Welcome to the fourth edition of Red Wings for 2013!

With a Progressive Bent
Caught in Methodism’s Split Over Same-Sex Marriage, By Sharon Otterman captures the dilemma of a US Methodist minister who decided to officiate at his son’s wedding.

Burning Issues
On the 28th May this year, Olga Havnen, who is CEO of the Danila Dilba Health Service gave the 7th Lowitja O’Donoghue Oration hosted by the Don Dunstan Foundation. It was called: Healing the Fault Lines: uniting politicians, bureaucrats and NGOs for improved outcomes in Aboriginal health. The publication A Just Society: Your Faith, Your Voice, Your Vote has also been released to assist people in making sense of some of the election issues.

Reflection
Aged care dirty work done dirt cheap, by Michael Mullins discusses the wages paid to aged care workers.

A Farmer’s Creed, by Dan Senter, is a very thoughtful piece on the need for creeds.

A visual explanation of the Uniting Church Emblem and its meaning. This presentation has been created by Deb Everist at Uniting Creative as we celebrate 36 years of the Uniting Church in Australia.

If I was a work of art … some thoughts by a 9-year-old and a possibility for some deep reflection.

Discussion Corner
What it says about us when we leave bodies in the sea, by Michael Jensen.

When this issue came to light a few weeks ago it posed many questions and left a lot of people wondering …

Editorial
The past few months has have left some of us with a feeling of despair over Syria, its future and its people, who are still spilling over daily into many Middle Eastern countries.

Which poses a question, what if these people end up on the boats as asylum seekers, like many others before them, will we simply send them back, as the Opposition has mentioned in their election speeches and policies? Or will we leave them in the water, as recently occurred in the early weeks of June?

Have we come to such a state of “uncaring” in our supposedly Christian nation that our government can leave bodies unrecovered, not given due respect, burial or cremation according to their wishes or beliefs?

It left me personally feeling cold and bereft as I imagined men, women and children laying out there on the sea, with no-one to mourn or retrieve them with honour.

Only 12 years ago we had the SievX tragedy on October 20, 2001 in which so many women and young children died. This was seen as a most horrific event at the time, but since then many more have died in that brave attempt to secure a peaceful homeland.

This issue of asylum seekers will not go away, and maybe the next election will be fought on this and others, but it is one that has to be solved in a humane fashion by future governments not only here, but all around the world.

On the home front, the indigenous population is suffering, and much of it has been caused by government policies. (See Healing the Fault Lines, p.4) As well as failing health and living conditions, the handing over of children to white families has begun again, after the shame of the “Bringing Them Report” and other publications have shown this has caused so much sadness and tragedy in the past.

We have a great responsibility to make all of our people aware of these issues, and make the government accountable for its policies and practices.

Voting day is almost upon us, how can we make a difference?

Merilyn Tandukar
Caught in Methodism’s Split Over Same-Sex Marriage

By Sharon Otterman

May 5, 2013

http://www.nytimes.com/2013/05/06/nyregion/caught-in-methodisms-split-over-same-sex-marriage.html

NEW HAVEN — It started out as a deeply personal act, that of a father officiating at the wedding of his son.

But it was soon condemned as a public display of ecclesiastical disobedience, because the father, the Rev. Dr. Thomas W. Ogletree, is a minister in the United Methodist Church, which does not allow its clergy to perform same-sex weddings.

Dr. Ogletree, 79, is now facing a possible canonical trial for his action, accused by several New York United Methodist ministers of violating church rules. While he would not be the first United Methodist minister to face discipline for performing a same-sex wedding, he could well be the one with the highest profile. He is a retired dean of Yale Divinity School, a veteran of the nation’s civil rights struggles and a scholar of the very type of ethical issues he is now confronting.

“Sometimes, when what is officially the law is wrong, you try to get the law changed,” Dr. Ogletree, a native of Birmingham, Ala., said in a courtly Southern drawl over a recent lunch at Yale, where he remains an emeritus professor of theological ethics. “But if you can’t, you break it.”

For Dr. Ogletree, the issues are not just academic. He has fully accepted, he said, that two of his five children are gay. His daughter married her partner in Massachusetts, in a non-Methodist ceremony. So when his son asked him last year to officiate at the wedding, he said yes.

“I was inspired,” Dr. Ogletree said. “I actually wasn’t thinking of this as an act of civil disobedience or church disobedience. I was thinking of it as a response to my son.” The wedding of Thomas Rimbey Ogletree and Nicholas W. Haddad, held on Oct. 20, 2012, at the Yale Club in New York, incorporated readings from Scripture and the Massachusetts court decision legalizing same-sex marriages. A wedding announcement in The New York Times prompted several conservative Methodist ministers to file a complaint against Dr. Ogletree with the local bishop.

“This ceremony is a chargeable offense” under the rules of the church, wrote the ministers, led by the Rev. Randall C. Paige, pastor of Christ Church in Port Jefferson Station, N.Y.

In late January, Mr. Paige and Dr. Ogletree, accuser and accused, met face-to-face in an effort to resolve the dispute without a church trial. Mr. Paige, who declined to be interviewed for this article, citing the confidentiality of the proceedings, asked that Dr. Ogletree apologize and promise never to perform such a ceremony again. He refused.

“I said, this is an unjust law,” he recalled telling Mr. Paige. “Dr. King broke the law. Jesus of Nazareth broke the law; he drove the money changers out of the temple. So you mean you should never break any law, no matter how unjust it is?”

But ministers like Mr. Paige believe breaking church law is not the right way to bring about change, said the Rev. Thomas A. Lambrecht, the vice-president of Good News, a traditionalist Methodist group. “Reverend Ogletree is acting in a way that is injurious to the church, because it fosters confusion in the church about what we stand for,” he said. “And it undermines the whole covenant of accountability that we share with each other as pastors.”

The United Methodist Church is the third-largest Christian denomination in the country. Its clergy members pledge to follow the church’s laws as contained in its rule book, the Book of Discipline. The rules can only be amended via votes by clergy and laity that take place every four years.

Like many Christian denominations, the United Methodist Church has struggled over issues of gay rights
In 1972, the denomination added a line to its rule book declaring the practice of homosexuality “incompatible with Christian teaching.” It bars the ordination of “self-avowed practicing homosexuals” as clergy, and prohibits clergy from officiating at same-sex unions. But it also calls homosexuals “persons of sacred worth,” and welcomes them as members.

“We try to be nuanced about it,” Mr. Lambrecht said. “Although we disapprove of the practice of homosexuality, we believe that people who are gay or lesbian are loved and valued by God and worthy of the church’s ministry and welcome to participate in churches.”

The result is contradictory, Dr. Ogletree said. “The church’s official motto is open minds, open hearts, open doors, even though our rules on same-sex marriage contradict that claim,” he said.

Professor Ogletree is now working with Methodists in New Directions, a New York group that is part of a growing movement to change the church’s rules. More than 1,100 United Methodist clergy members — of about 45,000 in the nation — have expressed a willingness to perform same-sex ceremonies, even if it means they may face suspension or censure.

But the issue is creating a deep rift with the church’s evangelical, conservative wing, which is being bolstered by the spread of the 12-million-member denomination internationally into Africa and Asia.

At the Methodists’ general conference last May, tensions reached a boiling point after an attempt to modify the church’s stance on homosexuality failed by a vote of 61 percent to 39 percent.

“The time for talking is over,” one retired bishop, Melvin Talbert, declared in protest. “It is time for us to act in defiance of unjust words of immoral and derogatory discrimination.” Five months later, Dr. Ogletree presided at his son’s wedding. “He does the right thing because he believes in doing the right thing,” Mr. Ogletree said of his father. “And then, if there is any question about that, he is willing to stand up and place a claim for that in a public way.”

New York’s Methodists have passed resolutions supporting same-sex marriage, but the region’s bishop, Martin D. McLee, said he had no choice, once mediation failed, but to refer the matter to the equivalent of a prosecuting lawyer for the church, who will decide whether to hold a trial.

Bishop McLee noted that many United Methodist congregations have ministries that focus on welcoming gays and lesbians, and said that, “As is the case with most mainline Protestant denominations,” he said, “matters regarding human sexuality continue to evolve.” However, he said in an interview, “If everyone can pick and choose the laws that they don’t particularly like, and choose to violate them, then you have a situation of pandemonium.”

Bishop McLee said the complaint against Dr. Ogletree was the first he had received since becoming the regional bishop nearly a year ago, even though there is anecdotal evidence that such ceremonies occur with some regularity.

In the New York area, 208 Methodist ministers have said they are willing to perform same-sex weddings. The Rev. Vicki Flippin, associate pastor at the Church of the Village in Manhattan, said she had performed two such ceremonies in recent years, and the Rev. Scott Summerville, pastor of Asbury United Methodist Church in Yonkers, said he had officiated at two. In the past, the Methodist denomination has punished pastors for officiating at same-sex weddings. When the Rev. Jimmy Creech, a Nebraska pastor, was found guilty in a 1999 church trial of performing at gay weddings, he was defrocked. In 2011, the Rev. Amy DeLong received a 20-day suspension for marrying a lesbian couple.

Dr. Ogletree said he was prepared for judgment by his fellow ministers. The stakes for him are largely symbolic, because he is already retired. He also has some standing among his peers as a theologian; he drafted a section of the Book of Discipline that explains how Scripture must be understood through tradition, reason and experience. “That’s why I feel I have an advantage, because I have read the Scriptures so carefully,” he said. “Context matters.”
Healing the Fault Lines: uniting politicians, bureaucrats and NGOs for improved outcomes in Aboriginal health

Olga Havnen, CEO, Danila Dilba Health Service, 28 May 2013

It is an honour and privilege to be invited to deliver this address — the 7th Lowitja O’Donoghue Oration hosted by the Don Dunstan Foundation. I acknowledge the traditional owners — the Kaurna people and thank you for your very warm welcome here today.

Dr O’Donoghue - Lowitja and Don Dunstan have shared much in common — their courage, leadership and vision for better futures and vibrant communities. Their life long commitment to justice and social change is beyond question. They are truly honourable people whose legacies will be enduring.

As is ever the case, between the asking and the giving, things change: even since supplying the Abstract for this speech, things have changed and moved on— not the least the events surrounding the Indigenous round of the Australia Football League last weekend. But then again, some things haven’t changed a bit. In recent weeks I have been taken by an African-American phrase which I understand comes from Washington DC. It certainly has some religious overtones to it, but it goes along the lines of “to tell the truth is to shame the devil.”

And the devil that must be shamed may be many things.

The devil may be in the casual racism of a football game, and the abuse hurled at our players. The devil may be in the measurements of outcomes, such as that around health, housing, education, employment, incarceration and the like. Or the devil may be in the consequences of those outcomes, such as is reflected in lives that are shorter, less productive, and less happy.

And the devil, of course, is not just in the detail, but in how the detail is measured out in terms of who benefits, and those who don’t.

The truth can be a slippery concept, as the devil well knows.

For myself, the truth is grounded in my childhood and the sense of duty and obligation that has been drawn from personal experience. I was a direct beneficiary of the Whitlam policies that allowed us to go to boarding school under ABLT study and for my mother to gain access to a university education as a mature aged student. My mother—who could be a somewhat fierce woman when the mood took her—was in the 1980’s Director of the Centre for Aboriginal Studies at the Darwin Community College as it then was, and active in Aboriginal community affairs. My sister Ingrid and I were in our 20s, and mostly interested only with our social lives with little thought to tomorrow.

But for mum, tomorrow was a meeting at Bagot (a still impoverished and neglected Aboriginal community in urban Darwin) as part of establishing a combined organisations movement in the Top End. Mum had told us the night before that she expected my sister and I to attend this meeting despite our plans for a late night out — it was Saturday night after all! The next morning the old girl had a hissy fit insisting that we attend the Sunday meeting within the next ½ hr.

As you can imagine, facing the prospect of a long, all-day meeting in the middle of a hot wet season day in an un-air conditioned crowded room at Bagot was not pleasant—made even less so by the jobs she, as Committee member, delegated to us in terms of organising the next meeting. It mattered nothing to mum that we were dying from a lack of water and the over indulgences of the night before.

But for her, it was about “giving back” to a community—in the broadest sense—from which we benefited, and to which we had obligations and duties. The idea of “commitment” was ingrained in us by a mother whose passion for the community had always been paramount.

That “commitment” has—in some ways unfortunate-ly—been something my children have had to put up with. As Lowitja may recall, for them it meant sleeping on floors in Canberra’s parliament house during the Wik Native Title debate. It was a parliamentary experience a far cry from that you might see on television.

There were death threats delivered to my homes, and windows smashed in our offices. It was not good—I recognise—for our kids to go through such experiences. I wonder, sometimes, whether I have infected them with the same sort of “commitment” delivered through my mother now that my girls seem to have become what some might describe as ‘bleeding hearts’.

I must also acknowledge the long term support and dedicated commitment of many non-Aboriginal people — health professionals, lawyers, anthropologists, accountants and the many other individuals who work with us and our organisations.

At the other end of life for our people, childhood immunisation rates in the Northern Territory are among the highest in the nation, and indeed higher than in many non-Aboriginal communities.

Just to put this into context - the NT faces some unique challenges in terms of service delivery. Approximately 80% of the NT’s Aboriginal population lives outside the main urban centres of Darwin, Katherine, Tennant Creek and Alice Springs. There are more than 650 discrete, geographically dispersed Aboriginal communities across the Territory.

Despite these challenges recent data from the Australian Institute for Health and Welfare, documenting the “Healthy for Life” program indicates that achievements in Aboriginal health in the Territory leads the nation—and indeed the data strongly suggests the community controlled sector is largely responsible for those advances.

That is what the evidence is telling us, but these improvements, as tentative as they may appear, face major obstacles.

The first is a fundamental issue—and one that is universal—and that is a consideration of the broader
social determinants of health.

The second is a disturbing cultural gap between our sector, and that of the bureaucrats and politicians and non-Aboriginal NGOs that interact with Aboriginal communities and organisations. (Non government organisations / not-for-profits)

First things first.

The health gains, and apparent closing of the gap, may well prove transitory. In other words, we fear that the gains in life expectancy may well plateau in the near future. The evidence strongly suggests that health interventions can only account for about 30 per cent of differences in health outcomes unless the social determinants of health are confronted.

To quote a key document produced by the Aboriginal Peak Organisations Northern Territory—or APO NT:

The overwhelming body of evidence of the social determinants of health shows that our health and wellbeing is profoundly affected by a range of interacting economic, social and cultural factors. Key amongst these are:

- Poverty, economic inequality and social status;
- Housing;
- Employment and job security;
- Social exclusion, including isolation, discrimination and racism;
- Education and care in early life;
- Food security and access to a balanced and adequate diet;
- Addictions, particularly to alcohol, inhalants and tobacco;
- Access to adequate health services; and,
- Control over life circumstances.

Psychosocial factors, particularly stress and control, are critically important.

Put simply, the less control we have over our lives the more stress we experience. Stress is associated with anxiety, insecurity, low self-esteem, social isolation and disrupted work and home lives. It can increase the risk of chronic illnesses such as depression, diabetes, high cholesterol, high blood pressure, stroke and heart attack.

This evidence demonstrates that there is a social gradient of health that reflects and affects our opportunities to lead safe, healthy and productive lives for ourselves and our children.

Control is also central to a further fundamental determinant of our health and wellbeing—that of culture.

Culture is a universal aspect of human societies that gives meaning and value to individual and collective existence.

In the context of societies with dominant and minority cultures, such as Australia, the widespread and persistent suppression of minority cultural practices causes severe disruption, making our communities susceptible to trauma, collective helplessness and endemic maladaptive coping practices.

These can be passed on through the generations, as we have witnessed in relation to the processes of colonisation and past government policies such as those of the Stolen Generations.

We believe that we are also witnessing the generation of such impacts in relation to ongoing government policies, for example, the misguided, coercive approaches of the NT Intervention and Stronger Futures.

The final report of the World Health Organization Commission on the Social Determinants of Health highlighted the issues of cultural suppression and loss, social exclusion and lack of consent and control as key factors affecting Indigenous populations.

In other words, we may be at the limit of health gains in the Territory that can be achieved by our sector alone unless we seek solutions to the social determinants of health.

And that brings me to my second point about the cultural gap between our sector, and that of the bureaucrats, politicians and non-Aboriginal NGOs that interact with Aboriginal communities and organisations.

In less than a month, we will mark the sixth anniversary of the then Federal government’s Intervention into Aboriginal affairs in the Northern Territory. The Northern Territory Emergency Response, as it was known formally, has had substantial impacts on our people over that time. It’s not my task here to describe the detail of the Intervention, or indeed the ways in which the emphasis of the NTER has shifted somewhat with its re-badging as Stronger Futures.

Again, I’ll make no judgement here on the NTER in itself, but make the following points.

First, the arrival of the Intervention was nothing if not dramatic, with the use of the army as a stark symbol of the determination of the national government in its actions. The army personnel involved were not armed, but it certainly engendered considerable fear and anxiety in the early weeks of the Intervention,
As a footnote, the Government Business Managers— or GBMs—were soon nicknamed Ginger Bread Men by wits on communities. Their replacements are now known as Geckos.

Third, employment mechanisms—particularly through the CDEP workforce—were shattered, and now only exist in a rump form, with the current intention to have CDEP be allowed to wither away. Whatever one thinks of CDEP as a mechanism for people to engage in the labour market, it is difficult to imagine that such a move from work to welfare in a context where there is only a tiny market economy will be of benefit in the short term. Fourth, the introduction of mandatory, universal income control and the introduction of the Basic Card— although welcomed by some welfare recipients—has nevertheless had a major impact on the ways people use and control their money.

Fifth, the NTER—ostensibly introduced in the name of child protection—effectively demonised Aboriginal men and women. It universally painted men as violent drunks, paedophiles and consumers of pornography, and women as passive, helpless victims.

Sixth, the introduction of alcohol controls across all prescribed areas of the Northern Territory has affected all local mechanisms—legal and informal—over alcohol control. Again, while the new controls have been welcomed in some areas—along with an increased police presence through the so-called Operation Themis—there have been unintended consequences.

Many communities had voluntary alcohol restrictions in place for years prior to the Intervention. The hundred or so locally initiated “dry areas” were abolished in favour of blanket restrictions that have driven drinkers into unsafe drinking behaviours in towns and drinking camps.

Finally, there was a substantial—thus far largely unrecorded and unremarked—impact on the working lives and careers of Aboriginal and non-Aboriginal people across many work places and professions. Take, for example, those in the primary health care setting of regional and remote health clinics. The massive expenditure on child health checks, operationalised through doctors and nurses recruited from interstate that had little or little experience of the north, carried with it an explicit condemnation of those health professionals such as Aboriginal Health Workers and nurses who had been working in difficult and under-resourced situations—often for decades. It carried with it the message that they had failed to detect child abuse, and failed to deliver health services to children and others in their communities.

For many, the psychological impact has been devastating. In effect, they were being told that their careers had been rubbish.

And it is that final point that I wish to raise—although I see no ready solution.

The psychological impact of the NTER has gone by almost completely unnoticed and, as is the way of these things, is likely to play out its effects over many years.

It will affect many people over a long time. Given the thus far marginal benefits that many have experienced flowing from the NTER, we may yet see effects on people’s emotional well being that could be deleterious. Only time will tell—and thus far I see no attempts to deal what could be looming problems for a great many people.

In other words, while considerable money is being spent—some very well, some less wisely—remarkably little attention is being paid to the emotional and social impacts of the NTER and the coming program of Stronger Futures. While much is made—in the corporate and public service worlds—of “change management”, we don’t see much in the way of fostering change management in the Aboriginal communities and organisations so profoundly affected by the massive disruptions of the last half decade.

As I mentioned, one of the key “disruptions” of the Intervention has been to the viability of Aboriginal organisations in the Northern Territory—but this has not been an artefact of the Intervention alone.

In 1996 the Commonwealth Government dealt a half billion dollar cutback to ATSIC. The first programs to go from a male-dominated Commission were many outstation resource centres, along with Women’s programs.

The abolition of ATSIC itself in 2004 accelerated what APO NT in an ongoing research study has described as “the decline and decline” of Aboriginal organisations in the Northern Territory. By the time the Intervention arrived on our doorsteps, the rot had well and truly set in. While the outcomes of that research have not been finalised, the strong evidence is that the number of organisations has dropped markedly, and the capacity of remaining organisations has been dramatically compromised.

What this has meant is that, with the exception of Aboriginal health services, land management bodies and art centres, Aboriginal community driven service delivery has in many parts of the Northern Territory simply disappeared.

In its place—and this has accelerated dramatically under the Intervention—has been a rapid growth in the involvement of non-Aboriginal NGOs in service delivery to our people. Many millions of dollars has gone into resourcing what have been dubbed NINGOs—or Non-Indigenous NGOs—or BINGOs—or Big International NGOs.

So what has all this meant?

First, Aboriginal control of service delivery in many areas has withered on the vine. Despite jurisdictional, national and international evidence that community control over service delivery achieves better results, with control being a key element in the social determinants of health, for example, we have gone backwards.

Second, the massive expansion of NGO involvement in service delivery—often undertaken with scant or non-existent evidence bases—has added to this acceleration in decline of community capacity.

Third, and perhaps more importantly, it is a process which has allowed government agencies to quarantine themselves from what they too often ascribe as “risk” in funding Aboriginal organisations. The agency’s response has all too often been to protect themselves and their political masters by taking the apparently safe
way out, and hand the resources across to the BINGOs and NINGOs, whether the programs they run are effective or not.

We are all aware of the bureaucratic and corporate mantras of “risk management” and “risk aversion”. They are not necessarily bad ideas in and of themselves, but what has developed is not just “risk aversion”, but what should be termed “the doctrine of risk intolerance”.

By this I mean that nothing is done, or can be done, that might in any way shape or form come back to haunt politicians or bureaucrats at a Senate Estimates hearing or their state and territory equivalents.

It is important that Aboriginal community controlled organizations critically review and strengthen our management and governance arrangements. We need to lead and initiate reforms that will ensure that community controlled organizations are viable, dynamic and efficient, capable of delivering the best possible services to our communities.

Which brings me back to the devil of the detail, and how the devil is measured out in terms of who benefits, and who doesn’t.

A direct consequence of risk intolerance is that there can be no innovation or change, especially innovation or change that threatens the cosy relationship between governments and public servants, let alone the easy comfort of dealing with NGOs that are headquartered in the southern cities.

Risk intolerance, in fact, is a long distance from risk management—and that is where the devil in the detail lies.

The advances in delivery of Aboriginal comprehensive primary health care that I have outlined have not occurred in a climate of risk intolerance. These advances have occurred first, because they have been based on increased resources being made available to community controlled health services.

Second, they have occurred because the activities of those services have been strongly grounded in the evidence of what works well, and what does not.

And third they have occurred, because those services have developed innovative and progressive approaches across both health system design and delivery.

A key part of this, for example, has been in the development and use of Clinical Information systems. These have been used, even in our most remote services, in individual patient monitoring and recall systems, as well as the development of public health data that informs our health services in their day-to-day operations as well as in setting local, regional and jurisdictional primary health priorities. It is no accident that, as I have mentioned, that our childhood immunisation rates are among the best in the nation.

Increasingly, these data is being used at regional levels. For example, one region of the Northern Territory, in sharing data sharing data across a number of clinics, detected are worrying spike in childhood anaemia — which in turn has led to a determined focus on the condition among the kids of that region.

This small example demonstrates that our sector has fostered innovation and change. None of this would have occurred in a climate of risk intolerance—indeed the real risk of childhood anaemia may well have gone unnoticed, with obvious consequences. The devil really is in the detail!

So what I am calling for is a fundamental change in the relationship between Aboriginal service delivery in the Northern Territory and elsewhere, and the politicians, bureaucrats and NGOs who are involved in the process.

I am calling to heal the faultiness – the ‘tighteners’ and ‘straighteners’ and the inefficient, ineffective competitiveness that has developed between these groups. Increased monitoring, reporting and rigidity associated with grant management does not ensure better use of resources and improved accountability – it simply increases the costs of delivering the service.

In the late 1990s and early 2000s, there was a significant expansion of Aboriginal community controlled primary health care in the Northern Territory with the establishment of the Katherine West, Tiwi and Sunrise health boards. These services came about not because of Aboriginal-specific funding, but through innovative—dare I say risky—approaches contained in what were known as Coordinated Care Trials. Each of these organisations ran trials that were measurably very successful—and indeed in evaluations of the Coordinate Care Trials, were far more successful than similarly funded trials run by non-Aboriginal health services. The measure of that can be seen in that two of these health services—Katherine West and Sunrise—still prosper, and deliver high quality services to their people.

However, one service—the Tiwi Health Board—failed. It did not fail because it was not delivering high quality services, but because of financial mismanagement of which the Tiwi people were largely ignorant of, and certainly not responsible for. The reason why the Tiwi Health Board was dismantled was because of risk intolerance by governments of the day—from both sides of politics—were unwilling to continue down the path of community control because of the risks it might engender to the bureaucrats and politicians responsible for what occurred. It is no accident, in my view, that the investigative report into the Tiwi Health Board collapse has never been made public.

What the events surrounding the collapse does say is that governments have been risk intolerant ever since to actively encouraging and facilitating community control since then. In the last decade there has been only one new community controlled health service estab-
lished in the Northern Territory—and it is still a significant distance away from being an active service deliverer; and in the last decade there have only been two remote clinics handed across to community control.

What has changed is risk intolerance. In the development of Tiwi, Katherine West and Sunrise, both Commonwealth and Territory public servants were actively engaged in finding solutions wherever obstacles arose, and were enthusiastically engaged in innovative approaches to change.

That spirit must be revived if we are to improve health outcomes.

During that same period, to the extent politicians were aware of developments in community control at all, they were supportive of such initiatives. In a little known episode in the late 1990s it was a Northern Territory CLP health minister, Steve Dunham, who directly intervened in the successful development of the Sunrise Health Service in the face of bureaucratic obstruction.

In other words, it can be done.

The politicians and public servants can be agents of innovation and change if they abandon risk intolerance.

Similarly, the response of NGOs to the last decade or so of reaping the benefits of government funding into Aboriginal service delivery must also change. Both I in my former role as Coordinator General in the Northern Territory, along with my Commonwealth counterpart Brian Gleason, strongly focused on this trend, and the deleterious impact it was having on Aboriginal community and organisational capacity.

More importantly, the Aboriginal Peak Organisations Northern Territory, in partnership with ACOSS, NTCOSS and National Congress have developed a set of key principles that will guide participating NGOs in their relationships with Aboriginal service delivery. These principles were developed as an outcome of a major meeting of local, national and international NGOs held in Alice Springs in February this year, and have now been distributed for endorsement within the NGO sector.

In short, these principles cover principles of not competing with Aboriginal organisations for funding and resources; in building independent capacity in Aboriginal organisations that they partner with; and in having an exit strategy to allow Aboriginal organisations to take over service delivery.

I am told that, at the end of this week, some major NGOs will be announcing their endorsement of the APO NT principles at the NTCOSS annual conference.

In other words, this can also be done.

Risk intolerance cannot be part of Closing the Gap. The public sector, and their political masters, must engage with Aboriginal organisations in a renewed spirit of innovation—and the capacity to take the occasional risk that was seen with the establishment of Katherine West and Sunrise. This means a structural reform in government approaches to Aboriginal organisations and communities.

I am tired of the media and public commentary that is of the view that the only Aboriginal people with intellect and ideas are those with a public profile—profiles which those same media outlets and public commentators have created. It’s another form of risk intolerance—you get the views that you have cultivated and expect.

It is a disservice to those who contribute daily at the coal face of service delivery. It is a disservice, as well, to the notion of working from an evidence base, and analysing what works—and not what opinion leaders think might work. For example, early childhood development and well being has been at the forefront of concern within the Aboriginal community controlled health movement for decades, along with issues such as child neglect and abuse. Aboriginal health services have been campaigning for increased resources many, many years before the Intervention.

But instead of investing in what we know works, such as the nurse home visitation program, the Intervention saw an army led home visitation program. Instead of providing resources for parenting and family programs, which we know work, at far greater cost we have politicians pushing for compulsory adoption of our kids. Instead of controlling the supply of alcohol through mechanisms that are internationally proven, such as floor prices on alcohol, we have so-called leaders that tell us that grog and gambling should be protected as an integral part of our Territory lifestyle.
I said at the beginning of my remarks this evening that “to tell the truth is to shame the devil”. I’m not getting all religious on you—don’t worry—but telling the truth is not the full story. There is also the Ninth Commandment about not bearing false witness—in other words—not lying.

In our dealings with politicians and public servants, falsehoods are too often the order of the day, and therein lies one of the major fault lines in improving Aboriginal health. We have to be honest with each other, and not hide behind the doctrine of risk intolerance.

If we are to achieve real change, we must act on the evidence—in other words the truth of what works, and what does not.

But, as I said, the truth is a slippery beast.

Thank you.

*Healing the Fault Lines: uniting politicians, bureaucrats and NGOs for improved outcomes in Aboriginal Health, Olga Havnen, CEO Danila Dilba Health Service. 28 May 2013.*

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**Voting for A Just Society**

Monday, 17 June 2013

UnitingJustice, a unit of the Uniting Church in Australia Assembly, has publicly launched its Federal Election resource, *A Just Society: Your Faith, Your Voice, Your Vote* in Canberra this week.

Rev. Elenie Poulos, National Director of UnitingJustice, said that the resource is an expression of Christian faith and hope, focussing on the good of all people and the planet.

“This resource is a call for all Christians to raise their voice and share in the Church’s vision for a just society. As Christians, we have a responsibility to think carefully and cast our vote with the needs of the most vulnerable in mind.”

A Just Society is an invitation to Uniting Church members and others to consider the values which underpin the policies of political parties and candidates in the upcoming election. It contains materials to assist Church members in identifying the important issues facing Australia, and invites them to listen to politicians and political parties with discernment.

The resources include a range of issues papers and hot issues briefs on topics including asylum seekers, aged care, climate change and human rights as well as an election toolkit with ideas for how to get actively involved in the local community and with local candidates. “This is a time when many are disappointed in the lack of vision and passion in the current political climate,” said Rev. Poulos.

“As Christian voters we can make an impact before, during and after the election – sharing and working for a vision for the future of our country that arises out of a deep and abiding Christian hope.”

“We seek a country that lives out its concern for those who live in poverty and those who are sick and isolated. We hope for a country which is built on compassion and generosity and where all people are treated with dignity and respect. Now is the time to remind our political leaders that we care about these things.”

UnitingJustice is the justice policy and advocacy unit of the Assembly of the Uniting Church in Australia, working on issues of social and economic justice, human rights, peace and the environment. It supports the Church in its response to contemporary social and political concerns and is an expression of the commitment of the Assembly to engage in public life as it seeks to live out the gospel in the world.

The 2013 election resources can be found online at [www.unitingjustice.org.au/election2013](http://www.unitingjustice.org.au/election2013)

*Rev. Elenie Poulos addresses the media at Parliament House in Canberra*
Aged care dirty work done dirt cheap

Michael Mullins | 28 April 2013

The Federal Government's $1.2 billion plan to lift the wages of aged care workers from July is in danger of collapsing. This is due to employer dissatisfaction with an increased role for unions, and frustration that the package falls short of the Productivity Commission's recommendations for aged care reform.

The ageing of the population will require the size of the notoriously underpaid workforce to treble by 2050, and the Labor Government is offering to contribute towards pay rises above the award wage. But the industry is unhappy with the condition that employers sign up to enterprise bargaining agreements, which is deemed necessary to ensure that employers do not pocket the funds.

An industry body argues that the plan discriminates against the 65 per cent of the aged-care sector that are small and standalone providers, with nearly half the large Catholic component of the sector unlikely to sign up. But inaction that leads to failure to reach an agreement to secure the earmarked funds amounts to discrimination against one of the most vulnerable groups of the population.

What is often regarded as 'basic' nursing care is actually a demanding and complex role, dependent upon both an often unrecognised level of skill and discretion on the part of the worker. As Sydney University health educator Professor Mary Chiarella argues, these workers are invariably the ones who make or break the dignity of a person in aged care, by how sensitively they choose to perform their role.

Despite what those who don't do this work might think, it is not basic — it is extremely psychologically complex. Cleaning patients who are soiled with excreta, blood, or vomitus, who feel ashamed of themselves for being 'dirty' or for 'losing control, and restoring both their hygiene and their sense of self worth in the process, requires the highest order of skill.

Chiarella describes much of what nurses do as 'invisible', performing the most private of functions for a patient, such as washing genitalia. Nurses do things which have the potential to strip patients of their dignity, but most of the time they choose to enhance it. Managing sensitive issues to do with the body is not given the same status as a psychiatrist handling sensitive issues of the mind, because it is considered 'dirty' menial or domestic work.

As is the case in many workplaces, there is an important link between pay and performance. If the workers are treated with dignity, they are more likely to treat the patients with dignity, which is what aged care is all about.

It's time to step up negotiations. Wage increases for aged care workers should not be allowed to become yet another laudable but failed Gillard Government initiative that an incoming Coalition government refuses to countenance because of its stated commitment to fiscal responsibility.

The dignity of older Australians is not expendable.

A Farmer’s Creed

by Dan Senter

My daughter runs a small family farm in the rolling hills of Vermont. In early spring, even while the snow is still on the ground, her rickety old front porch turns into a plant nursery as big wooden planks are attached to the walls and flats of vegetable starts all find their place in the sun.

Tenderly she presses seeds into the soil of each small container. With time and patience, each cup cradles a longing for bountiful harvest. Each seed a gift of life that will, within the dance of sun and soil, take root and offer its fruit to nourish her world. If you can pay attention, it is a moment filled with the essence of life.

There is however, a lot of pressure to get things going. A good quick start will get the roadside farm stand stocked and generating income, fill CSA boxes for delivery, and create the bounty needed to survive as last year’s canned goods run thin. There is a mountain of pressure to hurry. And yet, before she places the vegetable starts on those thick wooden planks, she pauses and takes a deep breath of time to write some words of longing, words of hope, words of trust onto one of those old wooden planks.

Words that are a thanksgiving for the relationship that is about to unfold. Words that capture some of the mystery of life’s gift. Poetic words that will linger beneath each small start that now rests within the nursery. Those words...

They are the farmer’s creed.

A credo, the language of faith, the words that entrust one life to another; this is the way we construct a creed for our time.

It is the speaking of language that can bind us to the very gift of life wherever we find it. When I was growing up, we stood in the heart of four concrete walls, some stained glass and an eternal flame, and spoke ancient creeds that created a world apart from our own. Today, my daughter scratches language beneath the very soil that nourishes her family.

I may be biased, but I think Jesus was probably doing something similar until organized religion got in the way. He spoke a poetic language written beneath the lives of the farmer, the beggar, the widow, the fisherfolk, the wedding. And yet, to this day, church people continue to integrate ancient creeds into their collective expression of faith in a way that seems to give some assurance that we have mastered some world beyond our own.

Was Jesus really describing a metaphysical world, or helping us understand the one in which we live? Sometimes I wonder if we might be better off to put a shelf life on a creed so that we take caution before we swallow it whole. Especially if it’s been around a while.

I would much rather listen to the poetry that can help me pause and find myself held in the wonder, the pain, the grace and the mystery of the life that I live, than a complicated narrative dripping with theological code language.

Maybe I need my own farmer’s creed. When the seedlings grow strong enough to enter the furrowed rows of rich soil, those heavy planks get thrown behind the garage until next year. Over the long cold winter, the words will slowly dissolve beneath the falling snow. Come spring, a new credo will need to find its way onto a wooden plank. The circle of life will fulfill its promise and my daughter will pause to mark her family’s place within the dance.

This is the Farmer’s creed.

What credo will you write beneath the gift of life?

http://progressivechristianity.org/resources/a-farmers-creed/
Grateful

By Merilyn Tandukar

Each morning, Lord,
You tend to me,
Placing sunbeams on my cheeks,
Give me fresh air to breathe,
Soft bird calls in my ear.

At noon,
Show me flowers full blown,
Green grass to walk upon,
A hand to hold,
A friend who will listen.

In the twilight,
While shadows form,
In the clouds of pink and gold,
Bright rays of a setting sun,
You comfort me.

In the dark of night,
When fears and demons gather,
Then all around me like a shawl,
Of the warmest enfold ing,
You bring love.
Reflection

If I was a work of art... This prompt inspired a young poet who has since inspired us and perhaps will encourage you, too!

If I was a work of art
I would be a picture of the wind
blowing fast.
The wind, sort of light blue,
really hard and strong.
I would be blowing away
from hatred,
blowing toward love.
When people see the picture
they would know
I was going the right direction
instead of the wrong one.

Anthony Manago
3rd Grade
Thorndyke Elementary After School Program
Writes of Passage Poetry Class with Vicky Edmonds
May 2003

We invite you to share this poem & questions with someone:

If you were a work of art, what would you be?

As with all poems, the words are so wise, how does knowing the poet was in 3rd grade affect you?

What would your inner 9-year old say to you today?

We want to hear from You!
Email your articles and ideas for the next issue of Red Wings to stjames.uca@gmail.com
What it says about us when we leave bodies in the sea

'Inhumanity, it is clear, is a trait specifically restricted to the human race' - Robert Spaemann

Nobody seems to know who lies floating in the sea 65 nautical miles or so from Christmas Island. Who will claim them? They are, after all, dead. They are no longer part of the human race. To leave their remains drifting in the sea is not to cause them any further suffering.

They cannot be afraid anymore; they cannot be further exiled; they cannot have their possessions taken from them; they cannot be subject to torture. It seems entirely reasonable to make the decision, in the light of everything, to leave their bodies to founder, decay and slowly disappear. The sea itself will dispose of them. The decision by the authorities to leave the bodies in the sea is entirely understandable: there were other priorities. But something feels not right about this.

It is fundamentally human to show respect for the bodies of the dead - not that we can necessarily account for this feeling in simple terms.

Even the Neanderthals, so it is said, buried their dead. For the Egyptians, the rituals associated with the preservation of the body ensured a smooth passage to the afterlife - for those who could afford it, at least. Are there more extraordinary monuments to the human regard for the dead body than the tombs of the Pharaohs - those great prisms of light on the plains of Giza? The Romans and Greeks were aghast at the thought of an unburied body; but regarded death and the dead with horror, not hope. For them, proper treatment of the body was necessary to release the soul from its fleshy prison. There's that horrible scene you might recall from the Iliad where Achilles drags the body of Hector around the walls of Troy from his chariot as a sign of his utter contempt for the Trojans. He rubs their noses in the taboo.

For the Jews, a dead body was unclean and untouchable (Numbers 19:16), which was ironically a way of ensuring the body of the dead person was treated with great care by the living. It was thought a great curse to have one's body lie unburied and exposed to the ravages of the wild animals. The women who came to anoint Jesus' body in the tomb were treating him with reverence and tenderness. The demoniac that Jesus met in Mark 5 lived among the tombs, cutting himself with stones. He was effectively dead, cut off from the land of the living. This makes Jesus's insistence on touching the dead bodies of Jairus' daughter and his friend Lazarus quite astounding. Jesus did not fear the dead, and they did not contaminate him. His own bodily resurrection from the dead signaled the Christian hope for the ongoing identity of a person with his or her own body. The body is not a prison to be released from, but is the person in a profound sense.

The early Christians, because of their belief in the resurrection of the dead, were happy to meet in the catacombs, amongst their dead. And then, to build churches surrounded by graveyards. We moderns would be spooked by that, I think. But it was a natural consequence of a belief that death is only temporary, and that a reunion with the dead is to be expected.

Post-Christian secular culture still treats the bodies of the dead as 'sacred' in a quasi-religious way. We would think of it as a desecration of the personhood of the dead person if we treated them with disrespect. So, you can leave your body to science, but when we hear about med students joking around with severed hands or whatever, we are still horrified. Then there's the longing of the parents of the missing child to know where her remains are. On a purely materialist reading, why is that? There's something about the remains of the dead belonging with us, as if disposing of their bodies and knowing where they are keeps them in community with us somehow. We spend millions on identifying the remains of WWI soldiers lately dug up out of the mud of France so that their descendants can know what happened to them.

So what of the bodies floating around Christmas Island? Our humanity itself tells us that their bodies are in some way 'them'. The neglect of their bodies is straightforwardly neglect of them. They were rootless and homeless. Even now there is some lack of clarity about which ethnic group they were from (I understand they were Afghan Hazaras, a Shiite minority oft persecuted by the Taliban). There is no-one to mourn for them and so their bodies aren't worth collecting from the sea. They did not belong; and so they do not belong. They are unknown; and so, they are ungathered.

But the gospel of the resurrection tells us something more, too. It tells us that their bodies are not beyond the God who made their bodies. They are not beyond the scope of the one who promises that at the final day there will be what theology calls a general resurrection of the dead. All human beings are united at least in this destiny. It tells us that ‘our’ dead are not just those who belong to the community that defines me ethnically. All human beings are ‘our’ dead. They, whoever they are, are ‘our’ people. They are ‘known unto God'; and thus, worthy of our respect as fellow bearers of his image. I am simply sad about the loss of this boat. These are people who I don’t know. But there’s something about these unwanted, stateless, desperate unburied people, who died beyond the borders of any state and with no-one to care for them, that moves me.

'Am I my brother’s keeper?' said Cain, as he fled from Abel and denied responsibility. The corpses floating off Christmas Island cry out from the sea... Surely the answer to the question is 'yes: I am my brother's keeper'.