

Clear Mind, Strong Body

The Badtjala people on K'gari (or Fraser Island) have a song over two centuries old that describes in exquisite prose a spirit canoe trailing smoke and moving *like a sand-crab*. This was the Endeavour as Lt James Cook and his men tacked back and forth along the long sandy stretch of coastline in 1770. The song ends with a question, "*Why have they come here?*"

A profound disorientation that has lasted until this day began of course when the Endeavour sailed into these waters here at Kamay or Botany Bay. Invasion, dispossession, massacres, enslaved labourers and stolen children are all facets of great waves of cruelty and racism.

Your work on the front line of social crisis is so enormously challenging because you are confronted still by those waves, by the cross generational traumas that have brought all of us to tears in the work we do. Yet you are here and standing strong.

To find the mindfulness, the strength and wellbeing that you seek today, there is a deep well of memory about the resilience of Aboriginal cultures that is worth drawing on.

While Cook and his men with their Marine mentality saw only 'savages' and fired their muskets on all four landings they made along the east coast, their outlook changed after they had holed the Endeavour on the Great Barrier Reef. They were amazed to see Aboriginal people navigating the Reef waters far off shore. The Guugu Yimidhir could have slaughtered them for taking too many turtles when the English were helpless, stranded onshore, but the wisdom and protocol of the elders gathered the Aboriginal men to pile up their spears and beckon to the strangers to come and sit with them in camp. Was this perhaps the first historic mediation, an attempt to close this space between us? The Guugu Yimidhir say yes, those encounters that I explored with Aboriginal artists and historians over a three-year series of expeditions, offer a hopeful alternative pathway in this shared history. After the Guugu Yimidhir experience, Cook wrote in his journey some extraordinary entries that reflect his change of view. He had finally stopped talking about "Indians" on the headlands and had noted that these people without English materialism were living happily at one with the land. To use his words, they had "no inequality of condition". Similarly, the French navigator Baudin who sailed around much of Australia from 1802-1804, described a fit looking people. You can see some brilliant sketches by the very fine artists on those French ships, on display for the first time outside France at the Australian National Maritime Museum in Sydney. You will see strong Aboriginal bodies, smiling and confident faces, and healthy looking children.

How quickly disease, malnutrition and all of the white man's 'poisons' contributed to the massive obliteration of Aboriginal and Torres Strait Islander wellbeing. The very next generation of Aboriginal children were sketched by the early colonists with the distended stomachs and others signs of the disruption of their traditional nutrition pattern of plenty of plant food, fish and moderate amounts of meat. This disruption is a global pattern that some of you may have witnessed like I have among most of the world's First Nations peoples. From my journeys into the Amazon, through the Maya Quiche genocide in Guatemala and across the First Nations of North America, the obliteration of the First

Peoples' control over destiny was accompanied by the devastating damage caused by disease, sugar, tobacco, processed flour and ultimately alcohol. This pattern has been studied extensively by California's Weston Price Institute and many others here in Australia such as the Menzies School of Health, illustrating the impact of the white man's poisons.

Once Aboriginal people were confined to segregated camps, missions and ultimately gaols this eternal control accelerated the extraordinary collapse of life. The use of these white man's poisons as a form of meagre payment or rationing for slave-like labour helped create a creeping plague of disastrous health problems and the procession of early funerals that to this day our nation appears to accept as inevitable. The 'smoothing of the dying pillow' is not an historical period, in my view, but an indelible characteristic of our nation's treatment of Indigenous people.

In one form or another, through racism, discrimination and neglect, Indigenous people have been denied the freedom and other fundamental human rights essential for wellbeing. Assimilation, the cursed constant of all major policies towards Indigenous Australians, is like a steel shackle on the minds of First Peoples. Whether you are restricted to the mission, the shanty, the poorest housing or end up in juvenile detention or a prison, some always are confined.

What do we find in all of these oppressive places? Well today I want to focus on just one of the cruellest and most damaging of the white man's poisons.

Alcohol, you see, has claimed more Australian lives than the Frontier Wars. It is a sobering thought that each year over 5,500 deaths and 157,000 hospitalisations are caused by grog.¹ Australians down some 12.6 litres of pure alcohol per year per capita and so it should be no real surprise that alcohol related deaths including those linked to cancer have increased by more than 60% according to a Vic Health study comparing the last two decades.²

What is perhaps even more confronting is that of the 3 million Australian children born over the past decade, at least 105,000 have brain damage from alcohol exposure before their birth. While only 28% of us exceed the daily recommended limit of two standard drinks, as a nation we have clearly made alcohol so socially acceptable, so accessible and so heavily promoted as part of our good times and celebrations, that we spend less time facing up to the curse that we are handing our children, our grand-children and yes, even our great-grandchildren.

Fetal alcohol syndrome and fetal alcohol spectrum disorders are certainly among the most neglected features of the on-going cross generational trauma harming the lives of so many Aboriginal and Torres Strait Islander people as well as many other Australians. As we are focussed today on wellbeing, I think we need to reassess how this crippling, nation-wide disability, fetal alcohol spectrum disorder, demonstrates that health is very much a state of mind and body.

¹ Vic Health. Alcohol's Burden of Harm in Australia. 31 July 2014.

² *ibid*

Fetal alcohol spectrum disorder is found everywhere that Aboriginal life is in collapse. I believe that this is a hidden epidemic as damaging as the drug thalidomide was once to so many children. The evidence I want to share with you today suggests it is also a major factor, a connecting thread in the biggest challenges you are facing including children being removed from family, children committing suicide and children growing into adults who cannot escape that cycle from the poverty trap to the futility of prison.

For the unborn baby the life-long 'confinement' starts because there is no escape from alcohol if the child's mother is drinking dangerously. The same amount of alcohol goes through the bloodstream of mother and child.

According to a leading Australian paediatrician and specialist on FASD, Dr Heidi Webster, just two binge drinking sessions during the first trimester of pregnancy is enough to cause Fetal Alcohol Spectrum Disorder.³ Dr Webster also advises that as almost 60% of all Australian pregnancies are unplanned, most women may not realise that they are pregnant around day 18 when it appears that the alcohol is going to be most damaging to the very vulnerable foetus.

If the father drinks heavily or others in the social circle do, alcohol intoxication can seem very normal for a lot of people. My father, a hard-drinking Air Force man, saw heavy bouts of drinking as normal because that was what he and so many of his Air Force mates did night after night. I have written in my book of 2001, *A Life of Extremes*, about the damage this inflicted on my father's mind and body, as well as the pain it caused my mother. I loved them both greatly, still do, and how stupidly pointless that kind of senseless drinking seemed to the boy in pyjamas who stood in the doorway and tried to halt the war of words.

We all know that more non-Indigenous people consume alcohol than Indigenous mob. In Australia, it can seem like everyone is on the grog, from federal parliamentarians and journalists on long lunches to ex-Prime Ministers sinking beers at the cricket or a Melbourne Cup crowd falling down in their suits and high heels, shickered beyond sense in the marquees and member stand.

Impressively, at least a quarter of Indigenous people stay away from alcohol altogether. That's a remarkable defiance of this highly promoted, conventional behaviour of binge drinking and an assertion of a highly intelligent judgement by some Indigenous people not to take up a habit that on balance causes so much social damage.

We also know, however, that there is a hard core of abusive Aboriginal drinkers. It is plain to see and easy to measure how this number has grown alarming because of the overall loss of control and collapse into addiction. In some communities when a great number of people get stuck into abusive drinking there are also going to be more young girls pregnant and therefore more mothers-to-be exposing their unborn babies to the significant risk of fetal alcohol syndrome.

³ Dr Heidi Webster, Address to Fetal Alcohol Seminar, Rockhampton, Queensland, October 13th 2017.

Decades of research by Professors Fiona Stanley, Ted Wilkes and the Telethon Kids Institute tell us that almost always it is not a conscious decision by a young woman to deliberately harm her unborn child. This is not an issue for blaming and shaming but a challenge to understand why there must be a pregnant pause if you want to see healthy children. Many of these young women had never heard of the quit smoking campaign until very recently despite the fact that smoking through pregnancy elevates the risk of a premature baby with too few nephrons in the kidney, a greater risk of overcompensation by that limited number of filters, leading to scarring, diabetes and eventually life threatening kidney failure. It is these unconscious actions that pose the greatest risk to our own health and the health of our babies.

Neglect of young girls and women during pregnancy can mean that there is little chance of modifying their drinking during those precious nine months. Just as alarming, when that baby is born there is often limited assessment and diagnosis of the fetal alcohol spectrum disorder and so the pattern of brain damage and disability proceeds unattended.

First there is the immediate damage to the infant's brain, delayed growth of the body and maturation of the nervous system, language and auditory delay. All of this early damage sets that child on a long road of disruptive behaviour.

Over the past two decades, working with Aboriginal people around the country including community controlled health services, schools and through the literacy project I led with Ian Thorpe in more than twenty remote communities, I have witnessed a staggering number of Indigenous children and young adults with significant hearing loss and other major learning difficulties.

In Rockhampton, Queensland, last week a principal of an Aboriginal school told me that up to 80 per cent of the children at that school had been assessed as having Fetal Alcohol Spectrum Disorder. A wide body of evidence suggests that the faltering mental health of many of these children, their impulsiveness, poor memory and inability to concentrate, is linked to Fetal Alcohol Spectrum Disorder. Their ability to control their emotions, plan a simple task, absorb information and socialise with other people is significantly impeded. As they struggle to hear a parent or a teacher and to understand how to adapt to different situations they are steadily lost in a maze from which it is difficult to find their way out.

We have all witnessed such children by the age of ten or twelve disrupting the lives of their families, their classmates or even their communities. Some progress to so called minor crimes that through the ill-considered legal practice of mandatory sentencing introduce them to confinement in juvenile detention centres and ultimately adult prisons.

The Telethon Kids Institute earlier this year released preliminary findings of the first assessment of this kind in Australia, indicating that in the Banksia Hill Detention Centre in Western Australia at least one in three of the detainees or 30 to 40% of the young people

are affected by Fetal Alcohol Spectrum Disability.⁴ This will not come as a shock to Aboriginal people but I believe the final report on Banksia Hill should challenge governments and the judicial system to reassess the whole process of handling disabled children this way. The Royal Commission on the abuse of children in Dondale Detention Centre in the Northern Territory has been given the same warnings by health experts that our nation is ignoring a major disability.

This is the important point here. In Australia, Fetal Alcohol Spectrum Disorder has not been classified as a disability although it has disabled an estimated 1.18 million Australians.⁵ As I have tried to make clear, trauma has many incarnations across the generations but where we see violent behaviour, self-harm and suicide, abuse and addiction, arson and domestic violence on a large scale, it is very likely, based on the Telethon Kids Institute findings, that Fetal Alcohol Spectrum Disability is a highly significant factor.

An inquest into the suicides in the Kimberley of five Aboriginal children aged between 10 and 13 indicated that there was circumstantial evidence that a number of them had fetal alcohol spectrum disability and many had used alcohol and cannabis. As Professor Ted Wilkes put it when asked to explain the pattern of youthful suicides, “Young kids are using alcohol to escape from something horrific that has happened to them.”⁶

This brings us to one of the most sensitive and emotionally exhausting facets of your work in community services. I believe that there is evidence that Fetal Alcohol Spectrum Disability may also be an important factor in the ongoing escalation of child removal in Australia. Community services, adoptive families and foster family organisations in several nations have reported that widespread behavioural problems among many of the children in these services indicate at least some of these children have been exposed to alcohol in their mother’s womb. The Peterborough study in the UK assessed that up to 75 per cent of the distressing behaviour reported by adoptive families may have a maternal link to alcohol.⁷

In a hard-drinking nation like Australia this signals that the problems incurred in out of home care are likely to be made far worse by this largely hidden disability. Currently of more than forty thousand Australian children in out of home care, over fifteen thousand of them are Indigenous. Yet there are only a handful of FASD specialist centres in the whole country and most of these children are not being diagnosed. In fact, FASD is poorly assessed in most nations.

⁴ Charlotte Hamlyn, ABC NEWS, “One in three in WA youth detention have foetal alcohol spectrum disorder, study finds. March 3rd 2017.

⁵ Louise Gray, National organisation for Fetal Alcohol Spectrum Disorder. Address to Rockhampton Seminar on FASD October 12 2017.

⁶ Irena Ceranic, ABC NEWS, Kimberley Indigenous Suicide Inquest told Kids using alcohol to escape ‘something horrific’. June 27 2017.

⁷ Geraldine Gregory, Venkat Reddy, Clare Young, “Identifying children who are at risk of FASD in Peterborough: working in a clinic without access to gold standard diagnosis. Adoption & Fostering Journal. UK. September 28 2015.

Women so often are not screened in pregnancy to establish possibly dangerous levels of alcohol consumption. Given the unplanned nature of their pregnancies many may not have considered that pregnant pause in drinking. Their GP may even be telling them that a couple of glasses of wine to relax is OK during pregnancy when in fact there is no safe level of alcohol exposure for the unborn child.

The latest investigations that I want to share with you indicate that we are staring at a syndrome and a spectrum of disability that does indeed affect not only mother and child, but quite possibly the grandchildren and even great grandchildren. Professor Kelly Huffman's research at the University of California suggests that while the ethanol does not change the unborn baby's genetic sequence, it does appear to disrupt how that sequence is read, a field known as epigenetics.⁸ Huffman's studies on mice indicate that the brain size and body weight is affected in the first generation but the damage is also passed on to a second and third generation, albeit in slightly weaker forms of sensory and motor difficulties, anxiety and depression.

What a human catastrophe. Here we have a social practice, drinking wine, beer and spirits, that has spread around the world over a very long period of time. Warnings about wine affecting the unborn infant go back to Biblical times and even before Cook set sail for Australia with his rations of rum, a British Surgeon general in the early 1700s was saying that alcohol consumed by a pregnant woman could cause a withering of the fetus.

Why haven't we woken up to this pattern? Clearly in Australia addiction and toxic damage through excessive alcohol consumption is a major social challenge that we tend to downplay because of our near-mythical view that alcohol means triumph. Not toxicity. Well, it is time to be honest. Alcohol is now a cross-generational toxin, a poison that is damaging so many Australian children and a significant part of the life-stream of your culture, the world's oldest and most resilient human culture.

Where do we start to prevent this curse on our children which has such profound impacts? Some scientists including Professor Kelly Huffman whose work I have cited at University of California, think that we should recognise that many humans will never stop drinking or abusing alcohol. Better to try, she suggests, to invent what she terms a "preventative cure" such as a supplement that the pregnant woman would take while she is drinking alcohol.

Is that really the best kind of prevention? If we view addiction as a pathological re-wiring of the brain to seek more alcohol even when our mind usually would tell us that this is damaging our health, our family, our babies, then perhaps an age-old version of wellbeing and mindfulness known to Aboriginal people is a much better solution. Is it possible that with life style illnesses related to alcohol, tobacco and obesity, we can find a way to alter our lifestyle by tapping into the ancient strengths and resilience of Indigenous societies?

Now the 'mind-body connection' becomes very challenging and culturally sensitive. Back in 2013 I tried to explore this difficulty in an address in Darwin to the Royal Australasian

⁸ Kelly Huffman, "Prenatal Ethanol Exposure and Neocortical Development: A Transgenerational Model of FASD." Pub Oxford journal Cerebral Cortex. July 6 2017.

College of General Practitioners.⁹ I pointed out the evidence that even among medical practitioners, health experts and professionals like some you here today, arguably the group with the greatest scientific knowledge about wellbeing, there are still worrying levels of depression, anxiety, suicidal thoughts and stress that go with medical training and a work/life pattern that is clearly out of kilter.

What is happening here? Even among doctors, with the most education to understand the health risks of obesity and overweight, the profession trained to understand the nature of depression and the impact of alcohol on fuelling mental illness, we can see very clearly that health is a state of mind and body. Our attitudes, our crucial lifestyle decisions, our education, all of the social determinants and our work/life balance clearly are shaping our health outcomes. This I believe should provide life-changing and life-saving insights for how we go about responding to Fetal Alcohol Syndrome Disability.

The outstanding work that June Oscar and other Aboriginal women have done in the Fitzroy Valley of Western Australia demonstrates my belief that understanding the mind/body factors and the social context is essential. We have to consider how and why people are drinking and smoking and what is happening in their communities to blur their judgements about what is acceptable and what is dangerous. For example, impoverished people continue to smoke in many parts of the world, not only in Aboriginal communities. For many people, addiction may appear to bring an intense stimulation, like a junk-food diet or alcohol intoxication. Taking steps to break old habits are harder if you don't understand the habit, if you are desperately poor or so depressed that you don't care what alcohol is doing to your health or to the future life of your unborn child and their children and grandchildren.

Clearly some hopeful changes at Fitzroy Crossing, especially lowering the percentage of women drinking alcohol during pregnancy, demonstrates that a community-wide effort to restrict the promotion, accessibility and even the floor price of alcohol can have a beneficial effect. Prohibition, especially Northern Territory-style Interventions that are discriminatory, always leads to backroad bootlegging of grog. Those social controls on the Territory mob have only seen rates of abuse, neglect, self-harm and suicide, as well as incarceration rates at least double over the ten years of Intervention controls. However, before and after this period of disastrous Federal Government Intervention, many communities have shown that their own initiatives can create waves of wellbeing.

In the remote communities that I know best people go to the club and get on the grog to numb the pain, forget about everything else and even gamble away the few good cards you may hold in your hand. I certainly don't include the Welfare Card, a cashless control mechanism that only tightens the screws on an Aboriginal family. In healthier places, however, people get together and work on community controlled programs to educate people about healthy eating and drinking. They take an interest in the families that are losing the battle and recognise that we are all in this together. Wellbeing requires us all to believe that we are a human family.

⁹ Jeff McMullen, "Health is a State of Mind". Address to Royal Australasian College of General Practitioners. Darwin. October 17 2013.

The mindfulness I speak of to begin to restore the balance may sound simple but it is backed up by scientific evidence that to get back on country, to walk on country and listen to this land sing to you, is a powerful elixir of wellbeing. Some days we all need to just listen to the song of a Crimson Rosella or plunge into the surf and then let the sun remind you that we are among the most fortunate people on earth at any time in history.

At a place called Beswick Falls on Jawoyn country south of Katherine, I watched Tom E. Lewis and the Old People of the Beswick community introduce a grog free corroboree, an event that I have been the patron of since its first year back in 2002. *Walking with Spirits*, they call it, and it is the strongest tonic for the spirit that I have ever seen because out there together under a magnificent night sky everyone can believe again in community, in family, in the eternal strengths and resilience of the *human* family.

After any such night when a community is feeling good and virtually everyone is clear headed, it is a perfect time for workers to talk with young people about their health and their habits. You can start by listening to young girls as you find out what they know and don't know. The West Australian Health Surveys by the Telethon Institute have shown that many do not know that drinking alcohol and smoking during pregnancy can have a devastating effect on their babies and that is what I have found from talking with so many young people.

We are at our best when we offer positive life-changing information. Look into her eyes as if she is your daughter and explain how every additional year she spends at school can add up to four years to the life expectancy of her first baby. That's the research finding from Canada's Dr Fraser Mustard and it shows how we build on these mind/body strengths.¹⁰

Ken Wyatt, Noongar man, Indigenous health administrator in NSW and WA and, now Federal Minister for Indigenous Affairs and Minister for Aged Care, gave me added scientific incentive for this life-skilling approach some years ago. Wyatt had research that indicates that for each of those extra years of education we can add to that young girl's schooling we will reduce infant mortality by seven to ten percent.¹¹ These are the fundamental lessons that we still have not shared with all Australian children.

At AIME, Australian Indigenous Mentoring Experience, we also have an Aboriginal led approach to learning and wellbeing that has seen more than ten thousand Indigenous kids and thousands of their mentors work together on life changing knowledge.

As we gather here in Sydney this Aboriginal initiative is being taken up in South Africa, Uganda and Canada, because young people everywhere must be secure in their identity, strong in culture and able to rise above discrimination to be even capable of hearing a life empowering health message. Among the 93% of AIME kids who are completing Year 12 studies in Australia and the 34% who are going on to tertiary education there will be more Indigenous doctors, nurses and health workers who will change this nation's whole

¹⁰ Fraser Mustard. "Investing in the Early Years. Closing the Gap between what we know and what we do." Adelaide. 2008.

¹¹ Ken Wyatt cited by Jeff McMullen in "When Literacy Can Mean Life." Griffith Review. Autumn Edition 11. Getting Smart. 2006.

approach to Indigenous health. Changing the nature of the workforce, closing that space between us, can move us from the sickness industry to prevention of illness and creation of wellbeing.

I recently chaired sessions at AIDA'S national conference and what a moving experience it was to see around 300 Indigenous doctors and medical students when I remember a time when there were just 30. For me, the first Indigenous nurse, Sally Gould, the first Aboriginal doctor, Helen Milroy, first surgeon, Kelvin Kong and first dentist, Chris Bourke are heroes and heroines. This progress in Indigenous empowerment is crucial to creating the approaches that will allow this knowledge to flow on to those with the greatest burden of illness.

Here is the test. What do we do in our lifestyle and through our own choices that flows on to those unborn children? How do we understand, support and care for those young mothers and their partners, understanding that we are indeed a human family? Are we prepared to change our own health habits as we expect others to change theirs? Will we press for a more sensible approach when alcohol, smoking and obesity are manufactured health threats related more to profit than true pleasure.

In the end, having thought deeply about alcohol, I can't see that it has a great social purpose. I have seen the damage it did to my own father, to many friends and countless children born to mothers who drank during pregnancy. I know the old adage about everything in moderation and I certainly have enjoyed a drink with many people in many places from our Western Desert to the Mongolian plains or deep in the Amazon. Yet my intellect tells me that I am better off without it. I can drink water from a water fall and say that there is no better thirst quencher on earth. It's one of the miraculous ingredients of our watery Blue Planet and part of the secret of life on earth.

You see we need a convincing story for a clear mind and a strong body. Who among us are willing to lead the way?

Jeff McMullen address to NSW Aboriginal Community Services Wellbeing Conference, Brighton Le Sands. October 17 2017. The core text was the basis of a presentation at the Queensland Seminar on Foetal Alcohol Spectrum Disorder held at Rockhampton 12-13 October 2017.