



The University of Sydney



Dr Charles Perkins Memorial Oration

ON THE HUMAN RIGHT TO MISERY, MASS INCARCERATION AND EARLY DEATH

Delivered By

MR NOEL PEARSON

MacLaurin Hall

University of Sydney

25th October 2001

Thank you Vice Chancellor and thank you to the indigenous people of Sydney for welcoming us here this evening.

The Perkins Family have extended to me a very great honour in inviting me to speak in this inaugural oration in memory of their late father, at the university of his youth. I thank Mrs Eileen Perkins, Hetti, Rachel and Adam for this privilege and wish the family, the University of Sydney and the Koori Centre all of the best for the future.

Charles Perkins was for me and for generations of Aboriginal people across this country, a since-childhood inspiration. I was in the middle of Primary School at Hope Vale Lutheran Mission (as it then was known) in the mid 1970s when I was galvanised by the book cover shown to our class by the school principal, *A Bastard Like Me* by Charles Perkins. The shock and the pride that I felt in his Aboriginal defiance has stayed with me through my life.

I was glad to make his friendship late in his life. He was a source of support and guidance to me in my hardest times. There was a lot of laughter too.

I remember wandering around the corridors during my bachelor studies here in the 1980s and thinking about my more illustrious and infinitely more dynamic predecessor at this university in the 1960s. These corridors of opportunity were for me miserable, lonely and anonymous and a far cry from the history of student political activism and leadership of Charles Perkins.

Of the contribution that Charles Perkins made to Australian society and history in the late twentieth century, I take his political fearlessness most to heart. It is his example of fearlessness that I aspire to follow tonight, because I believe that Australian policies concerning the life expectancy of Aboriginal people are grievously wrong. The life expectancy deficit of Aboriginal Australians as compared to the wider community - which is currently more than two decades - will not decrease with our current policies, and is likely to increase. Neither of the political parties contending for office at the forthcoming election have made the changes in thinking that are necessary for Aboriginal people to turn around our social disaster. Both contenders continue to be half right in the policies that they are prepared to advocate. To simplify the policy contrast: the Australian Labor Party will be strong and correct in their policies in favour of the rights of Aboriginal people - particularly land rights and native title - and they will be weak and wrong in relation to the breakdown of responsibility in Aboriginal society occasioned by passive welfare dependency, substance abuse and our resulting criminal justice predicaments. The Coalition will better understand the problems of responsibility but will be antipathetic and wrong in relation to the rights of Aboriginal people: they advocate further diminution of the native title property rights of Aboriginal Australians.

I marvel that neither side of this indulgent political divide in Australian politics can see that what is needed is for the rights favoured by the ALP to be added to the responsibilities that are understood by the Coalition. But the major parties will insist on their indulgences despite the fact that the cost of their policy and political failure will be disproportionately borne by the black vulnerable: the children, the women and the elderly.

In my critique of prevalent Aboriginal policies over the past 30 years, I of course do not discredit or disavow the great achievements that have been made in the area of Aboriginal rights and recognition in this period. There have been great many achievements, not the least in the fight against formal discrimination - a fight towards which Charles Perkins made a decisive contribution. So let me not be misunderstood: the struggle for these rights was heroic and correct and their achievements were great advances for Aboriginal people and for the nation.

The question that we have to confront is this: why has a social breakdown accompanied this advancement in the formal rights of our people, not the least the restoration of our homelands to our people? Aboriginal families and communities now often live on their homelands, in very much flashier housing and infrastructure than decades ago - but with a much diminished quality of life, such that commentators familiar with these remote communities increasingly call them 'outback ghettos'. Indeed this social breakdown afflicts with equal vehemence those Aboriginal peoples who have never been dispossessed of their lands and who retain their classical traditions, cultures and languages.

Let me pose the question in the broader context of the past 30 years and ask why during the period of indigenous policy enlightenment and recognition and despite billions of dollars and much improved housing and infrastructure and government services, there has been a corresponding social deterioration. What is the explanation for this paradoxical result?

Maybe we should confront the possibility that the policy analysis and recommendations that have informed the past 30 years of deterioration may have been wrong. Our refusal to confront this possibility is a testament to the degree to which we will insist on our ideological indulgences ahead of diminishing social suffering.

Let me now set out my own explanation of this strangeness in our national Aboriginal policies. It is an explanation that I have been articulating and thinking about over recent years and they focus on our economic condition - namely, our circumstance of overwhelming dependency on passive welfare. I am in fact greatly indebted to the late Charles Perkins for my ruminations about our economic situation: he understood and articulated the problems for our people caused by our lack of a real economic base, very many years earlier. Passive welfare was a scourge which he urged our people to move beyond - and he was completely forthright with our people in relation to this, He was, patently, correct. I have also been reflecting on the insights of the late Mervyn Gibson from my hometown who first spoke to me about how grog had insinuated itself into our Aboriginal culture, and I have been assisted in my understanding by the analyses of substance abuse epidemics by the late Swedish Professor, Nils Bejerot.

Why are my people disintegrating, and why are we unable to do anything about it? I will go straight to the core of the matter and talk about addiction and substance abuse.

Our worst mistake is that we have not understood the nature of substance abuse. I maintain a fundamental objection to the prevailing analysis of substance abuse amongst our people. The prevailing analysis is that substance abuse and addiction is a *symptom* of underlying social and personal problems. According to the symptom theory we must help people deal with the reasons that have seen them become addicted to various substances. According to this theory we must address the "underlying issues" if we are to abolish substance abuse. The severe substance abuse in Aboriginal communities is said to have been caused by immense ingrained trauma, trans-generational grief, racism, dispossession, unemployment, poverty and so on.

But the symptom theory of substance abuse is wrong. Addiction is a condition in its own right, not a symptom. Substance abuse is a psychosocially contagious epidemic and not a simple indicator or function of the level of social and personal problems in a community. Five factors are needed for an outbreak of substance abuse: (i) the substance being available (ii) spare time (iii) money (iv) the example of others in the immediate environment and (v) a permissive social ideology. If these five factors are present, substance abuse can spread rapidly among very successful people as well as marginalised people.

Of course substance abuse originally got a foothold in our communities because many people were bruised by history and likely to break social norms. The grog and drug epidemics could break out because personal background and underlying factors made people *susceptible* to trying addictive substances. But when a young person (or an older non-addict) is recruited to the grog and drug coterie today the decisive factor is the existence of these epidemics themselves, not his or her personal background. And for those who did begin using an addictive substance as an escape from a shattered life and from our history, treating those original causes will do little (if indeed you can do anything about those original causes). The addiction is *in itself* a much stronger force than any variation in the circumstances of the addict.

There are two insights here that I want to reiterate. First, at this advanced stage of the grog and drug epidemics it is not a breach of social norms to begin with substance abuse. It follows that we cannot *divert* young people away from substance abuse. No matter how much money and effort we spend on alternative activities, drug free activities can *never* compete with the more exciting drug-induced experiences for young people's attention, because all hesitation about the appropriateness of an abusive lifestyle is long since gone. Good living conditions and meaningful activities might, under normal circumstances, make non-addicts less *susceptible* to trying drugs and thus help in *preventing* outbreaks of substance abuse epidemics. Diversionary measures can only *prevent* substance abuse epidemics, not *cure* them once they are underway. Second, even under optimal circumstances, life is difficult and full of conflict. No matter what we do, we can *never* make life so good that an addict voluntarily leaves her or his antisocial lifestyle and joins us in our struggle for a better future. The addict has already shown that he or she loves the effects of the substance abuse more than his or her own land, people, family and children. We can never convince an addict to quit by offering a materially and socially better life including land rights, infrastructure, work, education, loving care, voluntary rehabilitation and so on. The addict will just use all these material and human resources to facilitate an abusive lifestyle.

We must understand that trauma, dispossession et cetera make our communities *susceptible* to grog and drug epidemics, they do not automatically *cause* abusive behaviour. Of course a high number of people who are susceptible to turning to different kinds of abuse is, in an indirect way, a causal factor that might contribute to an outbreak of a substance abuse epidemic. But, I repeat for the third time, this fact has led to two fatal logical errors in our efforts to understand the current social disaster. Addiction is a condition in its own right and it is just as difficult to do anything about an addiction if you are a socially and economically strong white professional that became addicted through careless drinking of exquisite wines, as if you are an unemployed member of a decimated and dispossessed Aboriginal tribe. We must understand that an established addiction is a very strong force at the heart of the will of the addict and independent of the historical causes of the first voluntary consumption of the addictive substance. Trying to undo the past and to solve present difficulties such as unemployment has no impact on an active substance abuser's addiction and lifestyle; the addiction and the consumption must be confronted head on and immediately.

Progressivist people will now claim that Noel Pearson is giving the Federal and State governments an excuse to cut spending (or avoid increasing spending) on programs that address "Aboriginal disadvantage". But I have never disputed the governments' responsibility to provide funds, and this is not what I'm discussing anyway. I merely observe that the programs that have been proposed in order to improve the living conditions for indigenous Australians will have little or no impact on the substance abuse epidemics. Furthermore, the proposed programs will not achieve what they are intended to achieve (better infrastructure and health, economic development, less violence and so on) if there is no realistic plan for curing the substance abuse epidemics.

More surprising than our (understandable and excusable) mistaken view that a troubled person's historical legacy maintains the addiction and must be dealt with if the abusive behaviour is to cease, is our blindness to the fact that today, when strong

people who have struggled to take responsibility for our families and communities, and young, not traumatised people get sucked into the most foolish and destructive behaviours imaginable, history is irrelevant not only in the treatment of the addiction, but also increasingly irrelevant as an explanation for the first experimenting with addictive substances. When abusive behaviour is deeply entrenched in our communities it is not the material destitution, the social ills and historical legacy that fuel the abuse epidemics. *It is the epidemics that perpetuate themselves.*

And these epidemics cannot be cured with our current policies, which are based on voluntary rehabilitation and clinical care. An addict may be willing to deal with the addiction after many years of abuse, when the social, medical and economic problems become annoying. In fact this is the usual pattern of people "giving up grog" in our communities. After a health scare and a "last warning" from a doctor, a middle-aged drinker will stop drinking. But by this time he or she is likely to have ruined his or her health irreparably and in any case, will have caused a lot of damage in his or her community prior to giving up, by making life miserable for family and community members, and by recruiting more people to addiction.

This last point is an important insight. It is mainly during the first part of his or her career that an addict spreads the abusive behaviour, not when he or she has become a social invalid. There is a whole literature about how addicts have been helped after decades of abuse. It is of course good if people manage to stop abusive behaviour, but if our policies are restricted to offering help to addicts we will get nowhere. We might reduce the prevalence (the number of active abusers) marginally but not the incidence (the number of new cases in a certain period of time). And if we are unable to reduce the incidence because we have no efficient methods for influencing the behaviour of the addicts that are spreading the abuse, and the people just about to be recruited, we will not curb the epidemics.

Put it this way: today people begin abusing grog and drugs in our communities because other people do. And if "underlying issues" make somebody start drinking or using drugs, the most important "underlying issue" today is the chaos caused by the grog and drug epidemics. And if trying addictive substances is a symptom of bad or chaotic circumstances, an established addiction is not; changing the circumstances will not cure addiction, and hence not stop abusive behaviour.

This analysis is of course a simplification; our history and our exclusion from mainstream society have not become irrelevant factors. But these generalisations are more valid than the symptom theory. Unfortunately, symptom theory thinking underpins much of what influential Australians say and do:

The President of the Australian Medical Association, Dr Kerry Phelps, recently told the ABC:

"I think if we look at the despair, the hopelessness, the social dislocation of some of these Aboriginal communities, it is little wonder, that there are substance abuse problems. And I think that unless we actually address the infrastructure, things like adequate and appropriate housing, education for children, hope for jobs and for a future, for employment, and health services, that people will continue to look at ways of feeling better and that might be abusing substances.

We are lending support to the efforts for a treaty because I believe that that is the way that we can ensure an obligation by government to fulfil the rights of indigenous people."

And the federal Labor Party's official policy on drugs states as follows:

"We need to address the social causes of drug taking in an effort to reduce the demand for drugs. We have to discover why some people view drug use as a means of coping with the pressures of life, and why for some drug dependency becomes a way of life... Labor believes that the long term answer to drug use is to build stronger families and more supportive communities to help people when they have personal and emotional difficulties that make them vulnerable to adopting addictive behaviours."

Of course Kim Beazley doesn't go on to suggest abolishing capitalism and creating a new society, he confines himself to building "supportive communities". But if he thought about it he would remember that our society is in a permanent state of departure, rapid change and sometimes even crisis; we have had depression, recession, restructuring of the economy, the decline of rural Australia, the decline of the family centered around a male bread winner, the decline of the Church, economic globalisation, war and so on. The "pressures of life" and "personal and emotional difficulties" will for the foreseeable future be overwhelming compared to our ability to be "my brother's keeper", a question first posed by Cain in Genesis chapter 4 verse 9. He would also have understood that when "drug dependency becomes a way of life" the user is *addicted* and no longer displaying a symptom of not "coping with the pressures". It is addiction itself and the substance abuse epidemics themselves that need to be attacked with mandatory drug free treatment, and we need to remove the *opportunity* to choose an abusive lifestyle or continue leading one.

Substance abuse belongs to a much wider range of *learnt behaviours* which have in common that they immediately trigger rewards ("highs") which may or may not be induced by substances foreign to the human body. The reward of abusive behaviour is instant and in the psychology of the addict linked to the consumption of the substance or other high-inducing act, but negative consequences come later and are therefore not linked to the abusive behaviour. People's behaviour is determined by this simple conditioning: they have learnt to associate wellbeing, or absence of discomfort, with taking the "drug" (which may be immaterial), but emotionally no connection is made between the later negative consequences and taking the "drug". The addict is therefore willing to tolerate great misery but won't kick his habit. Intellectually of course it is easy to realise that there is a causal connection between the drug and the problems, but intellectual insight is no match for the deeply rooted conditioning. Once we are addicted, it doesn't matter that the punishment becomes disproportionately large relative to the reward.

People who talk about abuse of different kinds usually see it as a health problem (if they are progressivists) or a moral problem (if they are religious and/or conservative). But abuse epidemics are a *political* question. The social function of substance abuse epidemics is to make people unable to organise themselves, politically and socially. It is true as the drug liberals say that many of the negative consequences of illicit drugs (criminality, overdoses and so on) are due to the fact that the substances are expensive and of varying quality. It would be perfectly possible to make everything you can get addicted to readily available, that is add the presently illicit drugs to the endemic abuse of alcohol, nicotine, gambling and so on, give up all attempts to control the endemic abuses, and still have a functional society, but my people would probably

have disappeared before the situation stabilised. I have seen to my surprise and horror how large groups of "normal", functional people who took responsibility for families and originally were very distant from abusive behaviour, were sucked into the alcohol abuse epidemic when it gained momentum in my hometown of Hope Vale and in other communities in Cape, and other abuse epidemics are now following grog and gambling. If we let the progressivists and the libertarians win now and make harm minimisation the main social response to substance abuse, the change into a drug society would be irreversible. And our people, on the very bottom of stratified society, can least afford this policy. It is therefore a *political* struggle to prevent the final establishment of new abuse epidemics, and to limit by means of restrictions the damage done by the endemic addictions of Australian society such as alcohol and gambling.

The substance abuse epidemics are embedded in our Aboriginal social web and has become our new dysfunctional culture: to drink is to be Aboriginal. When you look at a drinking circle you see people who are socialising around grog. Everyone is obliged to share the money and the grog.

These social and cultural obligations are invoked at every turn by members of the drinking circle. These invocations are very heavy indeed and they most often draw upon real obligations and relationships under Aboriginal laws and customs. What - when people are not drinking but hunting - is a cultural obligation to share food with countrymen, is turned into a cultural obligation to share grog. In fact your fellow drinkers will challenge your Aboriginal identity in order to establish your obligation to contribute money to buy grog.

Outside of this drinking circle are the women and the children and old people and the non-drinkers. These non-drinkers are placed under tremendous social and cultural pressure to contribute resources to the drinking circle for buying grog. Ultimately the addicts resort to intimidation and violence.

In Cape York Peninsula we are developing plans to combat the substance abuse epidemics. There are two fundamental points that must underpin our community strategies:

The community strategy must be aimed at creating an environment which makes it more uncomfortable for substance abusers to continue with the abuse than to quit. There must be no more unconditional support if people don't change, there must be a material cost. And, very importantly, there must be an immediate rejection of abusive behaviour by the environment, there must be a social and emotional cost.

The other main element of the strategy must be enforced treatment, because we need a cure for the current epidemic. The absolute intolerance of illicit drugs, absolute enforcement of social order, and mandatory treatment is the core of the strategy. In order to cure an epidemic there must be involuntary, mandatory and humane treatment of people who are engaged in abuse. Everything that the addicts encounter must be designed to force them into that treatment. Every law, every social norm, every action by government and community organisations, every word the addicts hear must be consciously designed with this purpose in mind.

A great mistake in our discussions has been the idea of trying to "normalise" drinking when confronted with an epidemic. Given the large number of problem drinkers in

our social web and the existence of the epidemic - who really believes you can *incrementally* reduce the problem from a, say, 80% problem down towards a "normal" 10% level? Alcoholics cannot "normalise" or "control" their drinking - they must rehabilitate and abstain.

This is the most difficult issue. Many people express the view that abstinence is not going to work as a solution - rather there must be controlled or moderate drinking.

Anybody who thinks for a moment about the problem would acknowledge that the only long-term solution for alcoholics is abstinence. There can be no "moderate" or "controlled" drinking for people who have rehabilitated from severe alcohol addiction.

And there are too many people in our society who are alcoholics - for whom abstinence is the only choice. How can this reality be dealt with if our strategy is to "normalize" drinking? We can't normalize drinking amongst alcoholics.

The question is: what should happen with those people who are "moderate" and "controlled" drinkers and people whose drinking problem may be getting more and more out of control and may develop into alcoholism in time? We need to give further consideration, firstly, to the role of moderate drinkers in the perpetuation of the grog epidemic and, secondly, the role they could play in a strategy to overcome the problem.

It may be that we need a strategy that is aimed at supporting alcoholics with abstinence, and this may not necessarily involve long-term prohibition for a community. We could think about a period of prohibition. The (as yet undeveloped) thought is that when a community makes a democratic decision to adopt a strategy to combat grog and drug problems - then this needs to be marked by a dramatic commitment to change the current pattern of drinking and supply.

Alcoholic drinkers and the moderate drinkers are part of the same social web. I constantly see moderate drinkers participating in the early "happy" stages of a drinking session - "I'll have a couple of beers with my cousins" - and then leaving the heavy drinkers to the misery and violence that comes later on in the aggressive, paranoid, depressive stages.

There can be no other policy other than a complete intolerance of illicit drugs and there must be a law enforcement capacity to put this policy into effect. This is only a matter of determination and unity. We can make it impossible for the consumers to continue if we have the emotional courage to confront our own family members. And the suppliers are nothing to be afraid of. No matter how much money and violence criminals and organised crime can mobilise, the democratic state can always mobilise more money and violence.

And it goes without saying that, if we are serious about attacking these problems, it is unthinkable to have anything to do with white people who use illicit drugs or tolerate such behaviour in their families or associate with such people. Such people must be removed from our organisations and our communities must make it clear that white people involved with drugs will have to remove themselves from our land, otherwise we will have to assist them with that.

Finally, the ground we might gain in fighting substance abuse will be a difficult to defend unless we move beyond passive welfare, that is, transfers from Federal and

State budgets to individuals and families without reciprocation. Before I discuss the impact of passive welfare on Indigenous Australia, I will say a few words about the welfare state generally.

In the welfare state the working taxpayers - the "mainstream" - collectively finance facilities aimed at their own wellbeing, development and security. Welfare in the wider sense does redistribute resources from richer to poorer citizens, but it also redistributes the resources of the individual over her or his own life cycle.

During the stage of the industrialised market economy when the welfare state was developing, the lower classes consisted mainly of a huge, homogeneous industrial army and their dependents. Since they lived and worked under similar conditions and were in close contact with each other, they had both the incentive and the opportunity to organise themselves into trade unions and struggle for common goals. They possessed a bargaining position through collective industrial action.

At the same time it was in the objective interest of the industrialists to ensure that the working class didn't turn to radical ideologies, and that the workers weren't worn down by the increasing speed and efficiency of industrial production. Health care, primary education, pensions, minimum wages, collective bargaining, and unemployment benefits created a socially stable and secure working class, competent to perform increasingly complex industrial work, and able to raise a new generation of workers.

These two factors, the organisation of the workers and the objective interest of the industrialists, produced an era of class cooperation: the welfare state. The support and security systems of the welfare state included the overwhelming majority of the citizens. The welfare ideology predominated in Australia during the long period of bipartisan consensus founded on what Paul Kelly called "the Australian Settlement".

But now the circumstances that gave rise to the welfare state have changed. The modern economy of the developed countries is no longer based to the same extent on industrial production by a homogeneous army of workers. The bulk of the gross domestic product is now generated by a symbol and information-handling middle class and some highly qualified workers. These qualified people have a bargaining position in the labour market because of their individual competence, whereas traditional workers are interchangeable and depend on organisation and solidarity.

The lower classes in developed countries have lost much of their political influence because of the shrinking and disorganisation of the only powerful group among them, the working class proper. The lower classes are therefore now unable to defend the welfare state. Nor is there any longer any political or economic reason for the influential strata of society to support the preservation of the welfare state.

Australian welfare state advocates have failed to answer the most critical question facing its future viability: how is the welfare state founded on the class compromise effected at the end of the C19th and the early C20th going to be maintained now that, in the new economy which has emerged, the power of organised labour is inexorably diminishing and it is no longer in the objective interest of the influential strata of society to support it? What is our answer to this question? From whence does the commitment to the welfare state come in the future?

The predicament of my mob is that not only do we face the same uncertainty as all lower class Australians, but we haven't even benefited from the existence of the welfare state. The welfare state has meant security and an opportunity for development for many of your mob. Indeed, the University of Sydney is a great institution of the Australian welfare state. But the immersion of a whole region like Aboriginal Cape York Peninsula into dependence on passive welfare is different from the mainstream experience of welfare. What is the exception among white fellas - almost complete dependence on cash handouts from the government - is the rule for us.

Our dispossession is the ultimate cause of our passive welfare dependency. Upon our dispossession the traditional economy of our ancestors was ruptured and we were engulfed by the new economic order, in which our official and actual place until 1967 was in the underclass: quasi-slaves, workers in fact but not in status. The irony of our newly won citizenship in 1967 was that after we became citizens with equal rights and the theoretical right to equal pay, we lost the meagre foothold that we had in the real economy and we became almost comprehensively dependent upon passive welfare for our livelihood. So in one sense we gained citizenship and in another sense we lost it at the same time. Because we find thirty years later that life in the safety net for three decades and two generations has produced a social disaster.

You put any group of people in a condition of overwhelming reliance upon passive welfare support and within three decades you will get the same social results that my people in Cape York Peninsula currently endure. Our social problems do not emanate from an innate incapacity on the part of our people. Our social problems are not *endemic*, they have not always been with us.

So when I say that the indigenous experience of the Australian welfare state has been disastrous I do not thereby mean that the Australian welfare state is a bad thing. It is just that my people have experienced a marginal aspect of that welfare state: income provisioning for people dispossessed from the real economy.

Of course some government money has been spent on Aboriginal health and education. But the people of my dysfunctional society have struggled to use these resources for our development. Our life expectancy is decreasing and the young generation is illiterate. Our relegation to the dependence on perpetual passive income transfers meant that our people's experience of the welfare state has been destructive.

It is the nature of passive welfare (which today is nearly our sole material resource) that explains our social crisis. It explains the phenomenon that even as our material condition improved over recent decades, our social condition deteriorated. Passive welfare has come to be the dominant influence on the relationships, values and attitudes of our society in Cape York Peninsula. Indeed we are now at a stage where many of the traditions we purport to follow are too often merely self-deceptions (that we care for each other, that we respect our Elders, that we value our culture and traditions) and the "traditions" which we do follow are in fact distortions conditioned by the pathological social situation which passive welfare has reduced us to: we sit around in a drinking circle because we are Aboriginal.

Why is the nature of passive welfare so decisive? The resources of passive welfare are fundamentally irrational. Money acquired without principle is expended without principle. When people have only one means of existence the nature of that income

obviously influences their whole outlook. The irrational basis of our economy has inclined us to wasteful, aimless behaviours. Like other people who can't see any connection between their actions and their circumstances, we waste our money, our time, our lives. The worst consequence of this lack of meaning and purpose is that it has compounded the effects of dispossession and trauma in making us susceptible to an epidemic of grog and drug abuse. This epidemic now has its own momentum and in turn makes it inevitable that our scarce resources increasingly finance irrational and destructive behaviour. We must now deal with both passive welfare dependence and substance abuse simultaneously, as these two problems feed off one another and undermine all efforts toward social recovery.

Passive welfare alone would not have caused our social disaster. But the combination of passive welfare dependence and the grog and drug epidemic will, if not checked, cause the final breakdown of our traditional social relationships and values. Grog and drug abuse coupled with an outlook determined by a passive welfare economy is a fatal combination. The intrinsic force in the grog and drug epidemic is now stronger than the force of our traditional social norms and values. People highly motivated by their strong addiction to grog and drugs now regard and treat other people in our society in the same way as the passive welfare resource: these people (wives, girlfriends, parents, grandparents, children, relatives) are not valued and respected. They will always be there and the addicted do not have to take any responsibility for them. These people are simply a source of resources (money, shelter, food, comfort and care) and they are treated accordingly.

Why do I contend that passive welfare has caused our social problems through this change in social outlook when everybody knows that our social problems are older than passive welfare? Well it is this latter assumption that needs to be challenged. It is true that our society suffered problems prior to the coming of welfare. In order to understand the contended relationship between our social problems and passive welfare we need to analyse our history. In particular, we must understand the difference between "real" economies and what I have called the "gammon" economy of passive welfare, and our experience of these different economic systems throughout our history.

There are three kinds of real economies that we know of in Cape York Peninsula:

The traditional subsistence economy was very much a real economy. If you didn't work, you starved. No *minha* or *minya* came to our ancestors' camp ready to eat.

In the mission days we lived partly in what I call the institutional modern subsistence economy (growing our own food, raising cattle etc., whilst also undertaking traditional hunting and gathering and moving between the mission and work in the outside market economy). This was a real economy. If you didn't work, you starved.

The white fella market economy is a real economy. If you don't work, you don't get paid.

Then there is the "gammon" economy of passive welfare, which is artificially created by government on "gammon" principles.

Aboriginal people have therefore participated in the market economy for most of Australia's colonial history and we have done so at the lowest end of the scale. This was the only option available to people before welfare.

The great tragedy of Aboriginal history in the last century was the Australian failure - when discrimination against Aboriginal people became untenable and citizenship was finally recognised in 1967 - to remove the discrimination that our people suffered in the mainstream economy, and keep us there.

Instead, Australia's definition of the great benefits of removing discrimination and granting us citizenship was to take our people out of the real economy and dump us into passive welfare. Social welfare provided by government since the 1970s produced a revolutionary change in the Aboriginal economy of Cape York Peninsula. Aboriginal people withdrew from participation in the real economy. Participation at the low end of the real economy was replaced by passive welfare.

The impact of the equal wage decision on Aboriginal labour in the cattle industry was decisive. People lost their place in the pastoral industry and were forced into the increasingly welfare-based economy of the settlements.

There has been too much of a separation of the social from the economic when we consider our problems. The fact is, every economic relationship is also necessarily a social relationship and underlying many of our social problems are these economic relationships. Whilst there is general nominal acceptance of the interrelationship between economic issues and social problems, in practice economic issues have been relegated to the 'too hard basket' and attention has been focussed on behavioural problems such as domestic violence or health problems. But we cannot defer tackling the fundamental issue of the economy of our communities.

I have suggested that the nature of the passive welfare economy is reflected in our social relationships, but our social problems are most often interpreted as the legacy of the trauma of our colonisation. Obviously the impact of colonisation on our society has been immense. I want to emphasise that I do not belittle the debilitating effects of racism and the trauma associated with the history of our dispossession. But we must confront a widely held misconception which is central to the "service delivery" mindset that commands such terrible sway in Aboriginal policy. It is that the remarkable social problems suffered by our people in Cape York Peninsula today have been with us since our traditional society was ruptured by European colonisation. This is not the case at all. Anybody who knows the history of our communities knows that the kind of social problems that afflict our society today - and their severity and extent - were not always with us.

The abuse and neglect of children today does not resemble the situation in the Peninsula communities of the 1960s and earlier. The numbers of people in prison and juvenile institutions today are unprecedented: these are statistics that started to emerge in the 1970s. There was not one Hope Vale person in prison in the early 1970s. At any time today, there are a dozen Hope Vale people either in prison, or who would be in prison without diversionary measures. The same dramatic differences apply to the other communities in the Peninsula. Alcohol abuse in Peninsula communities developed into the huge problem that it now is only in these same recent decades. And of course these problems have bred new problems. Petrol sniffing amongst children

and youth was unknown in Cape York Peninsula until recently. Violence against old people for money for grog was inconceivable in earlier times.

Even if there are a range of reasons why these social problems have emerged in the last three decades of the century, it is significant that the emergence of these problems coincides with the period when passive welfare became the economic basis of our society.

And yet it is generally not acknowledged that the nature and extent of our social crisis is of recent origin. And our entire policy proceeds from this ignorance. This ignorance obscures the fact that our society was once functional - not just back in the long distant pre-colonial past, but only a bit more than three decades ago. And ignoring the historical development of our problems reinforces further misconceptions about their source: the erroneous assumptions that our social problems are the legacy of racism, dispossession and trauma and that our chronic welfare dependency is the end result of these social problems. But this generally accepted causal chain: racism, dispossession and trauma create social problems which create passive welfare dependency, is wrong. Both steps in the reasoning are wrong. Firstly, prior to the 1970s, even though racism was state sanctioned, dispossession had been well effected, and trauma was still fresh and ongoing in our society, we did not have the kind or degree of social problems we see today. Secondly, our social problems didn't come before our passive welfare dependence - rather our social problems arose out of the economic condition of passive welfare dependence.

Of course racism, dispossession and trauma are the ultimate explanations for our precarious situation as a people. But the point is that they do not explain our recent, rapid and almost total social breakdown. And most importantly, if we build our ideology and base our plan of action on our justified bitterness about what has happened to us we won't be able to claim our place in the modern economy.

Many people will take what I'm saying about the poison of passive welfare as a justification for their argument that government should not be providing ear marked resources to Aboriginal people, but I do not support those ideas. It is the government's responsibility to coordinate and facilitate the solution of an urgent social crisis. It has the responsibility to facilitate our return to the real economy. However the government can only facilitate a solution, it cannot solve the problem. It also follows from what I have said that the government's responsibility is only transitory, or at least not indefinite.

The effects of passive welfare and permissiveness in relation to addictive substances are most obvious when you look at our health. In the prevailing debates, poor health is automatically seen as a product of "Aboriginal disadvantage". Peter Sutton pointed out that "Indigenous disadvantage" is an inadequate term that "moves in a territory somewhere between euphemism, banality and propaganda." If we try to give the term a meaning anyway, we must begin by conceding that our material circumstances have improved greatly. At the same time our life expectancy has decreased in Cape York Peninsula. "Aboriginal disadvantage" must therefore be the factors that make us unable to benefit from the money that has been transferred to us and the infrastructure, services and health care that has already been provided.

If you ask the progressivists, they will provide a catalogue of disadvantage factors that includes unemployment, dispossession, racism, culturally insensitive service delivery,

trans- and intergenerational trauma, alcoholism, violence, educational failure and so on, and the bottom line will be a request for further unprincipled spending. But it is irresponsible to state some obvious facts and then go on to devise programs intended to create jobs, improve health, reduce substance abuse and so on, without a convincing analysis of the factors that have made previous efforts futile. Analyses based on the convenient explanations racism and trauma explain too much (everything, in fact) and cannot be used for formulating credible action strategies in the current crisis.

For people who participate in the economy, ill health is only a minor consideration during their first seven or eight decades. Under normal circumstances most people will need a few or even no major medical treatments for most of their lives. Aboriginal people should not need health care any more than other Australians. What our people need more urgently than an expansion of the health care system, is an immediate dismantling of the passive welfare paradigm and an end to permissive thinking about grog and drug policy, because it is those factors that generate the endless flow of Aboriginal injuries, neglected children and unnecessarily sick people to the clinics. Aboriginal people don't have health problems that can be solved with medical treatment, they have *passive welfare injuries* inflicted upon them. Of course it is not our modest benefits that make us sick. It is the circumstance that too many of us have an outlook determined by addiction and passive welfare, and consequently behave ruthlessly against other members of our communities, apart from destroying themselves.

What I said just then is deliberately provocative. Much could be achieved within the framework of traditional thinking about Aboriginal health. But the big problem is the lack of strategic leadership and guidance shown by our governments in attacking the strategically important, structural faults that generate the never abating waves of damaged Aboriginal people through our health care system. These faults are that our people is engulfed by passive welfare at the same time as very many of us are destructive and irrational addicts that disrupt the lives of the non-addicts so that they become almost as difficult to reach with help as the addicts. Who will be functional enough to absorb information, participate in prevention and take responsibility for following given medical advice under such circumstances? There's a limit to what the prevalent policies and suggestions can achieve when there is no understanding of why our behaviour is so disturbed.

Since our governments are not malevolent, their problem must be a lack of analysis and intellectual and political courage. It takes a very different kind of courage to challenge the deeply rooted progressivist and liberalist prejudice of the Australian middle class compared to the courage necessary, for example, to take the guns off angry shooters. The talk about "practical reconciliation" will achieve little without understanding the problem, and the "health, housing, education, employment" mantra achieves just as little in the mouth of a sympathetic conservative as it does coming from the progressivists.

I do not mean that the recent phenomena of substance abuse epidemics and passive welfare has turned good health into bad. We had health problems before passive welfare too, but they were *poverty injuries*. Now we suffer from passive welfare injuries, but they must be something different, since we are not poor. We have more cash than many healthier and more functional societies. The passive welfare injuries

are confusingly similar to and superceded the poverty injuries so that there seems to be a continuity between these two fundamentally different threats.

What we are doing now is that we create the optimal conditions for our addicts who don't want to change, to consume all of our resources and to disrupt our society. What abusive members of our communities experience is not a determined rejection of that behaviour, it is (i) unconditional financial support for nothing (ii) endless nonsense talk to give the impression that something is being done ("prevention", "harm minimisation") (iii) limitless understanding and care when the complications of abusive behaviour become annoying and (iv) ideology production for the defense of abusive lifestyles (the "symptom theory", "inherited trauma").

Almost all of our other social and health problems are derivative of our grog and drug problem: we solve grog and drugs, we will solve everything else, or at least be on our way to solving them. "Harm reduction", "clinical care", "public education programs", "dynamic poster workshops[!]", "family violence strategies", "school attendance strategies", "life promotion programs" "economic development strategies" - these are all either (i) diversions from what really needs to be tackled or (ii) they are totally futile or (iii) will have only marginal and temporary success as long as we don't confront the grog and drug epidemic amongst our people.

Ultimately, the main determinants of our grog and drug problem are the passive welfare paradigm that has taken hold of our society and the drug liberal ideology in Australian society at large. The former creates (i) idle time and no sense of purpose and (ii) unconditional money supply. The latter provides (i) space for drug dealers to operate and unrestricted alcohol supply (availability) and (ii) an impotent response from society (defence for abuse, facilitating abusive life styles, hesitant law enforcement et cetera).

You might wonder why I claim that drug liberalism dominates Australia when most addictive substances are prohibited. I mean that it is an ideological defeat of historic proportions that "progressive" or "liberal" movements during the last half century generally have not understood the nature of addiction and the dynamics of substance abuse epidemics but instead promoted symptom theory thinking and other quasiradical nonsense. *In your cups* you know that progressivist people generally have been sabotaging the struggle against substance abuse epidemics, in the worst case by their own bad example, which has increased social confusion and made people less able to organise themselves socially and politically.

Instead of real radicalism, that goes to the *radix* or root of the problems I have described, the Australian progressivist middle class is mainly preoccupied with what I call quasiradicalism. Most quasiradical discussions and research have in common that they are preoccupied with the consequences and end results produced by our social breakdown and our structurally flawed Aboriginal governance systems.

Of course the quasiradicals *talk* about "going to the root of the problem", "breaking the circuit", "underlying issues" and so on, but they do this in the incompetent progressivist way.

Let me quote a newspaper report about some events in Adelaide:

"Angry residents stopped an Adelaide City Council meeting on Monday in a bid to block a dry zone proposal that they see as a direct affront to Aborigines who use the

city's main square as a gathering place. Lord Mayor Alfred Huang took refuge in his office as protesters began jeering from the public gallery, with one city resident comparing the city-wide drinking ban proposal to white settlers' early attempts to remove Aborigines. "Why don't you just say, 'Let's investigate for three months whether we should shoot every Aboriginal person who walks into Victoria Square?'" said the head of the Whitmore Square Residents Association... Aboriginal rights groups have threatened to call in the Human Rights Commission and the United Nations if the council proceeds with its plan to ban public drinking in the Adelaide CBD."

I just ask myself: is staying sober the same as being a genocide victim?

Similarly, the debate about the Indigenous social crisis is bogged down by endless quasiradical discussions about incarceration rates, mandatory sentencing and so on. I'm not saying that for example the previous government in the Northern Territory had a good policy, I'm objecting to the disproportionately large media space occupied by quasiradical discussions about the tragic *end results* of our policy failure, usually accompanied by suggestions for prevention, intervention and "breaking the circuit" that are founded on the wrong principles and a flawed analysis.

Let me quote some media reports:

"Indigenous communities in Alice Springs will trial a new welfare payment system designed to avoid the so-called "feast and famine" cycle.

Under the 12-month trial indigenous welfare recipients will receive their social security payments weekly rather than fortnightly."

And another:

"To soften the impact of mandatory sentencing, the Federal Government has pledged \$20 million over four years for programs to keep juveniles out of jail. ... [The Opposition] ... called for the diversionary programs to be made a greater government priority."

Our Aboriginal communities have become machines that produce egregious social disintegration, and we are fiddling around with things like moving welfare pay day around in the calendar and trying to divert at least the youngest away from jail.

When Aden Ridgeway was asked by the Sydney Morning Herald about the most important issues in what is commonly referred to as "reconciliation", he answered mandatory sentencing, deaths in custody and the stolen generation. These are a correct identification of the end results of bad policy, but with respect, these are not the issues of the most strategic importance for handling our current disaster. We must instead face passive welfare and substance abuse epidemics as the critical issues - because it is these problems which cause Aboriginal people to enter the criminal justice system and which produce even more damaged generations of Aboriginal people. It is unfortunate that these end result issues become the predominant policy diversions and attract our quasiradical attentions and energies.

And we do not have much support from official academic research. C. Northcote Parkinson won fame for his discovery that the number of civil servants in the British Admiralty and the Colonial Office increased at a constant rate even though the Navy and the Empire was shrinking. He also predicted that the development of these organisations had nothing to do with the size - or even the existence - of the Navy or

the Empire. In Australia we have witnessed a peculiar confirmation of sorts of Parkinson's bold thesis. We have a government-funded body called The Centre for Aboriginal Economic Policy Research which last year held a conference dinner to celebrate the centre's tenth anniversary and the opening of its new premises, totally uninhibited by the fact that the thing it is supposed to "undertake research on", namely Aboriginal economic development, *doesn't exist!*

I apologise to the small indigenous minority that has a right to feel offended by this outrageous generalisation. The point I want to make is that an enormous number of Aboriginal people are so physically and psychologically handicapped by their experience of the substance abuse epidemics and passive welfare that they are unable to participate in normal economic life.

In fact none of the anthropological, criminological, health policy, drug policy or other official research I've seen has any prospect of helping us stave off the imminent disaster.

Neither does Australian journalism give much useful assistance. This year we have had two confused debates about indigenous violence and rights versus responsibilities. These debates flare up, die down and no fundamental questions have been addressed. In relation to the last pseudo-debate, let me just say that I have not suggested abolishing welfare entitlements, I have suggested that families be assisted to manage their income (and we have now developed a Family Income Management trial for Cape York communities with the Federal Government) and I have also pointed out that unconditional payouts are destructive when substance abuse epidemics are devastating our communities. I have not moved away from land rights. I am not against increased government funding, but I have pointed out that most of it will be squandered if we have no understanding of the problems.

Let me conclude by saying a few words about my position relative to the Left and Right in Australian politics.

Senator Herron of The Bennelong Society said that the reconciliation debate had little resonance with remote Aboriginal communities:

"The symbolism of land rights and reconciliation, while important to the intelligentsia of the Sydney, Melbourne, Canberra axis, has little relevance to the daily grind in communities".

Of course I disagree with calling land rights "symbolism". They are property rights under the common law worth billions of dollars. Non-indigenous Australians do probably not see their real estate as "symbolism". Even though I'm currently most often quoted when talking about the immediate threats of passive welfare and the substance abuse epidemics, I have not abandoned my vision of my people retaining a connection to and ownership of our traditional lands, even if we hopefully engage and become just as mobile in the wider worlds outside, as other Australians.

Neither have I ever been close to John Howard and his cabinet. At the 1996 federal election, I pointed out that the subtext of the liberal party campaign slogan "For All of Us" represented the calculated introduction of wedge politics into the Australian political scene: it set up a mainstream Australia against minority and fringe groupings: an us and a them. I have never resiled from that analysis.

Repulsive wedge political tactics aside, on more substantive issues John Howard is right in a way when he refers to Noel Pearson as a Labor man. I'm committed to the welfare state and organised labour. But I have major reservations about the Australian Left. In important policy areas, the political Left is dominated by unprincipled sloppy leftist and progressivist ideas, which are in reality reactionary and against the interests of the majority of the people. Some ideas usually branded as Right are in fact more progressive. I want social order so that Indigenous people and ordinary Australians can organise themselves to defend land rights and the welfare state, I do not want progressivist confusion that compounds the disorganisation of the already powerless.

What about an apology? There are many indigenous Elders who deserve an apology before they die. It would be excellent if the Australian State and Federal Governments put policies in place that had any prospect of helping us, policies that would seriously attack passive welfare, addiction and substance abuse epidemics head on, like we are trying to do in Cape York Peninsula, and crowned that with a formal apology. I would want to see an apology as soon as possible.

A Beazley government has promised an apology. But an apology at this stage of our national indigenous policy failure would only hide the present lack of insight and ideas among the Australian progressivist and liberalist middle class. It would be symbolic in John Herron's sense of "meaningless". It would be like a coat of seventies purple plastic paint on a house full of white ants. I would reject such an apology whether it came from Labor or a re-elected Coalition.

Finally, it is now over 10 years since the Royal Commission into Aboriginal Deaths in Custody made its recommendations, and yet media reports recently alleged that Aboriginal representation in custody has increased since then, not decreased. Is not the idea that 10 years after comprehensive recommendations are made about the over-representation of Aboriginal people in the Australian criminal justice system, that over-representation remains at the same levels, and has according to some reports, increased, completely bizarre? And how do we explain this madness? How can a country and a people invest so much deliberation in producing recommendations and policies, and how can governments spend so much money - and achieve no improvement in criminal justice over-representation which was the main focus of the report and its recommendations?

It might be said that not enough time has lapsed for the recommendations to work improvement - but it has been 10 years. It might be said that governments did not spend enough money - but we do know that considerable funds were allocated and expended. It might be said that governments failed to implement the recommendations - and this may well be partly right. Even if it is not completely right, it is this explanation that sees us continue to accept the madness of increased over-representation in custody after 10 years of recommendations designed to achieve the very opposite.

But the most strange thing is that we would rather accept continued over-representation than confront the possibility that perhaps the very policy analysis and recommendations that have informed the past 10 years of stasis may have been wrong - and maybe we should revisit them as a starting point for our next 10 years of policy. The Royal Commission's most prominent conclusion was that over-representation was the direct consequence of the underlying social, economic and cultural disadvantage

suffered by Aboriginal people and that these underlying issues needed to be overcome because they lead to breaches of the law. I have no objection to this as a broad proposition, however there are factors and there are factors. My own view is that the most prominent causal chain in indigenous criminal justice overrepresentation is this: (i) substance abuse and the chaos it causes leads to (ii) violence and other crimes which leads to (iii) overrepresentation in custody and the criminal justice system. This is as plain as day to anyone who knows life in our communities and the monthly court lists - and yet the primary causal function of alcohol is just one of the great many so-called "underlying issues" that are said to give rise to over-representation. The truth is that it is alcohol that directly causes, or exacerbates or prevents solutions to the other underlying issues - and to the extent that the Royal Commission's recommendations failed to confront this truth, is the extent to which its recommendations have failed and will continue to fail us.

In conclusion, it behoves all of us who benefited from the campaigns against exclusion and discrimination on which the man whose memory we honour here tonight fought on the front lines, to consider how it is that we face up to the fact that to the extent that our citizenship gave us the right to passive welfare and the right to drink - we were given the dubious human rights to misery, mass incarceration and early death. We must match the achievements in land rights and human rights with a resolve to get on top of our social problems by confronting substance abuse head on and moving beyond passive welfare with utmost urgency.