the October 2013 AGM.

‘The proposition that I had was that in order to do medicine, you have to be a scientist,’ Rom said. ‘There’s no question about that... it aligns directly in so many ways to an agenda around science and health care and better health practice.’

After several years in the making, the Australian Government finally launched its 10-year *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* in July 2013, with the specific aims of embedding CTG targets in funded health programs and eliminating the life expectancy gap between Aboriginal and Torres Strait Islander and non-Indigenous Australians by 2031 (Commonwealth of Australia 2013). It was one of the Government’s last major policy announcements ahead of the upcoming federal election, and for Rom it was one of the crowning achievements of his time at AIDA.

‘Collectively, what the Health Forum could say was tackling racism is at the heart of this,’ he said. ‘Culture underpins everything, but we have to tackle racism, and we have to name racism in a national policy. There were times when things were trying to be reframed or watered down, [and] what the Health Forum could say is, “We reserve the right to walk from this process”. That’s why [the need to address systemic racism] is front and centre in the Plan.

‘Now, as an individual organisation, could AIDA have done that? Probably not. Collectively? Yes. It’s a good place to reflect on [AIDA] and know that we played a role in establishing and nurturing and supporting many of those organisations to sit at the table with us.’

Photograph from AIDA archive

AIDA's strong commitment to collaboration and collective action has seen it provide in-kind support to new Aboriginal and Torres Strait Islander wellbeing, health and workforce organisations over the years, beginning with the Australian Indigenous Dentists' Association in 2004 (see p.52). Since then, AIDA has assisted with the establishment and development of several key bodies.

The formation of the Healing Foundation was announced in February 2009, on the first anniversary of Prime Minister Kevin Rudd's Apology to the Stolen Generations. An interim development team was set up to oversee consultations as to how the Foundation would work, and in September of that year the report *Voices from the Campfires: Establishing the Aboriginal and Torres Strait Islander Healing Foundation* was delivered. AIDA provided administrative and financial support to the Foundation's Secretariat and Interim Board during this time, and was also represented by two Board members, Dr David Brockman and Dr Danielle Arabena, at the Foundation's inaugural national workshop in June 2009.

During 2008–09 the (then) National Aboriginal and Torres Strait Islander Health Worker Association (now the National Aboriginal and Torres Strait Islander Health Worker and Health Practitioner Association) was formed, and again AIDA assisted with in-kind support, mentoring and sharing experiences. The creation of the Association followed the 2008 Rudd Government move to strengthen the Aboriginal and Torres Strait Islander health workforce.



Indigenous Allied Health Association Board members Tracy Hardy (left), Nicole Turner (right) and CEO Donna Murray (centre) at AIDA conference, 2017



National Aboriginal and Torres Strait Islander Health Worker and Health Practitioner Association CEO Karl Briscoe presenting at AIDA conference, 2017

In the same period AIDA supported the foundation of the Australian Indigenous Psychologists Association, which launched in September 2008 after AIDA CEO Rom Mokak had facilitated the group to develop a first-year Action Plan at a meeting in July of that year.

Another to receive start-up support from AIDA was Indigenous Allied Health Australia, which incorporated in June 2009. AIDA worked closely with the new organisation by providing some administrative support, supporting the CEO recruitment process and sharing our experiences relating to the setting up and running of an Indigenous professional health association.

More recently, in March 2020, Gayaa Dhuwi (Proud Spirit) Australia – the new national Aboriginal and Torres Strait Islander (Indigenous) social and emotional wellbeing, mental health and suicide prevention leadership body – was established. Gayaa Dhuwi set up its offices next door to AIDA in Old Parliament House, Canberra and, again, AIDA provided in-kind administrative support and mentoring to that organisation.

Photographs from AIDA archive

In September 2013, Labor was swept from power and Tony Abbott sworn in as Prime Minister at the head of a Coalition Government. In one of his first moves, Prime Minister Abbott brought the Indigenous Affairs portfolio into the Department of the Prime Minister and Cabinet and withdrew funding for the Aboriginal and Torres Strait Islander representative body, the Congress of Australia's First Peoples.

POLITICS IN FLUX

The outcome of the 2013 election ushered in a period of flux, not just for AIDA but for all Aboriginal and Torres Strait Islander bodies around the country as they adjusted to a changed policy and political landscape. It also coincided with Rom's final six months in the CEO role.



AIDA published its magazine *Blackchat* from 2002–14 to keep its members up to date with organisational events and achievements

On any measure, AIDA was in good shape. By the end of 2013, AIDA membership had climbed to 319, including 79 medical graduates and 128 students (AIDA 2013:61). The organisation was represented on 33 committees and bodies nationally and had ongoing core funding from the Australian Government to support its operations.

In total there were 247 registered Aboriginal and Torres Strait Islander medical practitioners across Australia and 261 students studying at medical schools, with 24 graduating at the end of 2013 (AIDA 2020a).

In his final CEO's message in AIDA's March 2014 newsletter *Blackchat*, Rom wrote that the organisation had experienced a 50 per cent growth in membership over the preceding five years, with the rate of growth 'anticipated to continue over the coming years' (AIDA 2014a).

Artie Tatian, who was elected as Student Director later that year, recalls this time as being one of 'transition and change'.

'When I came on board... it was the last year that Rom was the CEO, and we had a new CEO who was coming in,' he said. 'Rom was so well respected and continuing that journey was going to be challenging without him.'

'It was an incredible time because people were starting to listen, and it was about continuing to keep them interested and... continuing to keep them on board and wanting to do good, be allies and support us.'

In May 2014, Rom resigned to take up a new role as head of the Lowitja Institute, and in July a new CEO, Wiradjuri woman Kate Thomann, was announced as his replacement. Kate came to the role with a wealth of experience in senior positions within the Australian Government and a detailed knowledge of Canberra's hothouse policy environment.

As she noted in her first comments as AIDA CEO, Kate had to hit the ground running: 'I have started in this position during a very busy time. In my first few days in the job, I have participated in a Close the Gap Coalition Workshop and the National Health Leadership meetings [and] working with AIDA staff to ensure that the upcoming AGM and annual AIDA conference will be exciting, useful and valued by our members and stakeholders' (AIDA 2014b).



Kiarna Brown returned to the Board later that year as a graduate member, having completed her medical degree in 2005 and commenced her training as a registrar to become an obstetrician/gynaecologist.

'I guess the thing that I struggled with the most, and why I didn't continue for as long as I would have wished to on the Board, was the time commitment,' she recalled. 'There were so few of us and we were called upon to fill so many roles and to provide expertise and opinions in multiple different spaces.'

'So that was a challenge... but being part of AIDA and being on the AIDA leadership team is incredible. There is so much to learn and so much work to do, but there is so much to gain.'

'Being a voice for such a body of people is a real privilege and honour. Representing our remarkable AIDA doctors, who are incredible people doing amazing things in their areas of interest, and working with government and non-government organisations, being in that leadership role and building partnerships etcetera, was a really steep learning curve.'



AIDA signs a formal MoU with AMSA to grow the numbers of Aboriginal and Torres Strait Islander medical students, and to inform and support a culturally safe health care system

Following the election of the Abbott Government, AIDA worked hard to build its relationship with the new administration and, in particular, with senior health policymakers. Artiene Tatian recalls his own steep learning curve.

‘I think being a Student Director was really, really powerful in the sense that I now gained appreciation for what policy was,’ he said. ‘Before being on the Board... I didn’t appreciate the role of policy and how important relationships with politicians are to actually making meaningful change.’

A highlight of 2014 was the 7th biennial PRIDoC, held in Hualien in Taiwan and hosted for the first time by the Medical Association for Indigenous People of Taiwan. As always, AIDA was well represented and for many of the delegates, including Artie, it was an eye-opening experience.

‘Taiwan was incredible... we did these amazing walks to cultural sites, and we were ingrained in their culture,’ he said.

Photograph from AIDA archive

‘Sometimes [it’s reassuring] to hear that other people are having a hard time, and that it’s not just you who’s bashing your head against the wall. But then also coming together and being re-energised to say, “Great, let’s go back and let’s do it all over again because it’s worth it”.’

During that period Artie was working hard on developing an agreement between AIDA’s SRC and the Australian Medical Students’ Association (AMSA), both in his capacity as head of the SRC and as the first Aboriginal and Torres Strait Islander person to be president of an Australian medical student association, the Western Sydney University Medical Students Association (AIDA 2015a:56).

‘We were very much in that beginning phase where... people knew we [Aboriginal and Torres Strait Islander medical students] existed, people still disliked us,’ he said. ‘People thought that we got in through a pathway, that we didn’t deserve to be there.

‘So, I joined the AIDA Board [as a Student Director] to be disruptive... I got AIDA invited back to AMSA and I presented with the AMSA President. It was the first time that we sat down and actually wrote an MOU that had some meaning about what we would do, what they would provide to us, how we could support each other, and how we could change the actual framework or understanding of how they and other medical students engaged around Indigenous health and Aboriginal medical students.

Photograph by Brad Newton Photography

Kali Hayward, former
AIDA President



'I felt like if you could change the culture within AMSA... then that culture would trickle down from the top.'

All the hard work bore fruit in December 2015 when AIDA and AMSA formally signed their MoU, which committed the two organisations to growing the numbers of Aboriginal and Torres Strait Islander medical students, and to informing and supporting a culturally safe health care system (AIDA 2015b).

In 2015, AIDA also began building a relationship with the Australian Medical Council, the independent national standards body responsible for ensuring that education, training and the ongoing assessment of the medical profession are at the high level required to promote and protect the health of the Australian community.

'Tammy [Kimpton] and myself were chatting with the AMC about rewriting an anthology book for them [to include] Indigenous health questions. And through that they became more on board, more interested in having us on their committees, to hear and understand our voices,' Artie said.

That resulted in a formal invitation from the AMC for AIDA to help with a review of its accreditation standards relating to Aboriginal and Torres Strait Islander health.

'That was massive... and probably won't happen for another 20 years,' Artie said. '[These] are the standards that the medical schools have to comply with. So it's no longer good enough to say, "Oh, we teach, you know, half an hour of Indigenous health across five years". No, no, no! The standards now say, "Show us how you teach all of these things, and how you blueprinted them across the curriculum and graduate outcomes".

'So, we certainly started and continue that journey with the AMC. The AMC is such a powerful vehicle. They've come on board with us, and they've supported us, and we have 100 per cent backing from them. So yeah, it's been incredible and we have made real change...'

In other business, AIDA locked in another three-year funding agreement with the Australian Government, secured extra funding to expand its student mentoring program under the Government's Indigenous Advancement Strategy, and celebrated the 10th anniversary of its partnership with the Medical Deans by signing a fourth collaboration agreement.

On 14 September 2015, Dr Kali Hayward, a Warnman woman from WA's Great Sandy Desert, was elected AIDA President at the AGM held in Adelaide. By coincidence, on the same day Malcolm Turnbull became the new Australian Prime Minister after ousting Tony Abbott in a dramatic late-night party ballot.

Kris Rallah-Baker remembers the 2015 AIDA symposium/AGM because it was the first AIDA event he had attended since 2009, having been preoccupied by the intensive studies required to become Australia's first Aboriginal and Torres Strait Islander ophthalmologist. He recalls his amazement at how much things had changed.

'I remember the early days when we would have our gala event. Louis would turn up in his Hawai'ian shirt and most of us would have shorts on and there was no dress up,' he said. 'There were no suits, it was very low key.

'The next one I attended was Adelaide in 2015... and the whole thing had changed. I remember we had this gala ball and I'd bought a pair of slacks and... black leather shoes and a business shirt thinking, "Aw, I won't need this".

'[I was] totally underprepared, because it had become this really formal dress-up event... it blew my mind, and there were just people everywhere, a couple of hundred at least.'

The 2015 symposium was also noteworthy for the rollout of its inaugural AIDA Awards, with Ray Gadd named Indigenous Doctor of the Year, Artie Tatian taking out the Indigenous Student of the Year and Ms Gaye Doolan made Associate Member of the Year (AIDA 2022a).

In May 2016, CEO Kate Thomann returned to the Australian Public Service to take on a senior role at Aboriginal Hostels Ltd and, after an extensive search, Craig Dukes was appointed to take over. A Marra/Jingili man with roots in the NT, Craig was educated in Sydney and, prior to his AIDA appointment, had been CEO of Indigenous Allied Health Australia and of the National Aboriginal and Torres Strait Islander Health Worker Association.⁵

⁵ Sadly, Craig Dukes passed away in June 2022. Biographical information on Kate Thomann and Craig Dukes has been taken from their LinkedIn profiles. Photograph from AIDA archive



Craig Dukes,
former AIDA CEO

There was change on the Board too, with Kris, Artie (by now a graduate) and Larrakia woman Dr Dana Slape – Australia’s first Aboriginal dermatology registrar – being nominated to fill vacant seats at the September 2016 AGM in Cairns. Both Artie and Dana had previously been Student Directors and, in Dana’s case, she had also been a Graduate Director on the previous Board. But for Kris, it was his first time.

‘I had some ideas for where I thought the organisation should go and I had some ideas about where I thought there should be reforms, and I saw those things not necessarily happening unless I was in one of the key leadership roles,’ he said.

‘Dana Slape, who’s recently graduated as our first dermatologist... she was on the [AIDA] Board with me, and... Dana and I used to chat about how it’s really good what we’ve done for GPs, but we need to do more for non-GPs, because there’s more of us coming into the system... and we’re going to have to pull our finger out and do something.’

Photograph from AIDA archive

AIDA TURNS 20

AIDA's 20th anniversary took place in 2017 and there was much to celebrate. Now well established as a peak Aboriginal and Torres Strait Islander health organisation, AIDA's presence in the health policy space had become pivotal and membership climbed above 500 for the first time. By the end of 2017 almost 300 Aboriginal and Torres Strait Islander students were enrolled at Australian medical schools, and the number of our registered medical practitioners crossed the 400 mark (AIDA 2020).

Relations with the Australian Government remained productive, with a collaborative agreement struck between AIDA, the CPMC, NACCHO and the Hon. Greg Hunt, Minister for Health, the Hon. Ken Wyatt AM, Minister for Indigenous Health and the Hon. David Gillespie, Assistant Minister for Rural Health to work in partnership on delivering NATSIHP through to 2023 (AIDA 2017:12). Minister Wyatt also agreed to speak at the annual AIDA conference, which was held in September at the Oak Cypress Lakes Resort in NSW's Hunter Valley. Kris Rallah-Baker, who became AIDA Vice-President in June, was able to report in December that the event had been 'AIDA's biggest and most profitable conference to date' (AIDA 2017:16).

AIDA's advocacy work continued with its founding membership of the Partnership for Justice in Health, a direct response to the death of Wiradjuri woman

Naomi Williams and her unborn child at NSW's Tumut Hospital in January 2016. P4JH is an alliance of Aboriginal and Torres Strait Islander academics, legal experts, and national peak health and justice organisations committed to working together to improve health and justice outcomes for our people, and AIDA remains actively involved (P4JH 2021).

AIDA was also invited to send an observer to the AMA's Federal Council meeting in August 2017, and President Kali Hayward took up the offer, noting it 'was the first time the AMA Federal Council had Aboriginal and Torres Strait Islander representation in this capacity' (AIDA 2017:15). Later, in May 2018 when Kali attended the AMA's AGM, again as an observer, she witnessed the unanimous vote endorsing AIDA as a permanent member of the AMA's Federal Council. With this vote, AIDA finally achieved a permanent Aboriginal and Torres Strait Islander presence on Australia's peak medical body.

A pivotal moment took place on 26 May 2017 when – almost exactly 50 years since the 1967 Referendum – the First Nations National Constitutional Convention released the *Uluru Statement from the Heart*. It was the culmination of a two-year consultation process focused on changing the Australian Constitution so that it explicitly recognises Australia's Aboriginal and Torres Strait Islander peoples, a process that had been backed and funded by the Turnbull Government.

Photograph by Brad Newton Photography



Then Minister for Indigenous Health
Ken Wyatt addresses the AIDA
conference, Hunter Valley, 2017



Attendees at the 2017 AIDA conference
also celebrated our 20th anniversary

The *Uluru Statement* called for a First Nations Voice to be enshrined in the Australian Constitution, and for a Makarrata Commission to supervise agreement-making and truth-telling between the Australian Government and Aboriginal and Torres Strait Islander people. Its final words were:

In 1967 we were counted,
in 2017 we seek to be heard.
We leave base camp and
start our trek across this
vast country. We invite
you to walk with us in a
movement of the Australian
people for a better future.

(ulurustatement.org 2022)

Hopes were high, and AIDA joined other peak Aboriginal and Torres Strait Islander bodies in backing the *Uluru Statement*. They were to be bitterly disappointed when, in October 2017, Prime Minister Turnbull said his government 'does not believe such an addition to our national representative institutions is either desirable or capable of winning acceptance in a referendum' (Turnbull 2017).

Ever since, AIDA has continued to press for action on the *Uluru Statement's* key demands. Although these were still unmet at the time of writing this history, the recently elected Albanese Labor Government has made a commitment to implement the Uluru Statement in full (ALP 2022).

By the end of 2017, Shannon Springer – now Associate Professor and Discipline Lead for Aboriginal and Torres Strait Islander Health at Queensland's Bond University – was back on the Board with specific responsibility to lead the development and implementation of AIDA's research agenda. His return marked the end of a period of personal soul searching, which had led him back to his hometown of Mackay in 2009 after finishing his previous Board term.

Photograph by Brad Newton Photography

'In terms of my own journey, I think the most important thing for me was actually going home to my own community, and perhaps unlearning what I'd learned, and relearning what I needed to learn,' he said.

'There was a critical time when I was sitting on a panel, and I was very in the moment and cognisant of what I was saying, and the words that were coming out of my mouth... I could hear myself saying them, they were very, very white and white system, paternalistic. And it was in that moment, I've just thought that I've really strayed from my values. That was the driver for me to go home at that point.

'I think that's incredibly important for Aboriginal and Torres Strait Islander doctors, [that it's] about connection and having connection to continue our learning. We accept that we continue to learn... in the field of medicine. [But] we also continue to learn from our communities, and that being engaged and being connected in that sense is always important.'

In 2018, as part of its strategy to diversify its income base and reduce its reliance on government funding, AIDA moved forward on developing its Cultural Safety Training Program as an online resource. Comprising three separate modules addressing 54 topics and designed to be completed in about three hours, it serves as stand-alone training and pre-learning for the AIDA Cultural Safety Course.

AIDA also secured a new four-year funding agreement with the Government through to 2022. This financial security was also beneficial to other organisations that AIDA supports, including PRIDoC, which AIDA was now able to provide with the Secretariat support needed for Kauka to organise PRIDoC 2018 in Hilo, Hawai'i. By now PRIDoC had welcomed aboard its sixth full member, the Association of American Indian Physicians.

PRIDoC 2018 took place from 13–17 July with the theme of 'Oi Ola Wai Honua: Life is better while the Earth has water', reflecting the conference's focus on the importance of connection to Country and caring for the natural environment as central to Indigenous peoples' health.

Martina Kamaka was once again in the thick of organising the conference program. She says the conference theme was also about having an 'understanding of the impact of colonisation on our people'.

'I think that was one thing that's very unique for us, as Indigenous physicians, is understanding that health and wellness is integrally related to our connection to our land, to our culture,' she said. 'We all carry that with us... and some people call it privilege, but I prefer the word kuleana, which is a Hawai'ian word for responsibility. It's an ancestral responsibility.

'Yes, we need the best of modern Western medicine. But we also need the best of our Indigenous heritage, our Indigenous knowledge, our Indigenous practices, that's wellness for people. I think that's something that we all shared.'

A total of 435 delegates, their family members and guests attended PRIDoC 2018, with strong representation from all member associations including the Pacific Basin Medical Association, a long-standing associate member representing physicians across Micronesia and other Pacific island nations.

Back in Australia, the nation's era of political instability continued, with Scott Morrison becoming Australia's 30th Prime Minister in August after Malcolm Turnbull lost an internal Liberal Party leadership ballot. There was change at the top of AIDA too, with Craig Dukes stepping down as CEO in September to be replaced by former staff member Anita Mills as interim CEO until a new permanent head could be appointed.

The combined AIDA symposium/AGM held in Perth in September 2018 proved to be a watershed moment in a number of ways. Firstly, Helen Milroy was voted the 2018 Indigenous Doctor of the Year in recognition of her many achievements. These included being a founding member of AIDA and its second President, Australia's first Aboriginal and Torres Strait Islander psychiatrist, and a Commissioner for the Royal Commission into Institutional Responses to Child Sexual Abuse.

Secondly, AIDA elected a new Board, with Kris Rallah-Baker taking over as President and Shannon Springer becoming Vice-President. Unbeknown to them, they would soon be facing the largest global health crisis in 100 years.

Rising to the Challenge – COVID and Beyond, 2018–2022

There was no doubting the resolve when the new AIDA Board was unveiled in October 2018. In the accompanying media release, Kris Rallah-Baker announced: 'As President I plan to build on the strategic development of AIDA with a structural reform, continue to grow our membership, and work towards future financial independence.'

Looking back, Kris says when he took over as President it was clear that AIDA needed to broaden its focus beyond boosting the numbers of Aboriginal and Torres Strait islander medical students and graduates. There were certainly some pressing new challenges: promoting cultural safety across the health system; turbo-charging the push into the specialist colleges; expanding member services; pursuing financial independence; and providing access to a medical education for the most disadvantaged Aboriginal and Torres Strait Islander students.

For Kris, the need is for AIDA to reach 'those kids from the rural and remote communities who otherwise don't have a chance [to study]... For me, the challenge is getting that kid... [with] very few opportunities, and getting them out the other end, and having them become an ophthalmologist. That for me is the challenge. And that, for me, is a challenge for AIDA and for us as a body of Indigenous doctors.'

Working closely with interim CEO Anita Mills, Vice-President Shannon Springer and the rest of the Board, Kris made the restructure of AIDA Secretariat his first priority.

'I had a great Board,' Kris said, '[and] Shannon as my Vice-President. [He] is... incredibly capable, incredibly able.'

'In terms of the organisational restructure, Anita and I literally sat down one day over a piece of A4 paper at Old Parliament House and wrote down the new structure... and that was where the Deputy CEO position came from. We removed a whole lot of positions, we transitioned a lot of positions across [into the new structure] – it was a big time.'



Anita Mills, former
interim AIDA CEO

Other new roles included a membership adviser to grow memberships in all categories, a partnerships adviser to beef up AIDA's commercial relationships and a human resources adviser to assist with staffing and compliance. Select services, such as graphic design work, were outsourced (AIDA 2019b:11).

Two advisory councils were also established – the Indigenous Knowledge Advisory Council and the Members Advisory Council – to provide high-level strategic advice to the Board in the areas of cultural and corporate knowledge.

In February 2019, the restructure began to bear fruit with former staff member and Wiradjuri woman Mary Guthrie returning from her position at the Lowitja Institute to take up the new role of Deputy CEO. In July, the new structure was complete when Northern Territorian Monica Barolits-McCabe was announced as the new CEO.

Monica trained as an accountant and gained wide managerial experience working across the health and education sectors, including her penultimate role as Manager of Flinders University's medicine-focused NT operations.

'I guess the history of my appointment really goes back to 2013 when I first met Romlie Mokak,' Monica said. 'I met him in Darwin... [as] my associate dean said, "It's a really good idea for you to go and meet Rom and have a talk about what we're doing here in the Northern Territory to support Aboriginal and Torres Strait Islander medical students".'

'I met Rom and had a "wow!" moment, and so I looked up what AIDA was, what AIDA did, and I just thought, "That'd be awesome to have that job". Little did I know but here we are today.'

Photograph from AIDA archive



Mary Guthrie, former AIDA Deputy CEO

A FRESH AGENDA

As AIDA pivoted towards the future, a concerted push to develop a new CTG strategy gained momentum, culminating in a meeting between representatives from 14 community-controlled health organisations and Prime Minister Scott Morrison in December 2018 at which he agreed to support the proposal in COAG.

In early 2019, AIDA joined the Coalition of Peaks, a group of 40 Aboriginal and Torres Strait Islander peak health organisations from all Australian States and Territories under the leadership of NACCHO CEO Ms Pat Turner. In March 2019, the Coalition signed a partnership agreement with COAG that ensured not just a seat at the table for Aboriginal and Torres Strait Islander people but real decision-making responsibilities to deliver a refreshed CTG strategy (Coalition of Peaks 2020). This was to bear fruit the following year.

The other major piece of policy work AIDA engaged in was the Specialist Trainees in the Medical Workforce project, which had been funded by the Commonwealth Department of Health in 2017 to address the under-representation of Aboriginal and Torres Strait Islander doctors in specialist medical colleges. Box 6 (overleaf) shows the current figures for Aboriginal and Torres Strait Islander trainees and fellows.



AIDA joined other member organisations of the Coalition of Peaks at a meeting to discuss the National Agreement on Closing the Gap, Melbourne, 2019

Top: Photograph from AIDA archive | Bottom: Photograph courtesy of Coalition of the Peaks

As part of the self-assessments provided to AIDA in March 2021, specialist medical colleges reported the following numbers (AIDA 2021d).

Aboriginal and Torres Strait Islander trainees (registrars) and fellows as of March 2021

College data as provided February/March 2020	Aboriginal and Torres Strait Islander trainees	Aboriginal and Torres Strait Islander fellows
Australasian College of Dermatologists	3	1
Australasian College for Emergency Medicine	19	6
Australasian College of Sport and Exercise Physicians	1	0
Australian and New Zealand College of Anaesthetists	7	9
The College of Intensive Care Medicine of Australia and New Zealand	4	0
The Royal Australasian College of Medical Administrators	1	0
The Royal Australasian College of Physicians	26	13
The Royal Australasian College of Surgeons	7	3
The Royal Australian and New Zealand College of Ophthalmologists	0	1
The Royal Australian and New Zealand College of Obstetricians and Gynaecologists	5	5
The Royal Australian and New Zealand College of Psychiatrists	25	10
The Royal Australian and New Zealand College of Radiologists	0	1
The Royal College of Pathologists of Australasia	1	1
Subtotal	99	50
General Practice Colleges		
Australian College of Rural and Remote Medicine	33	14
The Royal Australian College of General Practitioners	63	86
Subtotal	96	100
Total	195	150

Key to the project was AIDA's collaborative work over two years with the colleges and other organisations in the field of medical education, training and regulation to develop a set of nine minimum standards and six best practice standards around Aboriginal and Torres Strait Islander health and cultural safety for Australian medical schools to report against.

These measures – the National Medical Training Advisory Network (NMTAN) Project Recommendations – were endorsed by the CPMC in May 2019 and approved by NMTAN's successor body the Medical Workforce Reform Advisory Committee at its June 2019 meeting. The CPMC also agreed to publicly report the specialist colleges' progress towards implementing these standards every two years.

For Artie Tatian, this was a critical breakthrough.

'I think the colleges considered that their job was just to assess people on their fellowship, and that it wasn't their responsibility to teach or to support or to mentor,' he said. 'We said, "No, this is also part of you producing really incredible specialists and doctors at the end of this journey. So you need to be able to do that."

'That became a really big focus, and now we have people on training programs being selected, people who are passing and succeeding in GP and non-GP specialties.'

As a counterpart to the formal policy work, AIDA's Strong Futures research project explored ways to improve the journey for Aboriginal and Torres Strait Islander doctors undertaking specialist training, both in terms of successfully attaining a fellowship and identifying career opportunities. Led by Shannon Springer and ably supported by associate member and long-time friend of AIDA, Ms Stephanie May, the project was undertaken in partnership with James Cook University and resulted in *Strengthening the Path to Fellowship for Aboriginal and Torres Strait Islander Graduates*, which was delivered to the Board in August 2019 (AIDA & JCU 2019).

Shannon also had charge of AIDA's work on cultural safety.

'During my time as Vice-President, [a] critical development was developing our cultural safety face-to-face workshop for colleges to come to, for fellows and trainees to come to,' he said.

'We're looking at developing the pipeline of learning for those health professionals who may not have had exposure to any Aboriginal Torres Strait Islander teaching, [including] international medical graduates who have come into our workforce. We can retrospectively share the learning for cultural awareness with them, but also have the face-to-face workshop, which looks more at racism [and] the way it operates to affect health and wellbeing.'



AIDA augmented its face-to-face Cultural Safety Training Program with an online Cultural Awareness resource

The Aboriginal and Torres Strait Islander Health in Clinical Practice program was piloted in late 2018 and into 2019. After a delay caused by the onset of the COVID-19 pandemic, the workshops are now being delivered both to general and specialist health audiences. They have recently been augmented with AIDA's online *Cultural Awareness – An Introduction to Cultural Safety* course, a fresh commercial initiative launched in November 2021 and available via AIDA's website. This introductory course covers 59 topics across four online modules and has been accredited for continuing professional development points, further raising AIDA's profile in the field of cultural safety training.

When Monica started as CEO on 12 August 2019, the issue of cultural safety was top of her agenda.

'A big priority is around our cultural safety, and working towards a culturally safe health workforce,' Monica said. 'I soon came to realise that we have the ability to be able to have an impact in this area, particularly in the medical workforce space.'

Current AIDA Board member Jaqui Hughes receiving her Indigenous Doctor of the Year 2019 Award from AIDA Patron Phil Truskett



‘We’re not going to reach the whole of the medical workforce – 100,000 plus – but if we can work in key areas, then we can start to have that influence that just ripples out.’⁶

‘The other [priority] area are the interns and our junior doctors. We know that they’re really tough years, they’re just working and working and working, so how we can support them in those years.’

In October 2019, AIDA published the second volume of *Journeys into Medicine*, profiling the personal histories and experiences of 30 Aboriginal and Torres Strait Islander doctors. In her foreword, Helen Milroy noted the steady rise in the size of our medical workforce,

with 450 Aboriginal and Torres Strait medical professionals and more than 330 medical students across Australia – a far cry from 1983 when she graduated as Australia’s first-ever Aboriginal doctor.

Although I graduated as the first Indigenous doctor in 1983, we have always had our Traditional Healers to look after us and still do today. AIDA has always acknowledged our healers as we work alongside each other into the future.

A journey into medicine is not an easy one, but I hope that with the help of AIDA and those of us who have walked the path it will be an inspirational one.

(AIDA 2019a)

⁶ In 2020, the number of medical doctors and specialists in Australia was 104,000. See Australian Government 2022.

Photograph by Brad Newton Photography

Future Board member Jaqui Hughes was honoured in the same month when she was named Indigenous Doctor of the Year at the 2019 AIDA conference in Darwin, her hometown.

'It's such a huge honour to be peer-assessed by Aboriginal and Torres Strait Islander doctors, because what we do as Aboriginal and Torres Strait Islander doctors is just extraordinary,' Jaqui said. 'To have your peer network see what you do, why you do it, and how you do it and the impact of it, is such a gift.'

Little did any of the audience watching Jaqui being presented with her award realise that the 2019 conference would be the last time most of them would see each other in person for several years. Just one month later, reports started to emerge of a mysterious new virus circulating in the Chinese city of Wuhan.

COVID CASTS ITS SHADOW

According to Kris Rallah-Baker, 'we had had indications on the Board pretty early on that something was coming. One of my Directors, Dr Keith Gleeson, is very involved with community-controlled health organisations, and he had... really started bringing to the Board this issue around this new virus in China.

'In retrospect it was actually the community-controlled sector that was on top of this well before anybody else, well before our own organisation and our equivalents in allied health and nursing. It was the community-controlled sector that picked up on this early and really started preparing and, in terms of response, led the country preparing for this.'

Kris said there had been false alarms before involving similar viruses that had 'really petered out into nothing', but by March 2020 it was clear to the AIDA Board that the newly identified coronavirus (dubbed COVID-19) 'was a significant issue'.

On 5 March 2020, AIDA issued its first media release about the new virus, under the heading 'Australian Indigenous Doctors respond to COVID-19 pandemic' (AIDA 2020c). The release affirmed that Australia was facing a pandemic and urged the health establishment to pay especial attention to safeguarding Aboriginal and Torres Strait Islander communities.

Aboriginal peoples were four times more likely to be admitted to hospital with the 2009 pandemic (H1N1) of influenza than non-Aboriginal people. This was a costly lesson that must be heeded.

It is imperative for health professionals to ensure culturally safe health care for Aboriginal and Torres Strait Islander peoples at all times. The importance of early detection in mitigating a pandemic, however, makes these efforts critical.

(AIDA 2020c)

Within days the World Health Organization declared COVID-19 a global pandemic and on 20 March 2020 Australia closed its borders to international arrivals (WHO 2020). Suddenly AIDA found itself in the spotlight.

Reflecting on this critical time, Kris says that, as an organisation, 'we were ready'.

'We had a permanent CEO with Monica, we had Mary Guthrie as our Deputy CEO who had experience with AIDA years before, so the team was ready,' he said.

'When March rolled around, it became very clear... that this was something real, and this was something that was going to be with us for quite some time. And, more than that, it was something that severely threatened our communities and our culture, and the longevity of a lot of our people.

'So we had the community-controlled sector, which was very sensible, we had the pulling together of a number of peak organisations, and then we had a close relationship with the AMA really solidifying around that point because we'd sat on [the AMA's] Federal Council officially for about 12 months.

'It peaked into this ideal storm where, as an organisation, we were able to mount a media response with our allies and colleagues in both the community-controlled sector as well as the AMA to help pursue this message as Indigenous doctors.

COVID-19: The Need for Culturally Safe Health Care

Broadcast Sun 17 May 2020 at 9:00pm



COVID-19: The Need for Culturally Safe Health Care

Share

For months now, politicians and medical experts have been stressing the need for greater public testing of COVID-19, in efforts to contain the spread of the virus throughout the community.

But allegations of racism and bias in the medical sector may be turning First Nations patients away.

The issue has been taken up by the country's peak Indigenous Doctor's Association, The Australian Indigenous Doctor's Association.

More information

Guests:

- Ophthalmologist and President of the Australian Indigenous Doctors Association, Dr Kris Rallah-Baker
- CEO of the Indigenous Doctors Association, Monica Barolits-McCabe.

Broadcast 17 May 2020

Share

Former AIDA President Kris Rallah-Baker and CEO Monica Barolits-McCabe on the ABC during the COVID-19 crisis

'I was appearing on BBC live crosses to its London bureau, I was on SBS and ABC, I was on *Sunrise*... every week I was on some sort of TV program or radio program. It really built AIDA's media profile, and it also built our respect within those other medical organisations as a strong colleague organisation.

'It was a huge time... but we didn't have a choice... we were in the spotlight nationally. AMA were looking at [Aboriginal and Torres Strait Islander people] as the most vulnerable population, AIDA is the peak organisation representing doctors representing Indigenous people, and so we had to step up...'

Monica says that right from the beginning she was part of the National Aboriginal and Torres Strait Islander COVID-19 Taskforce providing input into the overall response to the pandemic.

'From an organisational point of view... we set up structures pretty quickly, as I knew that I wouldn't be able to go to the Taskforce and speak with any authority on anything medical at all,' she said. 'So I had an advisory group drawn from our membership that came together, including infectious disease specialists as well as pathologists and some GPs.'

'They came together and they met quite generously with me on a Monday night to go through the cases or for me to share issues... I could talk to them about the things that I was hoping to pick their brains on, so I could be effective in the [Taskforce] meetings.

'That went on for quite a good few months, and getting that feedback from our doctors was just amazing and so generous of them, given the environment that they were going to be working in themselves.'

As the pandemic progressed, AIDA put in place support structures for its members and developed a social media strategy – using the hashtag #keepourmobsafe – to raise awareness of the challenge that COVID presented within vulnerable and often isolated communities.

7 The advisory group included Australia's first Aboriginal infectious diseases physician Tim Gilbey and first Aboriginal clinical microbiologist Ben Armstrong.

'We knew that our members would have a lot of questions... so we set up a peer support arrangement,' Monica said. 'Two nights a week we had an open GoToMeeting link circulated to all our members, [and] I could take issues [raised by] those groups... back to the Taskforce.'

More than 80 members engaged in the online forums which ran from March through to July 2020, with this activity reinforced by a specific COVID resource page on AIDA's website that provided links to up-to-date information as well as valuable resources (AIDA 2020d:12). Another positive outcome from early discussions in these member forums was the policy paper *Ethics in Clinical Triaging Frameworks: Aboriginal and Torres Strait Islander Peoples* (AIDA 2020e). In it, AIDA members discussed their response to the pandemic in light of 'the persistent issues of inequality, inequitable access to resources and services, disproportionate burden of illness and social disadvantage experienced by Aboriginal and Torres Strait Islander peoples' (AIDA 2020e).

Photograph by Danielle Jukic

Additionally, AIDA set up online forums to stay in touch with the College Presidents and with our students, and participated in a number of webinars aimed at the Aboriginal and Torres Strait Islander health workforce. To help members, particularly our students, AIDA also waived all outstanding membership fees for the duration of 2020.

'As things progressed and people really started to understand a little bit more about what the impact was going to be, we started to do the [AIDA COVID] campaign around social distancing, hand sanitising, coughing into your elbows, looking after your Elders, all these sorts of things,' Monica said.

Initially at our health service we had to go around and talk to community members [about COVID]. It was actually door knocking – myself, another Aboriginal doctor and the CEO of the organisation – door knocking and educating the community members to say 'no' to visitors.

Karen Nicholls, AIDA
Specialist Trainee
Support Lead



'Once again, the members – students as well as full members – stepped up and wanted to be part of [the campaign], that was great to see. They're also working in uncertain times, [and] they're worrying about their studies as well as their programs and patients. So for them to give their time to pull these videos together, that was fantastic.'

AIDA members were also reaching out to their home communities across Australia. In 2020, Karen Nicholls was working at the Tobwabba AMS on NSW's Central Coast and she recalls her own experience delivering COVID-safe messages.

'Initially at our health service we had to go around and talk to community members,' she said. 'It was actually door knocking – myself, another Aboriginal doctor and the CEO of the organisation – door knocking and educating the community members to say "no" to visitors.'

'Being able to have honest conversations with people one-on-one has been very helpful, and I think that's been part of the reason why the vaccination [rate] is in that particular community have been a bit more successful.'

Shannon says his experience working in community-controlled health services throughout the pandemic highlighted their 'critical role in shifting the attitudes of our own people towards accepting vaccination and testing [around COVID]'

'It's very difficult to expect Aboriginal and Torres Strait Islander communities to accept and trust Western health services, and decisions being made for Indigenous people at the drop of a hat, when we've seen these challenges over a long period of time,' he said.

'Working in an Aboriginal community-controlled health service, we have a lot of conversations with patients who have differing views, or have issues with trust and rapport,' he said. 'A lot of [COVID education] has been on that individual level, but we've also had a better community uptake with the support and the backing of community-controlled health services.'

Mark Wenitong has spent a lot of time visiting north Queensland and Torres Strait Islander communities during the pandemic and says personal communication 'really does work'.

'I was up at the Cape [York] with [rugby league legend] Johnathan Thurston... and we were doing community education around COVID,' he said. 'The nurses were just bringing community mob up to me in the street and saying, "Hey, this mob just wanted a quick talk with you as black doctor", around whether [vaccinations] are a good thing or not.'

'They just had genuinely good questions and were genuinely confused because our government and the health system has been confusing around this whole issue with the changing advice. I understand that it's because we're doing stuff on the run here, but most of the things were easy to yarn about. And almost everyone said, "Yeah, OK, I'm happy to get vaxxed now".'

'A lot of the hesitation [was from people who] just need[ed] a bit of a yarn [about their options], and we can do that because we are in trusted positions in our communities.'



Founding AIDA member Mark Wenitong with a young patient

The pressure on AIDA's leadership during the initial COVID onslaught was intense, especially when the pandemic collided with ongoing social issues.

'We had to manage the response as Indigenous doctors, and we had to walk this very fine line between our community responsibilities and the community sensibilities, as well as maintain our standards as medical, Western-trained medical doctors,' Kris said.

'It was very well done all the way through, I have to say, but there was one little spot where... we had to be acutely aware of what was happening, and that was around the Black Lives Matter (BLM) protests.

'We had a really difficult position because on the one hand, our Western-trained medical perspective said, "This is not a good idea, and we'll be endangering communities and people if we engage in this". But then on the other side was the community responsibility where we couldn't be seen as undermining community perspectives.'

Risking a backlash, on 23 July 2020 AIDA issued a media release calling for the public BLM street protests to be postponed:

For the sake of our Elders and most vulnerable, AIDA urges people not to attend the Black Lives Matter (BLM) protest marches in Sydney this weekend until the risks of further spread of COVID-19 can be mitigated.

We acknowledge the work of Black Lives Matter protest organisers in limiting the spread of COVID-19 in protests held so far, and do not link existing cases of COVID-19 to previous protests. Despite this, as doctors we are bound to remind everyone that social distancing is still the best way to prevent the further spread of this potentially deadly new virus.

COVID-19 is currently spreading through communities in Victoria and in New South Wales, and restrictions on mass gatherings need to be respected.

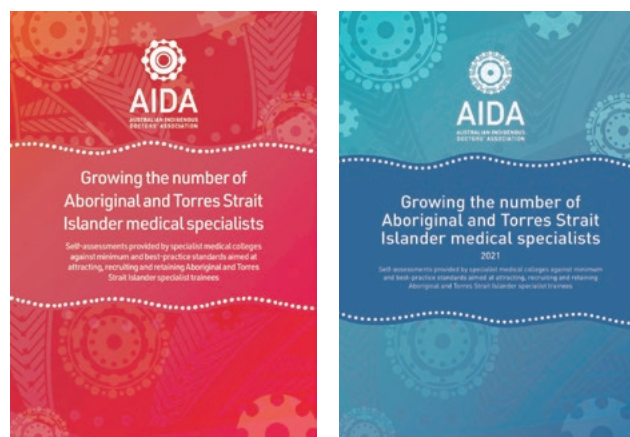
(AIDA 2020f)

'[After the release went out] I delivered an interview on *Sunrise*... and it had to be a very balanced response,' Kris said. 'Later that night... I received a "please explain" from a very, very senior member in the community in Australia, and I had to just walk that individual through [our stance]. At the end of the day, through diplomacy, our stance was accepted... but it was an exhausting period for Shannon and me.'

MOVING ONLINE, STAYING NIMBLE

In the face of the COVID pandemic AIDA had to adapt fast to maintain its operations and to support its members. Secretariat staff transitioned from the office to working from home, and the AIDA Board was able to maintain its meeting schedule by moving to a 'virtual' platform. However, many of the planned member events in the different States and Territories had to be postponed or abandoned altogether.

Despite these challenges AIDA continued to make inroads with its policy and advocacy work. In May 2020, AIDA and the CPMC jointly released the first biennial report into how the specialist colleges were tracking against the 15 National Medical Training Advisory Network standards agreed the previous year to promote the growth of an Aboriginal and Torres Strait Islander medical specialist workforce.



Biennial reports featuring specialist colleges' self-assessment of their progress in implementing NMTAN standards

The report, *Growing the Number of Aboriginal and Torres Strait Islander Medical Specialists*, featured each college's self-assessment of their progress in implementing such measures as the development of Reconciliation Action Plans or RAPs, the provision of bursaries and scholarships, cultural training for all college fellows, and the allocation of mentoring support for Aboriginal and Torres Strait Islander trainees (AIDA 2020b).

On 3 July 2020, AIDA joined its fellow Coalition of Peaks members to review the final draft of the new *National Agreement on Closing the Gap*, and on 27 July the Agreement came into effect after being signed by the Coalition of Peaks, the Prime Minister, State Premiers, Chief Ministers and the President of the Australian Local Government Association (NIAA 2020). It was the first time that a national policy approach for our people had been formalised as a genuine partnership between Aboriginal and Torres Strait Islander Australians and all levels of government, thereby entrenching shared decision making to achieve CTG goals.

This unprecedented agreement, a 'living' document designed to be regularly updated, is built around four Priority Reform areas: shared decision making; building the community-controlled sector; improving mainstream institutions; and that 'Aboriginal and Torres Strait Islander people have access to, and the capability to use, locally relevant data and information to monitor the implementation of the Priority Reforms, the Closing the Gap targets and drive local priorities' (Coalition of Peaks 2020b).

In a media release issued on 6 August 2020, AIDA welcomed the agreement and, in particular, the provision of \$46.5 million in additional Commonwealth funding to the community-controlled sector to support Priority Reform Two (building the community-controlled sector) (AIDA 2020g).

Elsewhere, AIDA's long-standing concerns about embedded racism in Australia's justice system also saw it partner with other organisations in the Raise the Age campaign, which seeks to raise the age of children's criminal responsibility from 10 to a minimum of 14. Aboriginal and Torres Strait Islander children are disproportionately affected by these laws, accounting for 65 per cent of all children under the age of 14 imprisoned around the country (Raise the Age 2021). In August 2020, AIDA welcomed the Australian Capital Territory Government's move to raise the age of criminal responsibility to 14, although expressing concern it was an 'in principle' decision only ahead of a planned meeting of the nation's Attorneys-General in November 2021.

Meanwhile, the COVID disruptions continued with the cancellation of PRIDoC 2020, due to take place in Vancouver, Canada, and the forced decision to hold AIDA's first online AGM on 31 October 2020. The AGM featured online voting for the new Board, another first, resulting in the elections of Tanya Schramm as President and Bardi Jabirr Jabirr woman Dr Simone Raye as Vice-President.

Others elected included Dr Glenn Harrison, Dr Nathan Luies, Dr Keith Gleeson, Professor Jaqui Hughes, Dr Ngaree Blow, Independent Director Dr Dawn Casey, and Student Director Ms Gabriella Ceolin.

It was the third time on the Board for Tanya Schramm, who served two terms from 2010–14 and currently works both as a GP and as an academic at the University of Tasmania.

'I think AIDA is important, personally, because it's like my other family,' she said. 'I think it's the place that you go, where you get people who actually understand where you've come from... and they provide you with that amazing support.'

'[As President] I want to see better outcomes for Aboriginal people in terms of health and wellbeing. I think by attaining parity in terms of numbers for doctors, creating culturally safe spaces, and improving that cultural safety education for all medical practitioners, hopefully we'll see better outcomes and eventually close the gap, which I think is a dream that we all have and want to see.'

For Jaqui Hughes it was her first time on the AIDA Board.

'I think the thing that we've learned with Coronavirus is that we can still function in lots of different ways in lots of different parts of our lives virtually... we still undertake our Board duties in a virtual sense if we can't travel,' she said. 'It's important that there is governance and leadership of the organisation that supports a growing and impactful Aboriginal and Torres Strait Islander peak organisation for doctors, for our wellbeing, but also the growth of our network and the growth of our membership.'

'I have one main responsibility, which is to serve as the AIDA representative on the Royal Australasian College of Physicians, and that college is doing really solid work. I'm really proud to be the AIDA rep to that, and then I participate in other Board activities as they arise.'

NUMBERS KEEP GROWING

National Aboriginal and Torres Strait Islander doctor and student numbers hit historic highs in 2020, with some 604 medical graduates and 404 enrolled medical students. And for the first time, our commencing medical students exceeded population parity, with the 121 first-year Aboriginal and Torres Strait Islander students representing 3.76 per cent of all first-year students (AIDA 2020a:6–7).

Precise data on the numbers of historic and current Aboriginal and Torres Strait Islander doctors is hard to ascertain for a number of reasons. This is of great concern to AIDA and is the subject of ongoing correspondence between our organisation, the Department of Health and the Australian Health Practitioner Regulation Agency (AHPRA).

As far as we know, the first Aboriginal Australian doctor, Helen Milroy, graduated in 1983. There may have been other doctors of Aboriginal and/or Torres Strait Islander heritage who graduated previously but there is no way of knowing this given the paucity of records regarding Indigenous status at that time and the disincentive to self-identify due to prevailing racist attitudes.

Since then, data collection has steadily improved and the formation of AIDA has given medical graduates of Aboriginal and/or Torres Strait Island heritage greater confidence in asserting their identity.

At present the main data issue relates to the fact that information on Aboriginal and Torres Strait Islander status is not asked for or recorded for at least two, and potentially more, years after graduation. Thus, it cannot be reported on through the National Health Workforce Dataset (NHWDS) or the Medical Education and Training dataset. The resulting multi-year gap in available information about the Aboriginal and/or Torres Strait Islander status of doctors and its consequences for the currency of the reported numbers of Aboriginal and Torres Strait Islander doctors has been acknowledged by both AHPRA and the DoH.

Self-identification data on Aboriginal and Torres Strait Islander status is collected throughout medical degrees at Australian universities. This data is available through the Medical Deans' student statistics, although there is a time delay here as well, and the overall number of enrolled Aboriginal and Torres Strait Islander medical students is also reported through the Medical Education and Training dataset online. So far so good.



Graduates receive their stethoscopes from our Patron Nova Peris at AIDA conference, Darwin, 2019



Fellows Kudnato Watson, Annalyse Crane and Amy-Lea Perrin with their framed stethoscopes at AIDA conference, Hunter Valley, 2017

However, once Aboriginal and Torres Strait Islander students graduate their status data is no longer recorded or reported until they complete their internships and fill out a voluntary workforce survey, which they receive on renewal of their first full registration, the year after they complete their internship. There are many factors that influence a doctor's decision on whether to identify as of Aboriginal and/or Torres Strait Islander heritage with their workplace or the registration authorities, including anxiety about racism, and given the voluntary nature of the workforce survey some may choose not to participate at all.

For the years between graduation and completion of internship, AHPRA collects no information on the Aboriginal and Torres Strait Islander status of doctors. For that same period the DoH, which analyses AHPRA data for the NHWDS, does therefore not receive any status information and thus cannot report on the number of Aboriginal and Torres Strait Islander doctors.

Once the DoH receives the relevant status data from the AHPRA workforce surveys, the NHWDS reports on the number of what by then are Aboriginal and Torres Strait Islander registered *medical practitioners*.

Since the NHWDS can only report on the number of those Aboriginal and Torres Strait Islander doctors who provided a response to the AHPRA workforce survey, the NHWDS numbers *do not include* Aboriginal and Torres Strait Islander graduates and/or those holding provisional registration with AHPRA.

AIDA is advocating to include the Aboriginal and/or Torres Strait Islander identification question on all AHPRA registration forms and subsequently remove it from the workforce surveys. AIDA argues that doing so would, over time, provide AHPRA – and, via AHPRA's annual reporting to DoH, the NHWDS – with a continuity of data on Aboriginal and Torres Strait Islander medical students and doctors.

While both DoH and AHPRA have provided in principle support to the proposal, there is still no resolution.

AIDA continues to work with AHPRA and the DoH to progress actions to overcome the data lag and promote cultural safety across the medical education and training continuum. AIDA is also advocating for better data collection and sharing arrangements through the Medical Workforce Reform Advisory Committee, the National Medical Workforce Strategy and the National Aboriginal and Torres Strait Islander Health Workforce Plan.

Photographs in Box 7 by Brad Newton Photography

Figures provided by the CPMC and the specialist medical colleges also gave the first snapshot of the growing Aboriginal and Torres Strait Islander presence in the colleges, as our numbers rose to 187 registrars and 108 fellows as at March 2020 (AIDA 2020a:9). The updated figures to March 2021 show our specialist numbers continue to climb, with 195 registrars and 150 fellows (AIDA 2021d).

Noel Hayman says the emergence of a cohort of Aboriginal and Torres Strait Islander specialists, although tiny, still represents a big achievement for AIDA.


'I think we've done very well influencing policy in Commonwealth Governments, even State Governments, but to me, more importantly, we've been able to infiltrate the colleges,' he said.

'I was probably one of the first to become a graduate of a college... I'm a fellow of the RACP. [That meant I was able] to make sure that AIDA had a seat in our committee, and they still do. So I think we've done really well... in getting the colleges to get their finger out and start attracting Aboriginal doctors into their colleges.'

Artie Tatian passed his final dermatology exams in early 2022 and, in doing so, became one of only four Aboriginal and Torres Strait Islander dermatologists in Australia – the first being Dana Slape, his mentor and best friend.

'Dana became our first dermatologist two years ago, a massive feat, but also a bit shocking... how has it taken this long?'

Photograph by Brad Newton Photography



Dana Slape, Australia's first
Aboriginal dermatologist

'I feel as though many in the Dermatology College five years ago would have said, "Why would we have a pathway for Aboriginal or Torres Strait Islander people to come into dermatology training?" Whereas if you come in now, people will say, "This is incredible and needed, how can we support you? How do we get you onto the program? What do you need? How do we make that happen?" So, I think that dialogue has changed quite a bit.'

In April 2021, AIDA sharpened its focus on encouraging and supporting the rise of this specialist workforce with the appointment of Karen Nicholls to the new role of Aboriginal and Torres Strait Islander Specialist Trainee Support Lead.

Karen came to the role with more than two decades' experience as a GP. After graduating with a medical degree from the UoN in 1998, she then worked for many years as a GP supervisor at the Tobwabba AMS in Forster on the NSW Mid North Coast.

'Through my role as a GP supervisor I've done a lot of mentoring and had some really good relationships with doctors who are 10 or 15 years younger than me. They're the next generation, so we have to hand over a workforce that is better than the one we joined,' she said.

'I do like the medical student space and supporting them, I do like the registrar space and supporting them. I think given how long I've been working, I have enough experience to actually be able to share in a meaningful way.'

Karen says starting her job in the middle of the pandemic was a challenge, given the need to get to know the heads and senior fellows of the specialist colleges.

'Initially I made contact with a number of... Indigenous specialists and doctors on the training pathways to see what the challenges are, and there were some common themes,' she said. 'It's enabled me to say to the colleges, "These are the issues and they're across the board"... That has been useful and has allowed me to identify who in the colleges are allies, as well as working out where the actual barriers are within the colleges.'

'Some of it's in the colleges and some of it's actually within the health system, the way that our health system is designed.'

'The colleges are all at different stages [and] I think it's probably fair to say, in terms of that journey, [that] some see how they could do it [but] others aren't sure where to start. And again, this role is just to try and help with that.'

One of Karen's key reference points are the biennial reports prepared by AIDA and the CPMC charting how the specialist colleges are travelling in their efforts to grow and retain an Aboriginal Torres Strait Islander specialist workforce. Although Karen welcomes the progress achieved so far against the 15 NMTAN standards, her work is guided more strongly by AIDA's *Strengthening the Path to Fellowship for Aboriginal and Torres Strait Islander Graduates* (AIDA & JCU 2019).

'That report had a bit more of the perspective of Aboriginal Torres Strait Islander doctors,' she said. 'For instance, whereas the NMTAN standards don't actually look at how often racism is experienced by our Aboriginal and Torres Strait Islander doctors, this report says it's experienced frequently.'

'So this is where I go back to the colleges and say, "Well, let's talk about how can you prevent this, because this is what our doctors are saying – racism is rife".'

By the time of Karen's appointment Australia, and the world, had entered the second year of the COVID pandemic, which meant more disruption to AIDA's planned activities.

As Monica noted in her CEO's Report to the 2021 AGM, 'we did have a hiatus from the pandemic for some months, and thankfully we were able to conduct events in a few locations such as Darwin, Newcastle, Cairns and Canberra'. However, the impact of the virus' emergent Delta variant once again led to restrictions on interstate travel and forced the cancellation of the 2021 AIDA Roadshow events as well as the 2021 AGM planned for Yugambeh (Gold Coast).

Throughout 2021, AIDA was once more on the front foot in its efforts to combat COVID and reduce the spread of the virus into vulnerable communities. It did this by successfully maintaining its social media messaging, online forums, community visits wherever possible, and engaging with mainstream media via a steady stream of media releases.

Simone Raye,
current AIDA
Vice-President



Of particular concern was the low uptake of COVID vaccinations in many Aboriginal communities, especially with the advent of the more contagious and deadly Delta variant. In the absence of trusted voices of authority, many community members were influenced by misinformation and rumours spread on social media.

‘Communities are very good at isolating themselves, because that’s been a way in which [they] have protected themselves from infectious disease historically,’ Karen Nicholls said. ‘Community were really quite comfortable with that.’

‘Unfortunately, [over time] misinformation was able to actually get a bit of a louder voice than [the] health people with knowledge. From that point on, it’s been a bit hard[er] work to get people to vaccinate and to do the right things.’

Vice-President Simone Raye put it succinctly in her 2021 AGM report:

The remoteness of our communities was beneficial in helping to keep them safe from the virus but it can also be a huge problem in terms of being able to access adequate health care if and when they do become affected.

This situation really shines a huge spotlight on the disparity that we all know exists in our communities but the vast majority of the rest of society chooses to ignore.

(AIDA 2021b:16)

Photograph by Brad Newton Photography

Despite the seemingly never-ending threat of COVID, there have been some positives. Jaqui Hughes says one of the upsides of the pandemic was the way it encouraged AIDA's membership to engage in new and innovative ways of working and communicating.

'I think that staying connected in a pandemic, when we can't be physically connected, is really important because we are a community of people and community have to relate in real ways and meaningful ways,' she said. 'I think that's a challenge for all mob to do that well. I think that as we grow bigger, that will create more opportunities about how we can do things differently because things don't always stay the same, we innovate and change.'

Artie Tatian believes COVID has prompted a profound change in the way health is delivered, with many benefits.

'I think [COVID has] shifted our understanding, our ability to perform telehealth,' he said. 'At the very beginning of COVID I set up a telehealth dermatology clinic in a week. Previously, having the support to actually make that happen would have never existed – it would have taken us six months to get somebody to look at a piece of paper to think about signing it.'

'I think it's forced us to be dragged into the 21st century, which is wonderful in a way... we now are starting to develop the technology, the support, the processes, the policies, for hospitals to say, "OK, let's provide our AMS that's 300 kilometres away with a telehealth service with a dermatologist"... It's an improvement in the right direction.'

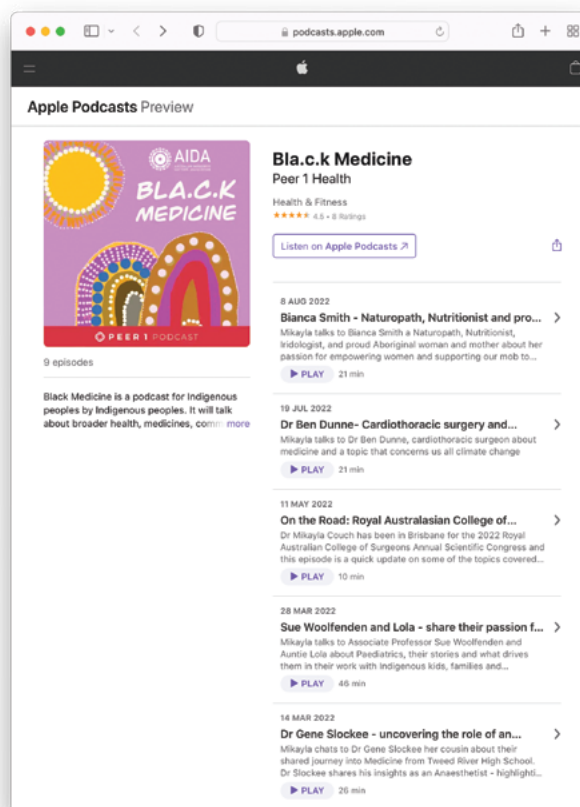
INTO THE PRESENT

As AIDA headed into its 25th year, Australia was still in the midst of the COVID pandemic with the latest, and highly infectious, Omicron variant spreading like wildfire, including into many Aboriginal communities that previously had been spared.

Many of the historic challenges confronting Aboriginal and Torres Strait Islander people remained in focus, including systemic racism, the over-incarceration of our children and the ongoing threat of climate change to our health. And once again, the nation was entering an election year.

As ever, AIDA was up for the challenge by calling for the age of criminal responsibility to be raised 'to 14 at the very minimum' (AIDA 2021c), demanding urgent reform to address discrimination in the workplace towards trainee Indigenous doctors (AIDA 2022b), and decrying the appalling racist treatment of Aboriginal woman Yvette 'Betty' Booth at Doomadgee Hospital that led to her untimely death from rheumatic heart disease at the age of just 18 (AIDA 2022c).

It also joined Australia's *Medical Journal of Australia* and the UK's *Lancet* policy teams to launch a paper summarising the latest research into the impact of climate change on Australians' health, stating in no uncertain terms that 'the health and wellbeing of Aboriginal and Torres Strait Islander peoples must be a central consideration in Australia's climate change and health policymaking' (*MJA-Lancet Countdown on Health and Climate Change* 2021).



BLA.C.K Medicine podcast series launched in January 2022

The rollout of new initiatives continued, such as the BLA.C.K Medicine podcast series launched in January 2022, and in March AIDA and the CPMC released the second biennial report into specialist colleges' progress towards meeting the NMTAN standards (AIDA 2021d; AIDA & CPMC 2022).

AIDA also welcomed the Government's four-year funding commitment of \$11.9 million to support its core operations, announced as part of the new *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031* (National Workforce Plan) released on 12 March (Commonwealth of Australia 2022). The National Workforce Plan aims to lift the rate of Aboriginal and Torres Strait Islander people working in the health sector from the current 1.8 per cent to 3.43 per cent by 2031, in line with population parity. It is designed to operate in tandem with the other major strategy unveiled by the Government around this time, the *National Aboriginal*

and Torres Strait Islander Health Plan 2021–2031 (Commonwealth of Australia 2021). AIDA played a significant role in the development of both plans.

In April 2022, AIDA took another major step forward in its push for more Aboriginal and Torres Strait Islander specialists, when it was commissioned to lead the new Non-GP Specialist Trainee Support Program aimed at increasing the number of Aboriginal and Torres Strait Islander doctors interested in undertaking non-GP specialist training (AIDA 2022d). The program, which is federally funded and auspiced through a consortium of 11 specialist medical colleges led by the Royal Australian and New Zealand College of Radiologists, will support AIDA's development of a unique specialist trainee network across the country.

Announcing the new program, Monica described it as 'a significant step towards providing greater support to our Aboriginal and Torres Strait Islander trainees' (AIDA 2022d).

Photograph by Daniella Jukic

A portrait of Monica Barolits-McCabe, former AIDA CEO. She is a woman with dark, curly hair, wearing glasses and large orange hoop earrings. She is wearing a colorful, patterned top. The background is a blurred stone wall. A blue speech bubble graphic is overlaid on the right side of the image, containing her quote.

We've got bigger numbers, we've got so many highly talented and innovative doctors, we can see the great work that they're doing. It's really exciting times for AIDA.

Monica Barolits-McCabe,
former AIDA CEO

'In 2021, only 150 (or 0.19% of medical specialists) identified as Aboriginal and/or Torres Strait Islander, compared to around 78,000 medical specialists nationally,' Monica said.⁸ 'We know that Aboriginal and Torres Strait Islander doctors face unique challenges such as cultural isolation and discrimination on their path to Fellowship, which often deters them from successfully graduating' (AIDA 2022d).

Monica describes the current political and policy climate as in 'a stage of change', with both sides of politics committed to meaningful action on Aboriginal and Torres Strait Islander health ahead of the May 2022 federal election.

'It's a great opportunity,' she said. 'We've got bigger numbers, we've got so many highly talented and innovative doctors, we can see the great work that they're doing. It's really exciting times for AIDA.'

Just as this history was going to press, on 21 May 2022 a Labor Government was elected under the leadership of the Hon. Anthony Albanese, who became Australia's 31st Prime Minister.

THE ROAD AHEAD

The AIDA of 2022 is a far cry from its humble beginnings in a small out-of-the-way resort in Salamander Bay. Back in 1997 all of Australia's Aboriginal and Torres Strait Islander medical graduates would have fitted quite comfortably into an average-sized suburban backyard. The achievements of Indigenous physicians overseas, and the maturity of their growing professional bodies, seemed mythical, almost beyond belief, to many who attended that first meeting.

Ngiare Brown was there and remembers that feeling.

'When we started, we were just students, graduates, junior doctors, we had a couple of GPs,' she said. 'I know that we're still playing catch-up with a lot of our international brothers and sisters, because they've had their organisations for 100 years.'

'But I would say... we probably do a lot better than some of those organisations that don't have the same kind of play in the space of policy and advocacy that we do. Now we have mob in just about... every specialty – O&G, paediatrics, ophthalmology, ENT, general surgery, neurology, cardiology –they're outstanding people. And we've got researchers who are at the top of their fields.'

'So we've been very fortunate, we've got great people, and we need to leverage that kind of passion and that power and the potential for influence. I think our ability to leverage political power and influence has been super important... you need to understand the machinery of government, and where to make your best moves.'

Tanya Schramm is another of the Salamander Bay attendees. Despite all of AIDA's achievements since then, she says some of the original challenges still remain.

'I think one of the challenges right from the word go when we first started was to build population parity for Aboriginal doctors in Australia,' she said. 'Currently we've got parity in terms of students entering medicine, but we don't have that with students graduating at the end of the day. And we're only making up about 0.5 per cent of the workforce rather than 3 per cent, so we've still got a long way to go.'

'We need to create a safe space in our hospitals, our hospitals are not culturally safe. They're not safe spaces for patients, and they're not safe spaces for us either. What we need to do is improve the cultural safety of our workplaces and decrease the institutionalised racism that exists.'

'In doing that, I think we'll see a lot more of our students come through to completion and a lot more of our junior doctors finish their registrar training and go on to the specialist fields that they've chosen.'

Tanya believes financial independence is key to securing AIDA's long-term future.

'I think it's important that we at AIDA manage to become financially independent of government funding, to basically ensure that we're able to do the work that we've always done but not be reliant totally upon the Commonwealth,' she said.

⁸ This figure comprises 36,000 fellowed specialists and 31,000 fellowed GPs. See Australian Government 2022.

'I think what we've been doing in terms of developing things, such as our cultural safety program, that through that and marketing we may be able to start on that journey towards financial independence.'

Kris Rallah-Baker agrees, saying that 'when you're an outcast people, the best way that you can gain power is through financial independence'.

'The day that you're in a position where you can fund yourself... that's the day you've achieved true independence and power,' he added.

'I think we should also be looking at establishing trust funds, where we can actually start to have our own scholarships and have our own support mechanisms, and get those kids from the rural and remote communities who otherwise don't have a chance.'

Monica Barolits-McCabe says improving student retention will go a long way towards achieving population parity in Indigenous doctor numbers.

'We know that the universities reached population parity on intake a few years ago,' she said. 'My advice to the universities is that we're doing great on intake, we're not doing so great on retention, because on graduation we're only about 1.41 per cent.'

For Jaqui Hughes, the priority is achieving leadership at all levels of the national health, education and political systems.

'I think population parity is great but we also need to have equity in leadership, because we operate under systems and systems have decision makers, and we need to be in those places of decision making as well,' she said.

'I met Sandy Eades when I was a really junior person... Professor Sandra Eades, Dean of Medical School at Curtin University, just extraordinary, so proud of Sandy, so proud of her leadership. We need to have more places for our people to excel at those levels... because when you're in those sorts of positions of leadership, you can create opportunities for equity.

'This is the challenge not just for AIDA, this is the challenge for our whole health sector – to welcome, invite support, and enable Aboriginal and Torres Strait Islander people into all positions of leadership.'



Sandra Eades, the first Aboriginal Dean of Medicine in Australia

Shannon Springer sees a future where the success of Aboriginal and Torres Strait Islander doctors improves the health system for all Australians.

'I haven't worked in the hospital system for a long time,' he said. 'The main reason I'm in the Aboriginal community-controlled sector is I feel quite safe to work there. You're around like-minded people, and often as an Aboriginal person you're the majority as opposed to the minority. That allows you to just be able to provide good care in a way that's known to you.'

'I would love to see a future where we have Aboriginal and Torres Strait Islander colleges in health fields that can develop not only Indigenous doctors but non-Indigenous doctors as well. I would like to think that this is not just limited to doctors, but it also becomes available across all of our allied health services.'

Photograph courtesy of Sandra Eades

Peter O'Mara, former
AIDA President



At Newcastle Uni, where we reached 100 med grads a few years ago and it took something like 20–25 years to get there, I think in the next couple of years we'll get to 200.

'The underpinning thing is that if we do provide better care and better health outcomes for Aboriginal and Torres Islander people, you will actually lift... the standards for all people.'

Noel Hayman has had one of the longest associations with primary care of any AIDA member, founding the Inala Indigenous Health Service in 1995 to provide health services to the local Aboriginal and Torres Strait Islander community in Brisbane's south-west. He has been there ever since, overseeing its development into today's Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care.

'I do satisfaction questionnaires here at my work, and one of the biggest things that patients come back with about "Noel" is my cultural knowledge,' he said. 'So I think having that cultural knowledge really helps working in an Indigenous setting.'

'In terms of improving access to a mainstream health service, well, [our centre] is Queensland Health, and Aboriginal people as you know very rarely access mainstream health services. And I've been able to turn that around dramatically, not only in primary care, but also specialist care. That's very, very pleasing to me.'

'I mean, if you want to improve Indigenous health, you've just got to get people to medical care. Back in the old days, they went nowhere. When I first started medicine, I'd be diagnosing guys going bloody blind from diabetes but who had never had their diabetes diagnosed.'

Photograph by Brad Newton Photography

Peter O'Mara says the profound changes in medical education across Australia over the past two decades give him hope that achieving population parity for Aboriginal and Torres Strait Islander doctors is within reach.

'Every uni that teaches medicine in this country now has lifted their game... some not quite enough, but still doing more than they were,' he said. 'I was only talking about this yesterday. At Newcastle Uni, where we reached 100 med grads a few years ago and it took something like 20-25 years to get there, I think in the next couple of years we'll get to 200.'

'Now we have between 15-20 students each year who have got what it takes, [despite] major family crises, community things... bearing that kind of stuff, they make me really proud with their attitudes.'



Dennis Bonney, former AIDA Board member

Although progress towards population parity has been incremental, there is no doubting the increasing visibility of Aboriginal and Torres Strait Islander doctors. Kiarna Brown recalls one of her own experiences at Royal Darwin Hospital where she is a specialist obstetrician.

'I remember when I first came back [to Darwin], I had to come in in the middle of the night because there was a complication that required my attention,' she said. 'I'd been back in Darwin for two weeks, I walked into the birthing room, and the attending neonatologist was Dr Dennis Bonney who I'd gone to medical school with, and who is a much-loved AIDA doctor.'

'Those special moments are happening more commonly now. Occasionally the most senior clinicians in the room are Aboriginal and it's just amazing when that occurs. Twenty years ago, that stuff just didn't happen!'

For Louis Peachey, it's not just the presence of more Aboriginal and Torres Strait Islander doctors but also the way in which knowledge of our culture and an understanding of cultural safety have permeated the entire medical profession. He believes this would have been unimaginable when AIDA was born.

'There's this evolution that's happening,' he said. 'If you look at what's happening with cultural education in our medical schools, you can't graduate from the medical school without having some degree of immersion in Aboriginal culture.'

'I did an anaesthetic placement in Cairns a while ago and I was watching how these guys were dealing with Indigenous patients, and it was beautiful. They were comfortable with dealing with blackfellas. They knew how to do it, they knew how to deal with people, they understood about the community and the community structure. And these are anaesthetists, these are guys who are legendary within the profession for their elitism.'

'These Aboriginal people who were coming in to have operations... you could tell that these blackfellas were comfortable knowing that they were in good hands, and that this guy was going to bring them home alive today.'

'I'm sure it's not perfect everywhere and I'm sure that there's still pockets... of badness going on, but I know that that's a world apart [from what it was].'

FINAL WORDS

As we reach the end of this history, the predominant feeling expressed by those who generously gave their time to be interviewed is one of hope.

Rom casts his mind back to the 40th anniversary of the 1967 Referendum, and the interview he gave at the event held at Old Parliament House to mark the occasion.

'I said [that] I would hope to see, sooner than later, an Aboriginal Dean of Medicine – we [now] have that. Sandra Eades is the first Aboriginal Dean of Medicine at Curtin University, so it's been achieved,' he said.

'In the same vein, we will see Aboriginal presidents of medical colleges. Who knows, we might even see an Aboriginal person as the head of the Commonwealth Health Department, and then we might even have an Aboriginal Prime Minister at some point.'

It is fitting that Louis, prime mover behind AIDA's formation and its founding President, should have the final words in this history.

Photograph by Brad Newton Photography

'I was born before the Referendum, so my daughters are the first freeborn blacks, what the South Africans these days would call the "Born Frees",' he said. 'So, we've gone from my generation of being born fauna and then one generation later, the world is open to them.

'AIDA came about before [my eldest child] Talia-Joy was born, and in those early days, those tumultuous days, these [blackfella doctors] were uncles and aunties of theirs. So, in the first 10 years of the lives of my two daughters, half of the Aboriginal people that they called uncle or aunty had medical degrees. In their crazy little blackfella world, the typical thing a blackfella would do is go to medical school.

'The thing that I've been saying for a long time is the greatest sin committed against Aboriginal and Torres Strait Islander children in this country was the theft of hope. But if you raise a child bathed in hope, and true hope, not a false hope, but if you raise them in true hope, then these kids reach for the stars.'

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Louis Peachey, founding
President of AIDA

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Appendices

Appendix 1: AIDA Past Presidents, Directors, CEOs, Patrons

Appendix 2: AIDA Symposiums and Conferences

Appendix 3: PRIDoC Conferences

Appendix 1: AIDA Past Presidents, Directors, CEOs, Patrons

2021 AGM

President	Dr Tanya Schramm
Vice-President	Dr Simone Raye
Director	Dr Ngaree Blow
Director	Dr Glenn Harrison
Director	Associate Professor Jaqui Hughes
Director	Dr Robert Blackley
Director	Dr Corey Dalton
Director	Dr Dawn Casey
Student Director	Ms Holly Reynolds
Chief Executive Officer	Ms Monica Barolits-McCabe

2020 AGM

President	Dr Tanya Schramm
Vice-President	Dr Simone Raye
Director	Dr Keith Gleeson
Director	Dr Ngaree Blow
Director	Dr Glenn Harrison
Director	Dr Nathan Luies
Director	Associate Professor Jaqui Hughes
Director	Dr Robert Blackley
Director	Dr Dawn Casey
Student Director	Ms Ella Ceolin
Chief Executive Officer	Ms Monica Barolits-McCabe

2019 AGM

President	Dr Kristopher Rallah-Baker
Vice-President	Associate Professor Shannon Springer
Director	Dr Sarah Jane McEwan
Director	Dr Artiene Tatian
Director	Dr Keith Gleeson
Director	Dr Ngaree Blow
Student Director	Mr Tom Mylne
Chief Executive Officer	Ms Monica Barolits-McCabe

2018 AGM

President	Dr Kali Hayward
Vice-President	Associate Professor Shannon Springer
Secretary	Dr Jonathan Newchurch
Director	Dr Melissa Carroll
Director	Dr Jordan Cory
Director	Dr Sarah Jane McEwan
Director	Dr Artiene Tatian
Director	Dr Keith Gleeson
Student Director	Mr Ben Jones
Acting Chief Executive Officer	Mr Mark Murray / Ms Anita Mills

2017 AGM

President	Dr Kali Hayward
Vice-President	Dr Kristopher Rallah-Baker
Secretary	Dr Jonathan Newchurch
Director	Dr Melissa Carroll
Director	Dr Jordan Cory
Director	Dr Dana Slape
Director	Dr Artiene Tatian
Student Director	Mr Russell Thompson

Appointment of Additional Directors passed on 10 October 2017 via Circular Resolution 2017-6

Director	Dr Olivia O'Donoghue
Director	Associate Professor Shannon Springer

Chief Executive Officer Mr Craig Dukes

2016 AGM

President	Dr Kali Hayward
Vice-President	Dr Sean White
Secretary	Dr Jonathan Newchurch
Director	Dr Ben Armstrong
Director	Dr Raymond Blackman
Director	Dr Kris Rallah-Baker
Director	Dr Dana Slape
Director	Dr Artiene Tatian
Student Director	Mr Ian Lee

Chief Executive Officer Mr Craig Dukes

2015 AGM

President	Dr Kali Hayward
Vice-President	Dr Sean White
Director / Secretary	Dr Jonathan Newchurch
Director	Dr Ben Armstrong
Director	Dr Raymond Blackman
Director	Dr Kiarna Brown
Director	Dr Tammy Kimpton
Director	Dr Dana Slape

Student Director Miss Kersandra Begley

Chief Executive Officer Ms Kate Thomann

2014 AGM

President	Dr Tammy Kimpton
Vice-President	Dr Kali Hayward
Secretary	Dr Sean White (resigned 14 December; Susan Granger appointed)
Director	Dr Kiarna Brown
Director	Dr Danielle Arabena
Director	Dr Dana Slape
Director	Dr Angela Forrest
Director	Dr Stephanie Trust
Student Director	Mr Artiene Tatian

Chief Executive Officer Ms Kate Thomann

2013 AGM

President	Dr Tammy Kimpton
Vice-President	Dr Kali Hayward
Secretary	Dr Sean White
Treasurer	Dr Tanya Schramm
Director	Dr Danielle Arabena
Director	Dr Catherine Engelke
Director	Dr Angela Forrest
Director	Dr Stephanie Trust
Director	Dr Alicia Veasey
Student Director	Mr Ben Armstrong
Chief Executive Officer	Mr Romlie Mokak

2012 AGM

President	Dr Tammy Kimpton
Vice-President	Dr Kali Hayward
Secretary	Dr Ray Warner (resigned June 2013 to become AIDA Medical Officer)
Treasurer	Dr Tanya Schramm
Director	Dr Danielle Arabena
Director	Dr Catherine Engelke
Director	Dr Catherine Henderson
Director	Dr Stephanie Trust
Director	Dr Sean White
Director	Dr Alicia Veasey
Student Director	Mr Rob James
Chief Executive Officer	Mr Romlie Mokak

2011 AGM

President	Associate Professor Peter O'Mara
Vice-President	Dr Tammy Kimpton
Secretary	Dr Ray Warner
Treasurer	Dr Latisha Petterson
Director	Dr Danielle Arabena
Director	Dr Kali Hayward
Director	Dr Catherine Henderson
Director	Dr Tanya Schramm
Director	Dr Sean White
Director	Dr Della Yarnold (<i>resigned from Board, March 2012</i>)
Student Director	Ms Dana Slape
Chief Executive Officer	Mr Romlie Mokak

2010 AGM

President	Associate Professor Peter O'Mara
Vice-President	Dr David Brockman
Secretary	Dr Tammy Kimpton
Treasurer	Dr Latisha Petterson
Director	Dr Kali Hayward
Director	Dr Marlene Kong
Director	Dr Tanya Schramm
Director	Dr Olivia O'Donoghue (retired April 2011), replaced by Dr Danielle Arabena
Director	Dr Della Yarnold
Director	Dr Ray Warner
Student Director	Ms Alicia Veasey
Chief Executive Officer	Mr Romlie Mokak

2009 AGM

President	Associate Professor Peter O'Mara
Vice-President	Dr David Brockman
Secretary	Dr Tammy Kimpton
Treasurer	Dr Latisha Petterson
Director	Dr Kali Hayward
Director	Dr Marlene Kong
Director	Dr Dennis Bonney
Director	Dr Olivia Donoghue
Director	Dr Stephanie Trust
Director	Dr Ray Warner
Student Director	Mr Sean White
Chief Executive Officer	Mr Romlie Mokak

2008 AGM

President	Dr Tamara Mackean
Vice-President	Associate Professor Peter O'Mara
Secretary	Dr Shannon Springer
Treasurer	Dr Latisha Petterson
Director	Dr Marilyn Clarke
Director	Dr Tammy Kimpton
Director	Dr Dennis Bonney
Director	Dr David Brockman
Director	Dr Stephanie Trust
Director	Dr Jason King
Student Director	Ms Danielle Arabena
Chief Executive Officer	Mr Romlie Mokak

2007 AGM

President	Dr Tamara Mackean
Vice-President	Dr Peter O'Mara
Secretary	Dr Noel Hayman
Treasurer	Dr Paula Edgill
Indigenous Member	Dr Kelvin Kong
Indigenous Member	Dr Marilyn Clarke
Indigenous Member	Dr Bradley Murphy
Indigenous Member	Dr Shannon Springer
Indigenous Member	Dr Latisha Petterson
Indigenous Member	Dr Simone Raye
Indigenous Member	Dr Helen Milroy
Student Representative	Ms Danielle Arabena
Chief Executive Officer	Mr Romlie Mokak

2006 AGM

President	Dr Mark Wenitong
Vice-President	Dr Tamara Mackean
Secretary	Dr Noel Hayman
Treasurer	Dr Marshall Watson
Indigenous Member	Dr Bradley Murphy
Indigenous Member	Dr Simone Raye
Indigenous Member	Dr Helen Milroy
Indigenous Member	Dr Paula Edgill
Indigenous Member	Dr Peter O'Mara
Indigenous Member	Dr Roy Whittaker
Student Director	Ms Lose Pouvalu
Chief Executive Officer	Mr Romlie Mokak

2005 AGM

President	Dr Mark Wenitong
Vice-President	Dr Tamara Mackean
Secretary	Dr Noel Hayman
Treasurer	Dr Marshall Watson
Indigenous Member	Dr Bradley Murphy
Indigenous Member	Dr Simone Raye
Indigenous Member	Dr Helen Milroy
Indigenous Member	Dr Paula Edgill
Indigenous Member	Dr Peter O'Mara
Indigenous Member	Dr Roy Whittaker
Student Representative	Mr Aaron Davis
Chief Executive Officer	Mr Alan Eldridge (until June 2005)
Chief Executive Officer	Mr Romlie Mokak (from August 2005)

2004 AGM

President	Dr Helen Milroy
President Elect	Dr Mark Wenitong
Past President	Dr Louis Peachey
Secretary	Dr Noel Hayman (also Chair of Social, Health, Research & Ethics Committee)
Treasurer	Dr Marshall Watson (became Treasurer early 2005?)
Southern Region	Dr David Brockman (resigned March 2005)
Central Region	Dr Marshall Watson & Dr Tamara Mackean (shared position)

Eastern Regional Representative	Dr Peter O'Mara
Northern Regional Representative	Dr Alex Brown & Dr Ngiare Brown (shared position)
Torres Strait Islander Representative	Dr Latisha Petterson
Western Representative	Dr Paula Edgill
Student Representative	Ms Kiarna Adams
Chief Executive Officer	Mr Alan Eldridge

2003 AGM

President	Dr Louis Peachey
President Elect	Dr Helen Milroy
Secretary	Dr Noel Hayman (and Chair of Social, Health, Research & Ethics Committee)
Treasurer	Dr Mark Wenitong (Chair of Finance Committee)
Southern Region	Dr David Brockman
Central Region	Dr Marshall Watson & Dr Tamara Mackean (shared position)
Eastern Regional Representative	Dr Kelvin Kong
Northern Regional Representative	Dr Alex Brown & Dr Anita Watts (shared position)
Torres Strait Islander Representative	Dr Latisha Petterson
Western Representative	Dr Paula Edgill
Student Representative	Mr Nino Scuderi
Chief Executive Officer	Mr Alan Eldridge

2002 AGM

President	Dr Louis Peachey
Vice-President	Dr Helen Milroy
Secretary	Dr Noel Hayman
Treasurer	Dr Mark Wenitong
South Eastern Regional Representative	Dr Marshall Watson
Central Regional Representative	Dr Tamara Mackean
Eastern Regional Representative	Dr Kelvin Kong
Northern Regional Representative	Dr Marlene Kong
Torres Strait Islander Representative	Dr Latisha Petterson
Western Representative	Dr Dennis Bonney
Student Representative	Mr Shannon Springer
Chief Executive Officer	Dr Ngiare Brown
General Manager	Mr Alan Eldridge

2001 AGM

Scheduled to be held in Perth. On the night before everyone travelled, Ansett Airlines collapsed and the Perth meeting did not occur.

2000 AGM

President	Dr Louis Peachey
Secretary	Dr Noel Hayman
Treasurer	Dr Mark Wenitong
Student Representative	Nil records
Chief Executive Officer	Dr Ngiare Brown
General Manager	Mr Alan Eldridge

1999 AGM (1st formal AGM)

Known as the Executive

President	Dr Louis Peachey
Secretary	Dr Noel Hayman
Treasurer	Dr Mark Wenitong
Student Representative	Mr Raymond Gadd
Public Officer/CEO	Dr Ngiare Brown
Accountant	Mr Alan Eldridge

1998 Proforma meeting to elect office holders

Founding Member	Dr Louis Peachey
Founding Member	Dr Mark Wenitong
Founding Member	Dr Noel Hayman
Founding Member/ Public Officer	Dr Ngiare Brown
Founding Member/ Treasurer	Mr Alan Eldridge

PATRONS

Dr Aden Ridgeway

Sir William Deane AC, KBE, QC

Dr Lowitja O'Donoghue AC, CBE, DSG

Dr Jimmy Little AO (1937–2012)

Professor Philip Truskett

Ms Nova Peris OAM

Mr Jeff McMullen AM

Appendix 2: AIDA Symposiums and Conferences

2022	Yugambeh (Gold Coast), QLD
2021	Series of local AIDA Roadshows were planned for 2021 but not held because of unfolding COVID-19 challenges
2020	Cancelled due to COVID-19
2019	Darwin, NT
2018	Perth, WA
2017	Hunter Valley, NSW
2016	Cairns, QLD
2015	Adelaide, SA
2014	Melbourne, VIC
2013	Canberra, ACT
2012	Alice Springs, NT (held during PRIDoC 2012)
2011	Broome, WA
2010	Launceston, TAS
2009	Brisbane, QLD
2008	Darwin, NT
2007	Adelaide, SA
2006	Alice Springs, NT
2005	Newcastle, NSW
2004	Perth, WA
2003	Waiben (Thursday Island), Torres Strait, QLD
2002	Bondi, Sydney, NSW
2001	Perth, WA – cancelled due to financial collapse of Ansett the day before scheduled conference
2000	Minjerribah (North Stradbroke Island), QLD
1999	Bondi, Sydney, NSW
1998	Coogee, Sydney, NSW

Appendix 3: PRIDoC Conferences

2022	Vancouver, Canada
2020	Vancouver, Canada – cancelled due to COVID-19
2018	Hilo, Hawai'i, USA
2016	Auckland, Aotearoa New Zealand
2014	Hualien, Taiwan
2012	Alice Springs, Australia
2010	Whistler, Canada
2008	Waimea, Kauai, Hawai'i, USA
2006	Rotorua, Aotearoa New Zealand
2004	Cairns, Australia
2002	Honolulu, Hawai'i, USA



Photograph from AIDA archive



Dancers at AIDA conference,
Canberra, 2013

Beyond Cultural
Awareness



ABOUT THE COVER PHOTOGRAPH AND ARTWORK

Photograph

AIDA members by the campfire, AIDA conference, Alice Springs, 2006

Artwork

The artwork on the cover of this history, and shown in full here, is by AIDA member Dr Gene Slockee. Created with the consent of the Bundjalung custodians, it does not incorporate traditional songlines from their Country. Rather, it embodies the traditional knowledge of the Bundjalung community, incorporating traditional cultural ideals within a medical model. These ideals, which were once implemented in pre-colonial times, have now been reimagined and revitalised.

The concept of the artwork embodies the AIDA symbol in the centre, with a meeting place surrounding it. The earth-colour concentric gradient background depicts sound waves, while the overlay is again concentric circles with different artistic representations from various tribal groups (cross-hatching, dot art and Torres Strait Islander design).

The artwork was originally designed for the AIDA 2020 conference that was unable to proceed because of the COVID-19 pandemic. It is now being used for the 2022 conference, which coincides with AIDA's 25-year anniversary.

Artist's statement

Gene Slockee

Indigenous doctors have continued to be a huge voice for improving the health outcomes of our people. We come from all over the country to share our culture, advocate for our people and to work closely with our non-Indigenous colleagues to create diversity in the places we visit.

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