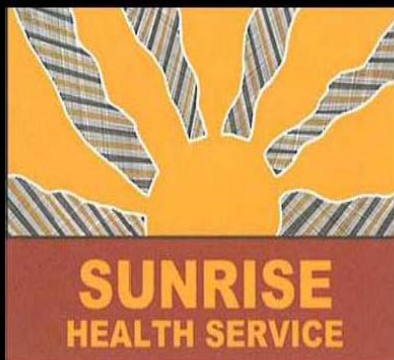


“Caring bla melabat femili-caring bla melabat kantri “  
SUNRISE ABORIGINAL MALE HEALTH SUMMIT 2009



# *BLEKBALA FATHAWAN HELTH SUMMIT 2009*

The Katherine Region Communities for Children Initiative  
*The Communities for Children Initiative is funded by the  
Department of Families, Housing, Community Services and Indigenous Affairs*

## *Summit report*



***“Prevention not intervention !”***

*The Sunrise Aboriginal Male Health Summit will seek to strengthen male’s capacity to engage positively with family and community through addressing the issue of male health and the role of Indigenous males in family, community and wider society.*

***“CARING FOR OUR FAMILIES-CARING FOR OUR COUNTRY”***

**Banatjarl Healing Centre Katherine NT June 29-July 2 2009**

# 1. Summit Statement from all delegates



Over 100 Aboriginal males created and supported this statement



Warren Camfoo Jnr and Justin Miller

## ***Banatjarl Statement “Prevention not intervention!”***

*We the Aboriginal males from Katherine East Region gathered at Banatjarl on July 2 2009, make the following statement:*

We are proud Aboriginal men, proud of our culture and to achieve our vision we call on the Australian Government and the Northern Territory Government to reform the intervention, reinstate the Racial Discrimination Act and reduce the barrage of complex and contradictory changes that are disempowering Aboriginal males, resulting in “widening the gap” in Aboriginal male health and severely impacting on the lives of our children, families and the communities in which we live.

We resent that the Government has allowed the media to portray all Aboriginal men as paedophiles, and subjected us to unwarranted suspicion - we love our children and our families – we are human. We call on the Australian and Northern Territory Government to join us in the outright rejection of this practice

We feel fearful that we are misunderstood in our natural loving actions, and this stops us fulfilling our roles as fathers, uncles, brothers, grandfathers and carers.

We have developed strategies, networks and recommendations to ensure our future roles as men in caring for children in a safe family environment that will lead to a happier, longer and healthier life that reflects opportunities experienced by the wider community.

*Spoken at summit by : Warren Camfoo Jnr and Justin Miller (above picture right)*

# About this Report

This summit report has been prepared by the Sunrise Aboriginal Male Health team with the support of the summit facilitators and delegates.

It is essentially a recording of the information exchanged, the issues raised and the recommendations generated from the summit workshops.

But most importantly it is all about developing an action plan to monitor in the long term the government's and communities responses and commitments to our recommendations to address the underlying social and environmental factors contributing to child abuse.

## Part 1– Report-An ongoing action plan that “will not gather dust”

We have summarised all the summit recommendations and issues discussed by

- 1.Listing all workshop issues
- 2.Developing and submitting recommendations.
- 3.By getting the government to action our recommendations.
- 4.Measuring the progress of governments and community actions.
- 5.Set up review mechanisms to monitor implementation

## Part 2 –Working notes (available to delegates only)

### COPYRIGHT

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**Report:** Researched and designed by Colin Cowell (left) and John Paterson on behalf of the Sunrise Male Health Steering committee.

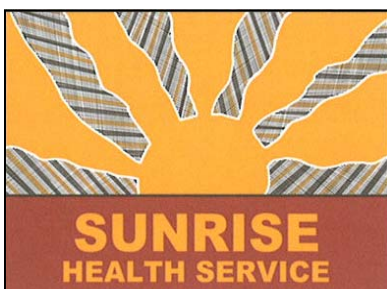


We welcome your feedback and your help in distributing this document.

### Explanation use words Male–Men--Man

At the summit and in its subsequent reports it was agreed that the preferred descriptor was “male” rather than “men” or “man” so as to avoid confusion about “men” as initiated males.

### PUBLISHER CONTACT



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**Welcome to this summit from:** Shane Wing

Sunrise Male Health Program Coordinator

*(It was Shane's vision to bring the Region's males together to find solutions !)*

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*Hon. Warren Snowdon -Member for Lingiari*

*Dr. Ahmed Latif -Medical Director Sunrise Health Service*

*John Paterson– CEO Aboriginal Medical Services Alliance NT*

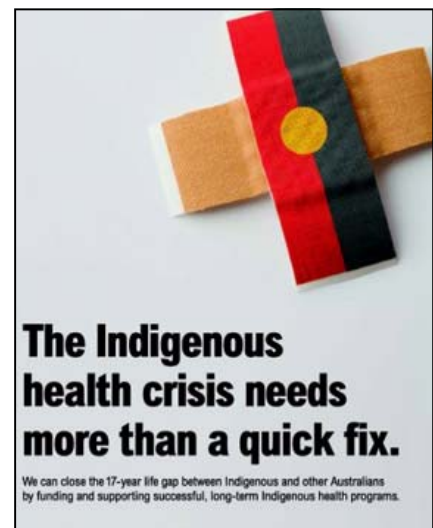
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### *4. Key summit recommendations 1-23*

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2. FAMILY WELLBEING
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4. COMMUNITY WELLBEING
5. EMOTIONAL WELLBEING
6. CULTURAL WELLBEING

### *6. Acknowledgements-Staff and facilitators*





**Statement from:** David Lane

President: Sunrise Health Service Aboriginal Corporation

*Banatjarl: There is no better place to start the journey on the road to good health.*

On behalf of the delegates from the Sunrise region we are proud to present this report after the successful completion of the Sunrise Aboriginal Male Health Summit

The Summit was held at Banatjarl over three days and three nights and provided an important opportunity for over 100 Aboriginal Males from the Katherine East Region to gather and examine issues of importance and significance that are impacting on their lives, and their future. Banatjarl is a proposed “healing place” for Indigenous people set aside by the Jawoyn traditional owners and open to groups of Aboriginal people to take time out and to reflect on their situation. There is no better place to start the journey on the road to good health.

Key recommendations arising from the Summit reflect the wisdom of those involved

Recommendations included a call for a territory wide Aboriginal Male Health Summit. Generally the recommendations are benchmarked around ways to improve and move forward other key outcomes arising from the Summit include a call for constructed pathways into real jobs, real training, and real wages. The recommendations will also be made available to the Northern Territory Government about their new Outstations Policy and 20/20 targets – *Working Future*

The voices of Aboriginal Males must be expressed, heard and listened to, to enable the steps to be taken, to move forward towards reconciliation, heal and build positive futures. Sunrise saw the need for the opportunity for men living in the Katherine East Region to be able to come together and discuss health issues; including physical, family, economic, community and cultural wellbeing, and future directions.

Principle outcomes from the Summit include the Banatjarl Statement – which amongst its recommendations, calls on the Australian and Northern Territory Governments to reform the intervention and immediately re-instate the Racial Discrimination Act with full integrity and to reduce the disempowering effects of the intervention resulting in “widening the gap”.

One of the themes of the Summit – Prevention not intervention is a statement in itself and reflects on some impacts of the intervention.

We acknowledged that the opportunity for the men to share experiences and ideas would not have occurred without the support of the Office for Aboriginal and Torres Strait Islander Health, the Katherine Region Communities for Children Initiative facilitated by The Smith Family and Good Beginnings Australia and funded by the Department of Families, Housing, Community Services and Indigenous Affairs along with the valuable cultural and camp sponsorship of Jawoyn Association.

The Sunrise Aboriginal Male Health Summit – Katherine East Region marks a noteworthy event for Katherine and beyond – it also builds on a strong history and marks the twenty first anniversary of the Barunga Statement.



**Welcome opening remarks from:** Wes Miller

CEO Jawoyn Association-Traditional owners of Banatjarl

***“This is our chance to change things. Make sure you have your say.”***

Dear Countrymen, We live in stressful times.

Never before have we been faced with so many challenges all at the same time.

The Howard government brought in the Intervention. The Intervention brought in Income Management and the Basics Card. It took away CDEP and then brought it back.

The NT government at the same time closed down the local government councils and brought in the Roper Gulf Shire. The NT Government is proposing major changes to the way it funds outstations or homelands. Everywhere we look the Australian government and the NT government want to change things. But they don't know how to do it properly.

The Australian Government used the Intervention as an attack on Aboriginal males. That's why it was implemented. Income management, extra police, tighter laws on alcohol, drugs and pornography. It was all about us. It wasn't about saving the kids.

The Howard government allowed the media to portray us as paedophiles, wife bashers, drunks, sexual deviants so that it could look good coming in with the army and extra police to grind us into the dust. As if we were terrorists or something.

But we can't let that perception to continue. We need to make a stand – have our say. The government hasn't listened to us because they think we are the problem.

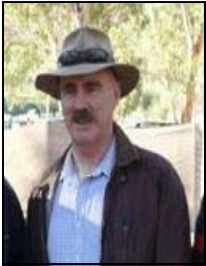
We need to prove them wrong. Come up with some good ideas that they haven't thought of. The Intervention has a big bucket of money to spend. A lot of money has been spent already but nothing much has changed. It's been wasted. We need to make sure some of that money goes towards improving the lives of Aboriginal males.

We make up most of the prison population. We die younger than anyone else in Australia. Our unemployment rate is the worst in the country. Our quality of life is the lowest in Australia.

How do we make things better for ourselves as Aboriginal males? Over the next couple of days we need to speak up. Put together a good story on paper to give to the Australian Government and the NT government about what we need.

***Countrymen, this is our chance to change things.***

***Make sure you have your say.***



**Response from:** Hon. Warren Snowdon Member for Lingiari

Minister for Indigenous Health,  
Rural and Regional Health and Regional service delivery

*Represented at the summit by Jack Crosby*

The Hon. Warren Snowdon MP, at the end of the summit congratulated the leadership shown by the Aboriginal men who have participated in the Men's Health Summit at Banatjarl near Katherine.

"I am told this Summit has built on the important work undertaken at Inteyerrkwe, Ross River Aboriginal Male Health Summit in July last year," Mr Snowdon said.

"The determination of these Indigenous men to tackle the hard issues confronting Aboriginal communities and to take action to improve their lives, their families' lives and their community, sets an example for us all.

"The health of Indigenous men is significantly worse than for any other group in Australia, with an average life expectancy of only 67.2 years - some 11.5 years less than non-Indigenous Australian males.

"This Summit and its workshops were about men taking steps in their own lives to change that.

"I applaud the commitment and integrity of these men who, like the majority of Indigenous men, have worked, and are working, to improve the wellbeing of their people.

"I also welcome the emphasis the Summit placed on the next generation of Aboriginal leaders.

"Young men will need to lead the fight to close the gap demonstrated in the figures released in the Overcoming Indigenous Disadvantage Report.

"I look forward to working with these Aboriginal men and others like them on issues related to Indigenous health, men's health in particular.

"I congratulate Sunrise Health and the Jawoyn Association who planned, organised and successfully conducted the Summit for what was, to all reports, a job well done,"

### **Recommendation 1 – Unfinished business – we need action**

This Summit calls on the Federal Government and the Northern Territory Government to respond to this final report within three months and establish long term action and review mechanisms.

*Read all 23 recommendations on page 18*



**Overview:** Dr.Ahmed Latif MBChB FCP MD FRCP FAFPHM

Sunrise Health Service Medical director

*“Closing the gap through prevention not intervention”*

From a medical prevention strategic perspective this summit has given our health service the opportunity to explore appropriate culturally acceptable messages throughout Sunrise communities

For persons who already have a chronic disease a variety of treatment options are available that will reduce the rate of development of complications of the disease. However it is important that persons receiving treatment modify their lifestyle and take their medications regularly. Unfortunately the medications are prescribed will not immediately show a physical beneficial effect in the client hence clients do not appreciate the need to continue taking the medicines on a regular basis. However treatment for chronic diseases needs to be continued for life and this alone requires lifestyle changes for the individual concerned.

Studies have shown that lifestyle modifications and increased physical activity have beneficial effects in that they can reduce the prevalence of diabetes and coronary disease and can lead to improved life expectancy. A recent study conducted in Central Arnhem Land, Northern Territory, clearly demonstrated a significantly beneficial association between health outcomes and activities that included employment of Aboriginal land and sea rangers and activities associated with caring for country, such as

- ✦ Burning (cleansing for ceremony and hunting)
- ✦ Letting the country know we are there (hunting and fishing)
- ✦ Protecting the country (respect)
- ✦ Protecting the species
- ✦ Protecting sacred areas
- ✦ Teaching the new generation on country
- ✦ Learning and conducting ceremonies

The study also found that the mainstream that in the setting mainstream health promotion messages have failed to improve life expectancy and suggests that health services need to shift focus from episodic acute curative care to preventive health care for populations especially in the area of preventing chronic disease and that persons with chronic disease need to be empowered to manage their own illnesses with resources available to them in their communities.

The most important prevention intervention is lifestyle modification and this needs to be promoted at the community level. Since the mainstream health promotion messages have failed to have the desired result it is necessary to develop alternative messages developed innovatively.

From this summit thanks to the delegates we now have a clearer picture of our way forward





**Keynote address:** John Paterson CEO

Aboriginal Medical Services Alliance NT (AMSANT)

*"Hearing our voices from Banatjarl"*

May I first acknowledge the Jawoyn Traditional Owners of this land here at Banatjarl, and honour the ancestors who nurtured their country.

It is a privilege to be here, and I look forward in the next few days to share your experience and knowledge.

At the same time, I commit - with my brothers, fathers and grand fathers; uncles, sons and nephews - to a safe, violence-free community for us all.

This was a commitment made last year at Ross River in Central Australia: it is a pledge we will all make here at Banatjarl.

This men's Health Summit organised by the Sunrise Health Service is one strongly endorsed by the Aboriginal Medical Services Alliance Northern Territory, but also celebrates an important anniversary for this region, and for the Territory as a whole.

Twenty one years ago, the Barunga Statement was issued to the Australian people - just a few kilometres from here. It was an expression by a powerful group of male leaders about the place of Aboriginal culture and law in the context of the 200<sup>th</sup> anniversary of the invasion of Australia.

This meeting here at Banatjarl occurs, also, just after the second anniversary of the Northern Territory Intervention.

The intervention, and its impact on our people, will inevitably come up in discussions in the next few days.

Among other things, the fact that Aboriginal people in the Northern Territory - alone among all other groups in Australia - is subject now of a regime in which our human rights under the Racial Discrimination Act were suspended by the Canberra government.

Whatever the advantages or disadvantages of the Intervention in general, this single fact of the removal of our rights under the RDA stands out.

As the CEO of our Sunrise Health Service hosts, Irene Fisher, has pointed out, there is no evidence anywhere in the world that the removal of human rights is good for the health of people - let alone contributes to protecting our children.



**Keynote address:** John Paterson CEO

*Hearing our voices from Banatjarl*

*Page 2 of 3*

Currently, the Rudd Government is saying that it is working towards reinstating the Racial Discrimination Act for Territory Aboriginal people.

To that end, they have commenced a consultation process across all prescribed communities in the Territory. Obviously, this will affect all of you from prescribed communities. It will affect you - and your families.

It is absolutely vital that the Rudd Government listens to our people proper way, and doesn't just listen to the things it wants to hear.

The consultations must be fair. They must use interpreters. They must hear our voices.

That's why the words and ideas that come from Banatjarl this week are so important. They are words and ideas that will be sent to Canberra.

And those words and ideas from Banatjarl will not just be directed at the Rudd Government. They will be directed, as well, to other political parties in Canberra; and to all parties in the Territory Government.

We want all the players in government to understand where we are coming from as Aboriginal Territorians; and where we think we should be heading.

We cannot afford for the changes we need to the Intervention to be stopped in the Senate. That's why we must talk to all parties; and why we hope they will listen.

At the same time, the six specialist workshops being held over the next days will also inform us, our communities, our health organisations, and our governments, of issues that are vital to Aboriginal men's health.

Those workshops, on physical, family, economic, community, emotional and cultural well being are the backbone of this Summit - and the backbone of what we all wish to achieve this week.

This Summit is occurring in a context in which Aboriginal men are still under attack - all of us tarred with the brush of us being perpetrators of child abuse; or hiding child abuse. Just last week, the Australian newspaper ran a story which claimed the Australian Crime Commission has said Aboriginal leaders were guilty of a "deliberate misuse of power and position to intimidate and threaten victims and witnesses into not reporting criminal activity".



**Keynote address:** John Paterson CEO

*Hearing our voices from Banatjarl*

*Page 3 of 3*

As Aboriginal men have continued to point out, there is nothing in our law our culture that condones the abuse of children. When we ask the media and government to listen to what is said over the next few days, we ask them also to reject the stereotype that all males are offenders, and to accept our strong commitment to re-building safe communities for our families.

I would like to thank the Sunrise Health Service for organising this Health Summit - among with all the people who have been involved from the region of working so hard to put it together. Banatjarl was the site for one of AMSANT's early health summits - when Sunrise was just a small idea amongst some people of the region. That's why it is so good to see Sunrise grow into a strong, progressive organisation with the capacity to take on such an important event.

Likewise, I thank also the Jawoyn Association and Wes Miller for the strong support to the Banatjarl Men's Health Summit occurring on Jawoyn land.

I wish everyone the best for the next few days, and leave you with two short thoughts.

If we are asking people to listen to us; we must listen to each other with kindness.

If we are asking people to learn from us, we must learn from each other with respect.

Let's make this a great Men's Health Summit. Thank you.



## **2.About the summit**



More than one hundred Aboriginal males gathered at the Banatjarl camp south of Katherine at the end of June to participate in the 2009 Sunrise Aboriginal Male Health Summit.

The region is quite significant to Aboriginal males as it is close to Barunga where in 1988 a group of Aboriginal male leaders gathered to address national issues of Aboriginal culture, 200 years of colonization and politics and then present to the then Prime Minister Hawke a series of demands that is now known as the Barunga Statement.

On the twenty first anniversary of the Barunga statement the summit to made a statement about Aboriginal male's leadership capacity to engage positively with family and community through addressing the issue of male health and the role of Indigenous males in family, community and wider society.

The 3 day summit and workshops developed by the Sunrise Health Services and supported by the Australian Government Communities for Children Initiative - the Smith Family - Katherine Region, will bring males from all over Sunrise region to develop recommendations to government and organisations on changes and support males believe are required to allow them to reach their true potential and improve their family and community environment.

Over the first two days the delegates engaged in a series of six specialist facilitated workshops (physical, family, emotional, economic, community and cultural wellbeing) discussing a wide range of issues and developing solutions for each of these key issues. On the third open day these positive outcomes were presented to visitors, Aboriginal women, the media, and Federal and Territory politicians with an apology and formal summit statement.

The summit discussed many things including acknowledging the hurt caused by a small proportion of the male community against families, which is not a cultural practice .It will also acknowledge the great work and contributions that non-violent Indigenous males make for their families.

Topics like the current NT Intervention and mandatory reporting of family and domestic violence were also discussed

Sunrise hopes that all the males who attended the summit will come away with an increased sense of knowledge of responsibilities required of parents, services available to make changes and why changes must occur.

### *3.About the summit*

#### **Our mission**

The Sunrise Aboriginal Male Health Summit will seek to strengthen male's capacity to engage positively with family and community through addressing the issue of male health and the role of Indigenous males in family, community and wider society and the importance of this role, particularly through transitions along the continuum of parenting and caring ages.



#### **Goals of summit**

*The Sunrise Male Health Summit will;*

**Provide** a basis to inform future initiatives for Male Health in the Sunrise Eastern Katherine Region, contributing to the development of culturally based strategies, influencing and directing men's health service provision.

**Take a strengths based approach** through affirming male's capacity to engage positively with family and community through providing a space and leadership for men;

**To share experiences**, and work towards developing sound culture based strategies that are appropriate to the Sunrise/Katherine East Region.

**Promote the need** for males, to care for themselves as the role models for their children and the whole community.

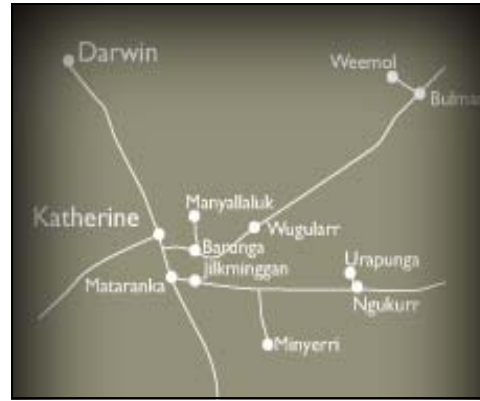
**Acknowledge the males**, many of whom are also parents, within the participating communities/region who are already providing a safe healthy environment for family and the wider community.

**Enable Sunrise Health Service** to enhance community driven planning and promotion of male's health initiatives as they relate to men's roles as parents, uncles, grandfathers and brothers and sons as well as male members of extended family and foster carers.

**Directly benefit** young children's physical, mental and social health and development through enhanced father/parental relationships and caring.

**Acknowledge the hurt** caused by a proportion of the male community against family and community members through violence acts, which are not historical cultural practises, which is shaming many Indigenous males who are not violent;

## 3.About Sunrise Health Service



[Sunrise Health Service Aboriginal Corporation](#) (SHSAC) is a primary health care service which assists both Indigenous and non-Indigenous people in the Jawoyn and Roper River regions of the Northern Territory in Australia. SHSAC plays a significant role in managing many of the health care clinics in both regions. Direction is taken from the SHSAC Board who are made up of representatives from all SHSAC communities.

Member communities include Badawarrka, Barunga, Bulman, Eva Valley, Jilkminggan, Mataranka, Kewulyi, Minyerri, Ngukkur, Urapunga, Weemoll, Werebun, Wubalawun and Wugularr.

In 1999, the local Jawoyn Association established SHSAC and involved The Foundation in discussions regarding the need to develop interconnected and practical programs, which tackled the underlying causes of ill health within Indigenous communities.

"We realised great potential for developing Sunrise and getting an holistic approach to health. We're not just looking at the immediate care of illness but the broader sustainable and preventative programs," says Irene Fisher, Chief Executive Officer of SHSAC.

SHSAC became a full fledged service in mid 2005 and the organisation has grown to employ more than 100 staff - of whom 40% are Indigenous. Funding continues to be provided by the Australian Commonwealth and State/Territory Governments. In September 2005, SHSAC was 'Highly Commended' in the inaugural [Indigenous Governance Awards](#), which were established through a partnership between Reconciliation Australia and BHP Billiton.

For further details [www.sunrise.org.au](http://www.sunrise.org.au)

### **Sunrise Male Health program managed by Shane Wing**

The Male Health program provides culturally appropriate initiatives and services which promote the health and well-being of the community males within the Sunrise Health Service region.

The program provides a wide range of health promotion information and educational resources to assist community leaders in formulating visions for improving their health through decision making processes.

Additionally, the program strives to achieve better health outcomes for all males by combining both traditional techniques and European practices.

## 3.About -Aboriginal Male Health

### The Royal College of General Practitioners paper on Aboriginal Male Health

The disadvantage of Indigenous males is a case study in the important interface between the psychological, social, physical and cultural world.

For millennia, Indigenous peoples have discussed and understood that the body and mind are inseparable and interdependent.

Modern medicine is only just starting to catch up. The symbiotic relationship between depression and heart disease, two of the leading contributors to the burden of disease in Australia, should be a primary target for alleviating health disparity among the most disadvantaged. Indigenous males are missing tremendous opportunity for prevention of future illness and disability because an incompatibility exists between the needs of males and the services provided. Reorientating services to decrease or remove barriers to care; and to be acceptable, high quality and sensitive to the needs and demands of indigenous males is needed.

Broader changes in economic policy, education outcomes, access to the foundations of healthy life and opportunity, the development of sustainable employment opportunities, improved correctional services, health awareness and the development of the next generation of Aboriginal men are important elements of holistic approaches to dealing with indigenous male health disadvantage.

Primary health care and GPs, at the coalface of the fight against contemporary Australia's physical and emotional ill health, can achieve much in reducing preventable and unacceptable disparity through identifying, preventing, treating and healing the most disadvantaged.

### Definitions of Aboriginal health from NACCHO

**“Aboriginal health”** means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.

**“Aboriginal health related services”** means those services covered by the Aboriginal holistic definition of health including, but not restricted to, such services as health promotions and disease prevention services, substance misuse, men's and women's health, specialised services to children and the aged, services for people with disabilities, mental health services, dental care, clinical and hospital services and those services addressing, as well as seeking the amelioration of, poverty within Aboriginal communities.

**“Primary Health Care”** has always been a continuing integral aspect of our Aboriginal life, and is the collective effort of the local Aboriginal community to achieve and maintain its cultural well being. Primary health care is a holistic approach which incorporates body, mind, spirit, land, environment, custom and socio-economic status. Primary health care is an Aboriginal cultural construct that includes essential, integrated care based upon practical, scientifically sound and socially acceptable procedures and technology made accessible to Communities as close as possible to where they live through their full participation in the spirit of self-reliance and self-determination.

## 3.About-NACCHO-Male Health submission

**The National Aboriginal Community Controlled Health Organisation (NACCHO) implores the Senate Select Committee on Men's Health to consider the following;**

1. That consideration is given to rectifying the obvious anomalies that limit the Australian Bureau of Statistics data interpretation, thus enabling the life expectancy of Aboriginal Men to be both true and correct. (Inaccurate Data impinges upon the effectiveness of service delivery for Aboriginal Men. Hence efforts to "Close the Gap" in life expectancy between Aboriginal and non Aboriginal Men could therefore be diminished.)
2. To assist in addressing the Social and Emotional needs of Aboriginal Men, any National Men's Health Strategy should include the establishment of resources such as Brother to Brother support programs incorporating appropriate counselling resources to nurture men and to address their social issues as part of a holistic approach to the wellbeing of their communities. To enable this to occur, national funding for such programs should be directed to Aboriginal Community Controlled Health Services. The Central Australian Aboriginal Congress Aboriginal Male Health Branch is a recommended model.
3. To assist with treatment services and general support programs for Aboriginal Men's Health in metropolitan, rural, regional and remote areas, it is recommended that NACCHO be funded to pursue the development of an Aboriginal men's 1800 phone help line staffed by appropriately trained Aboriginal men to support them with their social and emotional well being needs.
4. Develop strategies to improve Aboriginal Men's participation within the health workforce.
5. Develop a coordinated and integrated approach to improve Partnerships on collaboration across the health and health related sectors including correctional and educational services.
6. The National Aboriginal Community Controlled Health Organisation (NACCHO) would like to support both the following Submission's to the Senate Select Committee on Men's Health:

**"Aboriginal Male Health- Brothers Supporting Brothers- a central Australian Aboriginal perspective." (Central Australian Aboriginal Congress Inc.)**

**Submission to the Senate Select Committee on Men's Health by " Indigenous health providers and researchers" co-signed by Dr Alex Brown, Dr Mark Wenitong and Dr Mick Adams (NACCHO Chair)**

In their "Submission" Drs Brown, Wenitong & Adams state: *"We would also like to draw the Senate Select Committee's attention to A National Framework for Improving the Health and Wellbeing of Aboriginal and Torres Strait Islander Males."*

NACCHO commends to the Senate Select Committee on Men's Health to be included in its deliberations

**"A National Framework for Improving the Health and Wellbeing of Aboriginal and Torres Strait Islander Males (2004, the Office of Aboriginal and Torres Strait Islander Health, Canberra)**



### 3.About-Why an Aboriginal Male Health Summit?



“Over the last 18 months we’ve seen sustained media coverage of child abuse and family violence, but we’ve rarely seen or heard how Indigenous people and communities across Australia are taking positive steps to respond to this violence, abuse and neglect.”

**Tom Calma Human Rights Commissioner.**



“Aboriginal males have been targeted as if they were the only perpetrators of child sexual abuse in communities. This is inaccurate and has resulted in unfair shaming, and consequent further disempowerment, of Aboriginal males as a whole”.

**Pat Anderson /Rex Wild “Little Children are Sacred Report**



“There has been a process of undermining the role and status of Aboriginal males within our society since the early days of Australia’s colonisation and continuing in recent commentary around the Northern Territory Intervention”.

When you add to this the rapid changes in the role of males within that colonising society and the consequent dislocation of non-Aboriginal males and their struggle to define new self-images, it is no wonder that Aboriginal males may struggle to make sense of the contemporary world’.

**Patrick Dodson former Chairman Council for Aboriginal Reconciliation**

### Current male health indicators



The health status of Indigenous Australians has shown little improvement in recent years, and remains considerably below that of non-Indigenous Australians:

- Indigenous adults are twice as likely as non-Indigenous adults to report their health as fair or poor.
- Hospitalisation rates are higher for Indigenous Australians, particularly for conditions that are potentially preventable such as diabetes and kidney disease.
- The mortality rates of Indigenous people in 2001-2005 were almost three times the rate for non-Indigenous people in Queensland, Western Australia, South Australia and the Northern Territory, the only jurisdictions for which coverage of Indigenous deaths was deemed sufficient to report.

Other findings from the report include:

- Indigenous people were half as likely to complete Year 12 as non-Indigenous people.
- Indigenous adults were more than twice as likely as non-Indigenous adults to smoke regularly.
- More than half of Indigenous people were overweight or obese.
- Indigenous people face barriers in accessing health services, in particular primary health care.

**Aborigines and Torres Strait Islanders Health Report By Professor Ian Anderson, director of Melbourne University's Centre for Health and Society, April 2008**

## 4. Workshop-Recommendations



# OUR 23 MAJOR SUMMIT RECOMMENDATIONS

### **Recommendation 1 – Unfinished business – we need action**

This Summit calls on the Federal Government and the Northern Territory Government to respond to this final report within three months and establish long term action and review mechanisms.

## **4. Workshop-Recommendations 1-4**

### **Recommendation 2 – Develop specific Male health resources**

Recognising that in order to address the social relations of male health there needs to be Aboriginal community controlled male health services that operate in a community development and comprehensive primary health care framework;

- to nurture, coordinate and deliver programs, such as, but not limited to:
- male support groups;
- places of healing for Aboriginal males, including men's shelters/sheds;
- short term 'drying out' places for men, and more resources for long-term rehabilitation of Aboriginal males with alcohol and other drug problems and
- 'half-way' houses to give 'time out' to move slowly back into work/family/training, to be run by Aboriginal males.

### **Recommendation 3: Reinstate the Racial Discrimination Act**

This summit calls on the Federal Government immediately reinstate the Racial Discrimination Act with full integrity.

This summit does not accept that compulsory income quarantining is a "special measure".

Furthermore we seek from the Australian Government its unconditional guarantee that the Racial Discrimination Act will never again be suspended under any circumstances

### **Recommendation 4: Review and reform Basic Card-income quarantining**

This summit calls on the Federal Government to immediately review and reform the Basic Card system to eliminate the shame and distress to families who shop for basic necessities.

## ***4. Workshop-Recommendations 5-10***

### **Recommendation 5: Remove community pornographic warning signs**

This summit calls on the Federal Government to remove immediately these signs from the entrances to our community and send them back to Canberra, the pornography capital of Australia.

### **Recommendation 6: Aboriginal men wrongly branded as paedophiles**

This summit calls on the Federal Government to address the unfair and unsubstantiated public perception of Aboriginal men as paedophiles and calls on the ACC to either produce the evidence or apologise to Aboriginal men.

There is no evidence of widespread paedophile rings.

### **Recommendation 7: Subsidise healthy foods in our community stores**

This summit calls on the Federal Government to subsidise the product and freight component of a range of healthy foods in all Aboriginal community stores.

### **Recommendation 8: Positive Programs not Punitive**

This summit recommends that the Federal Government “balance” the three year budget programs to incorporate more positive and preventative programs.

It costs \$60-\$100,000 a year to lock up one Aboriginal Male

### **Recommendation 9: Closing the Gap Indicators**

This Summit whilst supporting the CLOSE THE GAP statements of intent requests both the Federal Government and the Territory Government to clearly negotiate and communicate benchmarks and targets, to ensure that we are progressively realising our shared ambitions.

### **Recommendation 10 : Where does Indigenous funding go? Canberra?**

Ensure robust accountability and monitoring mechanisms: There must be accountability measurements put into place to hold governments to their commitments. This requires the development of robust and transparent monitoring and evaluation mechanisms. These will also allow us to identify and celebrate successes

## **4. Workshop-Recommendations 11-15**

### **Recommendation 11: Get Real Jobs, Real training, Real Wages**

This summit calls on the Federal and NT Government to work collaboratively at the community and regional level to create real meaningful and sustainable employment opportunities.

### **Recommendation 12 :Compensation and feedback from Community consultation**

This Summit Recommends that community members who attend consultation meeting with all levels of Government and various researchers and consultants be compensated, and also receive a copy of their input and outcomes

We must value our knowledge, intellectual property, experience and cultures

### **Recommendation 13: Developing a 2009 Sunrise Roadshow**

This Summit recommends that Sunrise develop a roadshow out to all communities in the Sunrise region ,covering such topics as

- Education
- Employment
- Health
- Support agencies

### **Recommendation 14: Address housing shortages in community and towns**

This Summit recommends the Federal and Northern Territory Government seriously consider housing shortages in major regional centres in their implementation of recent policy changes.

Comment: “I tried for 20 years to get a home in my community, but when the GBM moved into my community he had a house and satellite television installed in two weeks.”

### **Recommendation 15: Five year community Planning and funding**

Change the mindset:: we require a change in mindset of government from an approach which manages dysfunction to one that supports functional communities. Current approaches pay for the consequences of dysfunction, rather than taking positive steps to overcome it. We need a proactive system of service delivery to Indigenous communities focused on building functional, healthy communities.

Communities must be consulted to develop minimum 5 year plans

## ***4. Workshop-Recommendations 16-20***

### **Recommendation 16: Develop male Health Regional and national networks**

That an Aboriginal male network be established from this Summit to support the ongoing contact established between us and the implementation of the actions identified, the views and ideas expressed here.

### **Recommendation 17: Reconsider the outstation movements changes**

This summit calls on the Federal Government and Territory Governments to consider the available evidence of the health and wellbeing in homelands before reducing service delivery.

### **Recommendation 18: How long will be GBM be in our communities and what structure will replace them**

This summit calls on the Federal Government to advise how long GBM's will be in communities and what processes are in place to transfer and mentor a new community-based management structure.

### **Recommendation 19: Reassert our Culture norms**

Re-assert our cultural norms and regain respect in our communities: Family violence and abuse is about lack of respect for Indigenous culture. We need to fight it as Indigenous peoples, and rebuild our proud traditions and community structures so that there is not place for fear and intimidation.

### **Recommendation 20: Start an Aboriginal education revolution**

Redesigning education curriculum to include and value traditional and cultural ways of learning includes the establishment of community, regional and state/territory Aboriginal education consultative groups for schools with large populations of Aboriginal students. Increase the participation rates for Aboriginal men in teaching professions, including building the capacity of Aboriginal teacher's aides to become fully qualified teachers.

The recommendations of the Little Children Are Sacred report relating to education and the Learning Lessons report's findings must be implemented within the next term of the NT Government.

That a community driven NT Education system reform group be established to pursue this recommendation basing its action on the delegate's views recorded at this Summit.

## ***4. Workshop-Recommendations 21-23***

### **Recommendation 21: Supports Mental Health**

This summit supports the need to fund more mental health workers and resources in our community controlled health organisations

This summit recognises the centrality of people's mental state and their experience of chronic stress to males' physical, mental and social wellbeing

Underpinning people's poor mental state is unemployment, poverty and loss of rights.

This summit asserts the need for more Aboriginal mental health workers and adequate support systems for them.

### **Recommendation 22 : Supports bilingual education**

This summit supports bilingual education in all Aboriginal schools

### **Recommendation 23: Supports a major NT Male Health Summit**

This summit recommends that the land Councils and ACCHO's organize a territory wide Aboriginal Male Health Summit

## 5. Workshop-Recommendations



## SNAPSHOT OF ISSUES DISCUSSED IN ALL 6 WORKSHOPS

*The Summit was a great opportunity for facilitators from all around Australia to hear about the issues that were important to the Aboriginal males in the Sunrise/East Katherine region.*

*The community members had great insight into the issues that affected them, and had practical suggestions as to how issues could be addressed.*

*I felt it was a privileged to be involved with the Summit and would encourage the government to organise a similar summit for all Aboriginal males in the Territory to come together to discuss these health issues - the feedback and positive outcomes would be invaluable.*

*Please consider our delegates positive and constructive comments*

*Nathan Tyson on behalf of all the Summit facilitators.*



## 5. Summit workshops

How this summit will achieve its objectives simply and effectively:

1. All delegates/participants will complete 6 specialist workshops
2. Participants will be asked to identify the issues and develop solutions.
3. To make life easy the facilitators will move between the six workshop sites.
4. Outcomes from these workshops will then be consolidated and presented to visiting government agencies, parliamentarians, and the media on day 3.

1. PHYSICAL WELLBEING	2. FAMILY WELLBEING	3. ECONOMIC WELLBEING
Food/Nutrition/diet	Caring for our family	Education
Physical activity	Caring for our kids	Money/income
Chronic disease	Being a father/parent	Training & skills
Sexual health	Domestic violence	CDEP/job networks
Taking medicine	Child /sexual abuse	Unemployment
Health checks	Supporting our Kids	
Support networks	Support networks	Support networks

4. COMMUNITY WELLBEING	5. EMOTIONAL WELLBEING	6. CULTURAL WELLBEING
Aspirations/planning	Drugs & other abuse	Our culture
Housing & infrastructure	Grog/Alcohol	Our country
Health Centres	Violence Stress anger	Our law
NT Intervention	Gambling	Leadership
Whitefella law/ prison	Pornography	Social justice Equity

**Support networks**

## 5.1 Summit workshops issues-Physical

### 1. PHYSICAL WELLBEING

Food/Nutrition/diet

Physical activity

Chronic disease

Sexual health

Taking medicine

Health checks

Support networks



1. Physical wellbeing workshop facilitators (left to right)

Dr Ben Bartlett  
Roy Price  
Dr Ahmed Latif

#### **NUTRITION**

- Need more community gardens
- Hunting for bush tucker should be planned weekly by each community
- Prices for fruit and vegetables too high
- Need to have freight subsidy for remote communities
- We need cheap healthy foods, not cheap rubbish food

#### **PHYSICAL ACTIVITY**

- More Recreational officers to organise programs.
- Build sporting facilities/improve existing facilities linked to school attendance
- Train and support existing recreational officers
- More cultural activities such as spear cutting etc.
- Spending more time & being involved with your kids sports

#### **CHRONIC DISEASE**

- Chronic disease –need to issue medical alert chain
- Participants knew the basics of chronic disease
- Too many young people have diabetes / heart disease / kidneys
- Chronic health problems of older men caused by the only decent jobs going to white fellers, old men irrelevant in their own communities
- Having something meaningful to do – no work-stress – bad health outcomes

#### **SEXUAL HEALTH**

- More education on prevention (Condoms) for STI'S
- Have regular men's sexual health checks
- Men's health awareness/camps to address problems
- Have men's clinic day/more male AHW's

#### **TAKING MEDICINE**

- Sticking to your medicines, do not stop taking
- Listen to your doctors advice
- Chronic disease – medical alert chain / unit board

#### **HEALTH CHECKS**

- Have separate men's clinic day or better still a separate men's clinic.
- Encourage men to have regular checks

## 5.2 Summit workshops issues-Family

### 2. FAMILY WELLBEING

Caring for our family

Caring for our kids

Being a father/parent

Domestic violence

Child /sexual abuse

Supporting our Kids

Support networks



Family wellbeing workshop facilitators-(from left to right)

Andrew Rush  
Darren Atkinson  
Spiros Woods  
Tony Evers

#### **SUMMARY OF ISSUES DISCUSSED**

- We must teaching right from wrong
- Fathers need to take responsibility for growing their children “it’s about our kids”
- Fathers need mentors to support them taking up their responsibilities
- Child support processes lead to some men stopping work which leaves them distressed
- Doing things properly – obeying lore and law
- Doing activities with children providing love and comfort
- Giving children a place – ownership through connection to family and country
- Teaching kids to speak up – needs education about respect for different family members
- Giving kids education through respect and knowledge – needs this in order to speak up
- Need to look after yourself
- Gender of child makes difference to kind of role as dad
- Challenge – need money to provide for children – basic care
- Challenge -relationship issues, jealousy
- Challenge– Moving between Aboriginal and mainstream society
- Kids watch all the family/community and learn through this. If they see all the older males sitting having fun drinking they think this is how things get down.
- Money goes to kids mothers and doesn’t get to kids themselves
- Males need to show their kids love : do this way : how you talk to your kids, how you relate to your kids

#### **SOLUTIONS**

- Need time out centres
- “We’re not all bad men-not all men are bastards”
- Do something about wider environment – holistic approach
- Look at social determinants of health
- Overcrowding in houses
- “Welcome here” signs at entrance to all communities
- Equality – Be accepted as human as all people should treated the same
- Get back to values and old ways
- Traditional healing practices
- Responding to “mental health” issues
- Get rid of pornography signs
- Empowerment – keeping communities in control of their community
- Teach kids about law/culture and mainstream law
- Need people to come and teach about white fella law.
- Fathers need help and support and provide respect as a father of a family

## 5.3 Summit workshops issues-Economic

### 3. ECONOMIC WELLBEING

Education

Money/income

Training & skills

CDEP/job networks

Unemployment

Support networks



Economic wellbeing workshop facilitators (from left to right)  
Steve Cochrane  
Nathan Tyson

All workshops saw “Economic” as being a multi-faceted topic, with a wide range of issues raised.

It was clear that workshop participants considered education as being a cornerstone to economic opportunity.

Participants felt there was a need for more educational opportunities, including :

- better schooling opportunities
- consistency in teaching standards
- access to boarding schools with regular contact with family facilitated by the school and governments
- schooling opportunities closer to communities and
- use of community languages as well as English curriculum with better education, participants acknowledged there would be more potential to get better jobs. In talking about employment, and the link to economic development, participants raised the following issues
- there is needs to be more jobs opportunities both in communities and in regional centres
- There is needs to be accreditation of skills obtained via CDEP work, and more assistance to move from CDEP to mainstream positions, which are better paid and not subject to Income Management.
- People are quite interested in considering job opportunities in places like Darwin and Katherine but at present there are not many opportunities.
- There is need to be more Vocational Education and training opportunities available in communities.
- Community members need to be recognized for their ability to work effectively with their own communities - before people from outside are given jobs.
- Participants felt there was a need for more educational opportunities.
- Contractors to communities should be required to provide apprenticeship and skill development opportunities.

## 5.3 Summit workshops-Economic continued

### 3.ECONOMIC WELLBEING Continued

- Any business operating in communities should consider the ability to whenever possible, provide skills to enable community members to have succession of the business.
- Whenever possible, provide skills to enable community members to have succession of the business.
- There is needs to be recognition of the financial difficulty in pursuing apprenticeship opportunities, such as high rent and cost of living in larger towns.
- Many participants also mentioned problems with the Basic Card - such as spending 3-4 hours on the phone to find out balances, and people being told all their groceries were to go back on the shelf if not quite enough to cover total -
  - This causes great embarrassment and shame.
  - It was acknowledged that while in some cases the Basic Card was good, there were also many problems with its introduction.
  - All participants agreed that things had either stayed the same, or gotten worse, after the Intervention



*The Sunrise Health service support staff who organised all the transport, meals and activities*



*Delegates and facilitators spent time in between workshops getting to know it each other.*

## 5.4 Summit workshops issues-Community

### 4.COMMUNITY WELLBEING

Aspirations/planning

Housing & infrastructure

Health Centres

NT Intervention

Whitefella law/  
prison



Community wellbeing workshop facilitators (from left to right)

Albert Torrens  
George Peckham  
Michael Paterson  
Mr Spry

#### **SUMMARY OF ISSUES DISCUSSED**

- Should be more men's meeting at communities level
- Old men should be teaching kids at the school
- Cultural Centre should display all the history of the community for kids to learn.
- We should encourage ownership of the community programs
- Not enough housing especially with a new generation
- People too scared to leave their outstation because they might loose their land
- People are getting frustrated with all the changes
- People being trained up to take over from GBM's but never get that opportunities
- People want full times jobs not CDEP
- Going to find it hard for the younger people on income management
- Prices at shops too high, don't get much for our limited incomes
- No more book up at shops with basic cards causes big problems
- We cannot get balance on cards and takes too long on the phone
- Still not enough food in the house to last till next pay
- Feel shame to ask other families for food
- Some families still fighting over food
- We cannot provide proper food and clothes for family members
- All these problems cause cultural stress
- Aboriginal people should get paid for their knowledge.
- They (government) are using our feedback for their reports and they get paid
- Meetings-taking up people's time and taking them away from their jobs
- Many are not getting the opportunity to attend these meetings
- Shire and CDEP workers not released for meetings
- Government are generally screwing with our lives
- Government lacks effective means of communications
- There is a lack of effective consultation with community people (on the ground)
- We need to develop more strong men to help our people
- Aboriginal men react to problem's, they don't look for ways to resolve them
- Not enough CDEP places available
- Why do we have to go on Centrelink until place available
- You can't go anywhere, you are stuck and have no choices
- We need to create more employment
- We would feel sadness to leave the community and family behind
- People have to move away because too much family fighting, alcohol, and no job opportunities
- Police get cheeky when talking to people, they need better training
- Aboriginal men don't know their rights

## 5.5 Summit workshops issues-Emotional

### 5. EMOTIONAL WELLBEING

Drugs & other abuse

Grog/Alcohol

Violence Stress  
anger

Gambling

Pornography



Emotional wellbeing workshop facilitators (from left to right)

Ken Vowles  
Paddy Murray  
Jefferson Thorpe  
Peter Lake

#### **SUMMARY OF ISSUES DISCUSSED**

- We need a room, house or shed for men to talk to other men.
- We need to expand the safe house concept
- We need a separate clinic or entrance for men
- There is a lack of employment opportunities (CDEP) (meaningful skills)
- Pornography is not our cultural way
- All sports activities (lacking transport to pick mob up)
- Recreational hall, basketball courts, need fixing
- We need lots of housing
- Stores are very expensive, outback stores (lack of locals working there)
- We need business courses to learn to do books
- There used be sniffers, but are trying to get rid of it
- Gambling (cards) big games, fighting, no food for kids is wrong
- They gamblers get sick, steal, one thing leads to another
- Police should work with community
- Need ACPOS (have cultural background)
- Service providers need to combine \$ and resources to work as one
- Need to training mental health workers for clinics
- We need to develop suicide prevention training
- Culturally appropriate health delivery
- Need to introduce communication channels eg : (Internet computers, phones)
- Communication is also about listening
- Language barriers with law and intervention mob
- Men's facilities (eg: safe houses, hearing areas)
- Labelling Indigenous men as perpetrators is wrong
- Lack of acknowledging Indigenous men's skills.
- Need bush Healing camps
- Need one stop resource centre in each community
- No cooling down place at Barunga. Communities should have it for men
- Not enough male health workers

## 5.6 Summit workshops issues -Cultural

### 6.CULTURAL WELLBEING

Our culture

Our country

Our law

Leadership

Social justice Equity



#### Workshop facilitators (from left to right)

David Lane  
John Liddle  
John Pracy

#### **SUMMARY OF ISSUES DISCUSSED**

- What's not our culture, cars, grog, planes, gambling, money sickness, jealousy, fighting, white man education, profession, jealousy, law, pornography, petrol sniffing, (substance misuse) intervention, Basic Card .
- Ceremonial activity should be paid sorry business too
- Kinship system is important. Separate classes for men and female at school and workplace, culturally appropriate work place
- Respect for Aboriginal men, not negative
- We are not all bad men !
- Understand cultural lore
- Respect each others culture
- Respect each other's country
- Listen and learn
- Keep the story telling and corroboree alive
- Kinship system is important should keep it strong
- Need to encourage communications between men, story telling
- More cultural festivals are needed
- Old people worrying about passing on knowledge
- Devaluing culture
- Need to encourage art painting country/stories
- Health services and doctors nee to look at cultural reasons for sickness and healing
- Need to discuss and understand kinship system / wrong skin
- Language should be taught in schools
- We need to looking after country, learning to hunt, burning off
- Our Aboriginal culture is being invaded by Rappers, Nintendo etc

#### **WHAT WE NEED IN OUR COMMUNITIES**

- Need more education two ways
- More culturally appropriate training
- Roads need to be fixed so we can travel for shopping education and cultural
- Need to fund services for outstation, homeland
- Non government/government services /resource centre
- We need our rights back reinstate the Racial Discrimination act





**6.Acknowledgement of support facilitators and crew**

*The Board and Management of Sunrise Health Services sincerely thanks all the following for their dedicated team work.*

<b>FACILITATORS</b>	<b>FROM</b>	<b>Workshop</b>
1.Ahmed Latif	Sunrise Health Service- Medical Director	Physical
2.Wes Miller	Jawoyn Association CEO-Summit spokesperson	Economic
3.Colin Cowell	Summit Project Manager	Cultural
4.John Paterson	AMSANT CEO- Summit Chairman	Chairperson
5.Gavin Green	AMSANT	Community
6.Mr Spry	AMSANT	Cultural
7.Darren Atkinson	CPS - Providing Child and Parent Services-VIC	Family
8.Andrew Rush	CPS - Providing Child and Parent Services-VIC	Family
9.Spiros Wood	Community Mental Health Educator-WA	Family
10.Tony Evers	Community Mental Health Educator-WA	Family
11.Paddy Murray	Male Health Educator-NSW	Emotional
12.George Peckham	Northern Territory Legal Aid Commission	Emotional
13. Ken Vowles	NT Pornography Classification Education	Emotional
14. Michael Paterson	Northern Territory Legal Aid Commission	Emotional
15.Dr Ben Bartlett	Public Health Consultant-NSW	Physical
16.John Liddle	Congress Male Health Manager	Cultural
17.Roy Price	NT Government Nutritionist	Physical
18.Steve Cochrane	Mission Australia-National indigenous advisor-NSW	Economic
19.John Fletcher	Wurli Wurlinjang Health CEO	Community
20.Doug Kelly	NT Government	Community
21,Nathan Tyson	Federal Government-ASIC-NSW	Economic
22.Richard Garling	Top End Mental Health Services	Emotional
23.Preston Lee	Jawoyn Association	Cultural
24.Albert Torrens	Mission Australia	Emotional

<b>SUNRISE STAFF-CREW</b>	<b>AREA OF SUPPORT</b>
1.Shane Wing	Sunrise Male Health Coordinator
2.Jeff Wing	Sunrise –catering
3.Geoff Lohmeyer	Sunrise-Transport, facilitation and first aid
4.Brian Castine	Sunrise-Site support-catering
5.Graham Castine	Sunrise– Chair of Summit working group
6.Philip Bush	Sunrise-transport and site support
7.John Pracy	Sunrise-Facilitation-catering -site support
8.Jawoyn Rangers	Site cleaning –firewood etc
9.Earl Braun	Sunrise-Transport delegates
10.John Di Francesco	Sunrise-Transport delegates
12. Keegan Williams	Sunrise-Transport delegates

**ACKNOWLEDGEMENTS**

Jawoyn Association

Traditional owners of the land

Smith Family

Good Beginnings

FaHCSIA



*BLEKBALA FATHAWAN HELTH SUMMIT 2009*

SUNRISE ABORIGINAL MALE HEALTH SUMMIT 2009

*Thank you for considering our outcomes.*



*On behalf of all the delegates who contributed to this report*