Notes

CHAPTER 1

1. To protect privacy, all names are pseudonyms.
2. As proper adjectives describing a group of people, the words "Indigenous" and "Aboriginal" are capitalized.
3. There is no doubt that remote area clinics lack the resources of those in urban centers, but they are capable of treating most common ailments. While poor Indigenous health can be partially attributed to limited access to medical facilities and staff, I do not believe that this alone is capable of accounting for the significant difference in health disparities.
4. Yuendumu, a Warlpiri community in the southern Tanami, was established three years earlier. For additional details on the settlement of the region, see Chapter 2.
5. Consequently, most outstations and land claims are to the south of the community.
6. Warlpiri residents often asserted that there was not a single Aboriginal nurse or doctor in the Northern Territory.
7. Latz (1995, 62) has recorded over seventy plant species as being utilized for healing purposes, one-third of which can be found in the *Acacia* or *Eremophila* genus.
8. Heil and Macdonald (2008, 314) report similar responses in New South Wales.
9. As a non-Aboriginal anthropologist researching Aboriginal responses to illness, it was necessary to position myself within each of these groups. While I spent the majority of my time with Warlpiri people, it was also important that I maintain a social relationship with the non-Aboriginal nursing staff.
10. Gilligan (1997, 192) defines structural violence as "the increased rates of death and disability suffered by those who occupy the bottom rungs of society, as contrasted with the relatively lower death rates experienced by those who are above them."

CHAPTER 2

1. I believe George was referring to the work of Humphery, Dixon, and Marrawal (1998).
2. Despite the nutritional value of bush foods, dietary changes must be supplemented with increased exercise if morbidity is to be reduced (McDermott et al. 2000).
3. In Lajamanu, few residents live permanently on outstations. Those who do spend time at an outstation often prefer to move back and forth between the community and the bush.
4. Although the shop is technically owned by the community run Lajamanu Progress Association, grievances often stressed that the manager and senior staff were invariably non-Aboriginal.
5. Although accusations of price fixing have been recorded in other Aboriginal communities (Stewart 1997, 112), excessive price inflation seems doubtful as most stores show poor economic performance, producing only minimal profits (Young 1995, 231).
6. This expression is used not only in Lajamanu, but elsewhere in the Northern Territory. The origin of this phrase is obscure and there is no shortage of folk etymologies. On one occasion I was told that it simply referred to being low on money and food. On another occasion, I was informed that it was "Milo week," referring to the Nestle® chocolate malt powder that is often mixed with milk or water: "We don't have any money so all we can have is Milo."
7. A survey of 3906 Aboriginal homes in the Northern Territory found that only 38 percent had facilities that would allow residents to prepare food effectively in the house, such as stoves, ovens, and water taps (Bailie and Runcie 2001, 366).
8. Obtaining transport to hunt and gather is a challenge for Aboriginal people throughout the Northern Territory (Beck 1985, 84; Povenelli 1993, 183; Tregenza and Abbot 1995, 19).
9. Similar constraints also affect the use of outstations.

CHAPTER 3

1. During the summer months, boys are initiated into manhood through sacred ceremonies in which the community participates.
2. The roles and abilities of Aboriginal healers have been examined anthropologically (Berndt and Berndt 1974; Cawte and Kidson 1964; Elkin 1994;

Gray 1979; Meggitt 1955; Spencer and Gillen 1904; Tonkinson 1978) and within the context of health care initiatives (Beck 1985; Devanesen 1985; Nathan and Leichleitner 1983; Taylor 1977; Tonkinson 1982).

3. Ethnographers have consistently reported that traditional Aboriginal healers lead a normal life without special privileges or status aside from their role in curing disease (Cawte and Kidson 1964, 977; Elkin 1994, 13; Mobbs 1991, 313; Tonkinson 1978, 107).
4. Meggitt (1955, 390) notes that each healer possesses several *maparnpa*, the substance that he says provides the ability to heal. In Warlpiri, *maparn* is a synonym of *ngangkari*, although the former is used far less frequently.
5. Cawte and Kidson (1964, 949) also record that *maparmpa* (healing power) is characterized by "animal qualities."
6. While both *ngangkari* and *jarnpa* are male, most people stated it was rare for one individual to possess *nguwa* and ensorcell others.
7. Over a hundred years ago, Spencer and Gillen (1904, 481) recounted the story of a man in Alice Springs losing his power as a result of drinking hot tea.
8. Top Springs Roadhouse and Katherine, approximately 300 and 600 kilometers distant, are the closest legal sources of alcohol.
9. Sorcerers have been described as part of the cosmologies of Aboriginal people living throughout the Central and Western Deserts including the Warlpiri (Cawte and Kidson 1964, 981; Meggitt 1955, 382-386), Kukatja (Peile 1997, 137), Mardudjara (Tonkinson 1978, 61), and Arrernte (Nathan and Leichleitner 1983, 78).
10. Elkin (1994, 50), Meggitt (1955, 387) and Tonkinson (1978, 111) note that beliefs regarding soul stealing were common in many parts of Australia.
11. Dreams commonly reveal the cause of sickness, particularly if sorcery is involved. Anthropologists have documented similar beliefs throughout the Western Desert (Dussart 2000; Elkin 1994, 40; Peile 1997, 116; Poirier 2005; Tonkinson 1982, 232).
12. Similarly, Schwarz (2010b, 67) notes that assertions of sorcery are increasing in Galiwin'ku where residents cited the rising rate of illness in the community and the high population density—thought to result in a higher number of interpersonal conflicts—as proof.
13. Throughout Central Australia, Aboriginal groups possess similar beliefs regarding ancestral spirits and ghosts (Cawte and Kidson 1964, 980; Meggitt 1955, 398; Nathan and Leichleitner 1983, 75; Peile 1997, 93; Tonkinson 1978, 86).

CHAPTER 4

1. The choice of treatment options based upon the diagnosis of spiritual or physical causes is described as occurring elsewhere in Australia (Gray 1979, 172; Nathan and Leichleitner 1983, 138; Tonkinson 1982, 239).
2. Gender issues surrounding clinical treatment of rural Aboriginal people are well documented (Bell 1982, 205; Devitt and McMasters 1998, 144; Eastwell 1973, 1015; Maher 1999, 232; Mobbs 1991, 317; Morgan, Slade, and Morgan 1997, 599; Nathan and Leichleitner 1983, 150; Tregenza and Abbot 1995, 26).
3. SLE patients in the United States, Canada, and the United Kingdom also used alternative medical therapies at higher rates than those without the disease (Moore et al. 2000).
4. It has been reported that patients have a tendency to consult the clinic immediately after being treated by a *ngangkari* in other regions of the Northern Territory as well (Cutter 1976, 38; Willis 1985, 28).
5. When an airplane is dispatched from Katherine to Lajamanu, it takes approximately an hour and a half to arrive. A nurse from Katherine accompanies every flight in the event that care is required en route. The rates of evacuation from Lajamanu vary from one every twenty days to over seven a week. Evacuations are provided free of charge to patients.

CHAPTER 5

1. Examining Navajo communities, Evaneshko (1993) notes that Native Americans tend to ignore or view as irrelevant many of the symptoms of diabetes.
2. Research has shown that noticeable symptoms were one of the main reasons Aboriginal people in the Northern Territory sought help in controlling diabetes (Scrimgeour, Rowse, and Lucas 1997, 48).
3. A lack of verbal confrontation does not indicate that either nurses or patients were satisfied with the experience or outcome of the consultation.
4. These attitudes are echoed by health advocates. Saggers and Gray (1991, 146) note that nurses can "have paternalistic if not racist attitudes."

CHAPTER 6

1. In 1953, mixed race individuals were given citizenship and allowed to work in hospitals. However, the majority of Aboriginal people in the Northern Territory did not benefit from this legislation (Kettle 1991, 2:290).

2. Basic skills included applying a simple dressing and sling; bandaging; taking a temperature and pulse; urine testing; hemoglobin estimations; controlling bleeding; resuscitation; treating animal bites, burns, fractures, eye injuries; identifying diarrhea, colds, STDs, urine infections, skin infections, malnutrition; administering injections; storing medicines; evacuating a patient; taking blood; possessing general nutrition information; and being able to drive, use a telephone, and a radio (Northern Territory Department of Health 1983).
3. Due to the social discomfort of working in a primarily female space with female supervisors, there is a higher turnover rate among male Aboriginal Health Workers throughout the Northern Territory (Tregenza and Abbot 1995, 20).
4. This issue seems to have persisted for over twenty years (Soong 1981, 186). Tregenza and Abbot (1995, 42) report that because most nurses assumed Aboriginal people would abuse usage privileges, possibly damaging the vehicle, nurses generally refused such requests, regardless of reason. Surveys show Aboriginal Health Workers feel this response is unfair (Josif and Elderton 1992, 55).
5. *Rdaka-rdaka wankami*, or literally "hands talking," is a comprehensive form of non-verbal expression, which is used most often when communicating over a long distance, hunting, during special ceremonial times, or mourning periods (Kendon 1988).

CHAPTER 7

1. Evaluators found that the program had not been put into action, little money had been allocated, local community involvement was non-existent, and it seemed that no one was accountable (Bhatia 1995, 8). The review made its own recommendations but these goals were also not implemented.
2. Examples include the *Aboriginal Health and Families: A Five Year Framework for Action* (Northern Territory Department of Health 2005) and *Closing the Gap between Indigenous and Non-Indigenous Australians* (Northern Territory Government 2007).
3. Environmental issues include: the supply of clean water and disposal of effluent and sewage; the control and dispersal of rubbish; the safe supply of electricity; the supply of cooking and heating fuel (wood); dog disease control; the maintenance of public health standards in public utilities (communal ablutions, stores, food outlets); dust control; reforestation and land management; the supply, maintenance, and repair of all health hardware

(e.g. functioning and hygienic bathrooms, laundries, toilets and kitchens); supply and maintenance of clean and dirty water; safe electrical fixtures; access to shade, wind and dust protection; house fencing; and household safety around the home and living area (Tregenza and Abbot 1995, 35).

4. This statistic includes participants in the Community Development Employment Program.
5. It is estimated that at least twenty serotypes of pneumococcus and fifty strains of non-typable *Haemophilus* are present in Aboriginal communities, far more than would be found in Darwin (Mathews 1996, 31).
6. In addition, individuals do not react uniformly to health messages or react in the way health professionals intend (Heil 2006, 106). Men's responses can differ from women's as can those of younger and older individuals.