

Could a Treaty make a Practical Difference in People's Lives? The Question of Health and Well-being

Sean Brennan

with edited extracts from a National Forum

When people talk of a treaty between Indigenous and non-Indigenous Australians, the debate is often about high-level principles. Issues like sovereignty, self-determination and constitutional guarantees are undeniably important. People hold different views about them and these are debates we need to have if Australia is to move forward. For many people, however, a key question is whether a treaty or treaties between Indigenous peoples and Australian governments would make any *practical* difference to everyday life.

By almost every measure, Aboriginal people are the most socio-economically disadvantaged group in the country. A treaty process would demand an enormous amount of time, energy and political effort. Before Australians – Indigenous and non-Indigenous alike – decide whether that is the path they wish to go down, they are entitled to ask that question, to submit the treaty proposal to a stern test of practicality. A formal binding agreement with the government could have important moral and symbolic significance, but would a treaty make a difference to Indigenous people in their daily lives?

This Issues Paper approaches that question from the perspective of health and well-being. There could be few more urgent issues confronting Indigenous communities and the Australian nation than the state of Indigenous health. Australia is an affluent nation, life expectancy is the fourth best in the world and generally we rank very highly in cross-country comparisons on measures of good health (Australian Institute of Health & Welfare, *Australia's Health 2004*). Rates of chronic disease and acute illness amongst Indigenous peoples, however, are often several times the rate in the general

population and there is little sign of overall improvement in the health of Aboriginal and Torres Strait Islander people. Statistically an Aboriginal man can expect to die at 56 years of age, a figure that last applied to non-Indigenous Australian men in 1901, and an age that is 21 years below the comparative figure for non-Indigenous men today. Aboriginal women are in much the same situation.

Good health and well-being is vital. Without dramatic improvements in Indigenous health it is difficult to make sustained progress on education, employment and economic development. These issues are all inter-linked and few would dispute that Indigenous health is a critical issue and a national priority.

What difference might a treaty make to Indigenous health? Would a treaty have a positive impact in other aspects of daily life? In order to find out more about these questions, the Treaty Project co-hosted a national forum in Sydney in September 2004, *Indigenous Health and the Treaty Debate: Rights, Governance and Responsibility*. People came from overseas and around Australia, from Aboriginal community-controlled health organisations, from government and academia, from business, law, medicine and public health, from reconciliation organisations and the general community.

Over the course of the day they debated the causes of ill-health. They talked about the capacities of the community-controlled health sector, the importance of more Indigenous participation in the health workforce and the critical issue of underfunding in Indigenous health. They discussed the possibilities of negotiating new institutional arrangements and how this can lead to

better health and long-run savings in public expenditure because things are done properly the first time. They discussed the statistics that show Indigenous life expectancy is far better in New Zealand, Canada and the United States, all countries as it happens where governments entered into treaties with Indigenous peoples.

This Issues Paper offers a sample of what was said at that national forum. As participants talked about the right to good health, the importance of good governing structures in health administration and the shared responsibility of individuals, communities and governments, two key themes emerged that are relevant to the debate about a treaty or treaties in Australia. In both cases Western research is emerging to confirm what Indigenous peoples have said for a long time:

- community control is a critical ingredient for success; and
- health is holistic.

Both propositions are significant in considering whether Australia should proceed down the path of modern treaty-making between Indigenous peoples and Australian governments. In order to explain that connection this paper will deal briefly in turn with each of those propositions, before presenting some of the highlights of the national forum held in September 2004.

Community control: jurisdiction and good governance

A basic feature of a treaty relationship is a mutual recognition of authority. Treaties are not just any kind of agreement. Treaty parties enter into an agreement that has a *governmental* character. This is because, by doing the deal, each side is recognising the political authority of the other party to represent a community at the negotiating table. A treaty is also governmental in character because typically it deals with the shared exercise of decision-making authority. In other words, who has the legal power when, to make decisions, to allocate resources and to set directions in particular areas of public policy like health, education and justice?

Implicit, then, in a treaty is a recognition of legal and political authority. Some call it 'jurisdiction', some call it 'sovereignty' (see Issues Paper No 2), some call it governance or other things. The critical point here is that the decision to go down the treaty path involves investing faith in the idea of returning jurisdiction to Indigenous communities, when historically the story of British colonisation and Australian nation-building has been about taking that authority away and replacing it with the authority of the Crown.

Aboriginal and Torres Strait Islander people have long fought for the retention or return of community control over issues that affect them in their daily lives. The establishment of Aboriginal legal services and medical services from the early 1970s became just one of many ways in which Indigenous people sought to re-assert jurisdiction and authority over basic bread-and-butter issues. Slowly these services overcame official resistance to become part of the landscape, but even where community control has been endorsed by government, debate continues over whether that support is more rhetorical than genuine. Politicians and officials can be reluctant to relinquish their power and recent changes by the Federal Government in 2004 have included the proposed abolition of an elected representative body (ATSIC), the 'mainstreaming' of government functions and the potential tendering out of legal services to large law firms with no experience of Indigenous community life.

At the National Forum on Indigenous Health and the Treaty Debate, Professor Stephen Cornell of the Harvard Project on American Indian Economic Development presented powerful evidence of a link between community decision-making and better results in health, housing, justice and economic development. Extracts from his paper follow later but his argument based on North American evidence is straightforward. We cannot expect Indigenous communities to thrive unless they have at least two things:

- a. *jurisdiction*: the ability to make important decisions about the fundamental things that affect people in their daily lives.
- b. *good governance*: institutions with the capability and the legitimacy to make good decisions and be accountable for them.

Health is holistic: psychological and social factors

Health depends on an interplay between individual behaviour and broader factors that can shape that behaviour and the environment in which people live. Achieving improvements in health is not usually a straightforward matter. Researchers continue to learn more about what causes ill-health and what interventions may help. Some of those interventions occur at the level of the individual, giving someone a medicine or getting them to cease engaging in a risk behaviour. Other interventions address broader structural and environmental factors, such as passing a law to cut toxic emissions from factories.

Lifting health standards across a population means intervening at various points in the chain of causation leading to ill-health. One relevant question is how far 'upstream' from the individual can health professionals or governments effectively intervene with a change in law, policy or practice?

Historically, medicine and research has concentrated heavily on interventions at the individual patient level. In recent years there has also been growing research interest in 'upstream' factors, or what epidemiologists call the 'social determinants of health'. These are the psychological and social factors that influence health and longevity.

Leading epidemiologists are convinced that changes in public policy can affect the social environment in ways that are conducive to better health. They say that, by approaching health through its social determinants, environmental changes can lead to healthier individual behaviour. Some of those recommended changes would happen in the 'health' sector, but others lie outside of that, for example in law, politics and economic policy. The Commonwealth Government itself accepts that improvements to health status require a response from many sectors, not only the health sector.

A recent report from the World Health Organization (WHO) – *Social Determinants of Health: The Solid Facts* – named some of the broader factors that influence the state of people's health. Social and economic circumstances are critical. 'Life expectancy is shorter and most diseases are more common further down the social ladder in each society.' The policy implication of that research finding? The report says that good health involves 'reducing levels of education

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failure, reducing insecurity and unemployment and improving housing standards. Societies that enable all citizens to play a full and useful role in the social and economic and cultural life of their society will be healthier than where those people face insecurity, exclusion and deprivation.'

With addiction WHO says the 'causal pathway probably runs both ways. People turn to alcohol to numb the pain of harsh economic and social conditions, and dependence leads to downward social mobility'. The policy implications are that effective policy is needed to deal with addiction to alcohol, tobacco and illicit substances: controlling availability, health education and treatment. But that will not succeed, according to WHO, 'if the social factors that breed drug use are left unchanged'.

Social exclusion is harmful. 'Being excluded from the life of society and treated as less than equal leads to worse health and greater risks of premature death.' The report goes on to say that social exclusion 'also results from racism, discrimination, stigmatization, hostility and unemployment. These processes prevent people from participating in education or training, and gaining access to services and citizenship activities. They are socially and psychologically damaging, materially costly, and harmful to health.' The policy implications include the following: 'Legislation can help protect minority and vulnerable groups from discrimination and social exclusion.'

The question of a treaty takes this research on social determinants a step further. It asks whether a change in the law, at the most fundamental level of the Constitution, could have an effect on health outcomes. Can a binding legal agreement between Indigenous peoples and Australian governments do anything to lift the health status of Indigenous Australians from third world levels?

Excerpts From The National Forum

The National Forum on *Indigenous Health and the Treaty Debate: Rights Governance and Responsibility* was held at the University of New South Wales on 11 September 2004. Below are some of the key themes and edited excerpts from some of the presentations. Speakers' papers and an audio and video webcast of the event are available on the internet at www.gtcentre.unsw.edu.au/Conference-Papers-National-Forum-Indigenous-Health-2004.asp.

1. Indigenous health in Australia is in crisis

Olga Havnen has worked for years in the field of Indigenous rights and was until recently the Manager of Indigenous Programs at The Fred Hollows Foundation. She began her talk by emphasising how serious the situation is in Australia regarding the health of its Indigenous people.



Participants gather at The Scientia, UNSW for the National Forum on Indigenous Health and the Treaty Debate. Photo: Britta Campion

Keynote speakers at the National Forum, from left: Olga Havnen, Stephen Cornell and Ria Earp. Photo: Britta Campion

We are the world record holders in some of the most preventable, treatable illnesses – rheumatic heart disease, strep infections, end stage renal failure – yet the meaning of these statistics seems not to be heard or felt. The human face of such illness and misery is not recognised.

Overall, Australians enjoy amongst the highest standard of health and life expectancy in the world. By comparison, Indigenous Australians have a life expectancy less than that of many developing countries. The health emergency in Indigenous Australia is not confined to remote communities. Sure, on some indicators people living in remote communities are definitely worse, but overall, regardless of where Indigenous people live – it is uniformly poor and unacceptable.

Jeff McMullen was for many years one of the public faces of *60 Minutes*. More recently he has committed to working with Aboriginal communities and others in tackling the Indigenous health crisis. As a Director of the Ian Thorpe Fountain for youth Trust, Jeff has joined Australia's champion Olympian in supporting community initiatives that focus particularly on the health of children:

My long career as a television story-teller and what I have seen in other parts of the world convince me that Indigenous Australians, with the oldest continuous culture on earth, are now facing their most serious health threat since Europeans first brought epidemics of disease here over two centuries ago.

As Aboriginal doctor and medical researcher, Professor Ian Anderson, put it: 'We haven't seen the improvements in health outcomes that have been seen in other Indigenous populations across the world and we have to ask the question why.'



2. Responsibility for good health is shared

Aware of how large the problem is, many at the Forum focused on solutions. While individuals have a key role to play in ensuring their own good health and well-being, research reveals that others also have important responsibilities.

Many said that the essential elements had been identified a long time ago and that the problem is not research so much as implementation. Those key elements, it is said, include:

- greater emphasis on primary health care through partnership with community-controlled health services;
- better co-ordination;
- much greater resources to match needs;
- a simultaneous focus on individual behavioural problems like substance abuse and broad social determinants of health including in policy areas well beyond the health sector; and
- a structural change to the way that business is done in Australia's federal system between governments, communities and health providers.

Ian Anderson made the point that in this context of shared responsibilities, governments have a major role to play in minimising human suffering and reducing health inequalities. He identified a number of things that governments must do:





Health care and especially healthcare delivered by primary health care services plays a critical role in improving certain kinds of health outcomes.

Many of the social determinants of health lie outside the direct influence of the health portfolio. Governments also have a role in implementing effective strategies in other sectors such as education, housing and employment.

They have a role in actively promoting and developing a socially inclusive and non-racist social climate. And that is critical for the production of good health. Not just a nice thing.

Governments need to ensure that we have resources on the ground to deal with our problems ... Overall, for every dollar we spend on the health care of non-Aboriginal Australians we spend 22 cents more on the health care of Aboriginal Australians. That is despite the fact that by and large we have a burden of illness that is two or three times higher. We significantly

under-invest now in the money we provide to resource this problem. When you look at certain parts of the system the financing is even more dysfunctional. It is at the level of primary health care that the under-investment is most critical.

Achieving good health means also integrating what happens at the governmental level with what occurs in the community level and with each individual. Ian Anderson said that governments must grasp the fact that health operates at a personal level and upstream at the structural level as well:

And an important middle bit: there are a number of psycho-social factors that are also important in the production of good health. And these are factors that are partly related to the connectedness we have with our families and our communities. We now know and we've got good evidence that mastery or control is a critical part of producing good health.

I want to make that point and really underscore the fact that governments don't give health to people. Governments facilitate and may enable and may resource it but health care is

something which we do ourselves. Our health is produced through the control that we can take over our individual lives. The evidence is unequivocal nowadays.

Pat Anderson, a leader in the community-controlled health sector, took up this point. Starting with a focus on the individual, she asked:

What do we have to do for our health, I mean health in its widest application. For our rights, ourselves, both as individuals and as a collective, as separate nations of peoples? We need to be united with our essential selves. This is a real challenge for Aboriginal and Torres Strait Islander people in Australia today. How do we as individual human beings, with our families and communities, reclaim our place in the world today? Reclaim our essential selves?

We Indigenous peoples need to talk about this more than ever. Once we have had time together to talk openly about these things we will have once again regained the health and strength to govern our lives, our families, our communities, our world. As Steve Biko famously said 'The most potent weapon in the hands of the oppressor is the mind of the oppressed.' We need now to decolonise our minds. Our minds are our most powerful tool for freeing ourselves from oppression, to free ourselves from oppressive situations in fact to free our very spirit.

We need to heal, to be healed and to be whole again so we can take responsibility for our own lives and the future of all our peoples. If as individuals we can regain our selves, the essence of who we are and thus decolonise our minds, the collective – all of us – benefit from the efforts of each us as individuals as we undertake this profound journey. Our families, our communities and indeed the nation-state can only benefit from this epic struggle.

This individual struggle is, however, connected to the political struggle of Indigenous people and the way they organise themselves collectively to take decisions and move forward, and also for the way they engage with the wider Australian community:

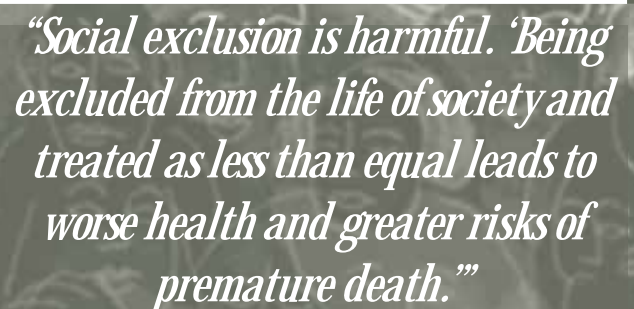
Issues of governance are connected to this self-knowledge and this freedom. The current talk

of governance and capacity building seems to imply that we don't know about governance. It seems to imply that we lack sophistication, that this is a western concept that we know little about or something we intellectually struggle with. We don't understand and therefore we need help, poor buggers. That governments need, once again to step in.

Let me say to people who may have this view. We know lots about governance. We have been on this planet, on this country for a long time. But in the past we had structures and systems which worked for us. But then our minds were free. We were in charge of ourselves, our destinies, our lives. All aspects of us as sovereign peoples. Claiming back this sovereignty, decolonising our minds to reinstate our forms of governance is part of our journey. This necessary quest we need to undertake to be whole again. However let me also say we never ceded our sovereignty. We practice it every day in running our own organisations, the Aboriginal community-controlled services and other organisations that practice self-determination every day.

Once we have moved beyond ourselves we are forced to consider issues of governance. And for Indigenous people all around the world, this question has also led to discussion of fundamental ideas such as sovereignty, or its articulation in terms of a treaty or bill or charter of rights.

Once the individual is healed, each Indigenous community and the nation that encompasses all Indigenous people in this country must also be involved in a similar journey of healing with each other. Any process of negotiating a meaningful and effective codification of relations between Indigenous and non-Indigenous peoples of Australia will be challenging, traumatic and time-intensive. A journey of healing for us as a nation.



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3. A treaty could benefit health by structuring the way responsibility is shared

Experienced people who have spent their lives working in Indigenous health, like Pat Anderson and Ian Anderson, think a major change 'upstream' like a treaty could have a real impact on Indigenous health. Why? Ian Anderson says it is about inclusion, participation, re-negotiating relations with government and changing the place of Indigenous people in Australian society:

Governments do have responsibility in Aboriginal health. Governments cannot realise their responsibilities if they don't have a participatory process. It is important to have people who will argue what does it mean to have good access to health care for Aboriginal and Torres Strait Islander people. What does it mean to have safe and appropriate health services? This is something that can't be just imagined by a non-Aboriginal bureaucrat. These are things that need to be discussed, negotiated and argued with Aboriginal and Torres Strait Islander people who are both the users and the deliverers of health services.

In that light treaties or a treaty may well play a fundamentally important role. If it can underscore the participatory process and shore up ways in which we as Aboriginal and Torres Strait Islander people participate in the processes of our nation and secondly if it can have a direct impact on those social processes that are fundamental to reducing inequalities. If a treaty can result in a changed economic and social position for Aboriginal and Torres Strait Islander people then it will have an indirect benefit in terms of health outcomes.

According to Pat Anderson a treaty offers some very practical changes to the way things are done – structural reform that clears out administrative blockages to forward progress. It goes further, she says, by also offering a psychological and wider set of benefits – affirming the rights of Indigenous peoples and their place in a more confident and united Australian nation:

In terms of our health such formal negotiations over sovereign rights should assist the articulation of clear and effective institutional arrangements for the provision of health and

other services. Overcoming the adversarial nature of State and Territory govt relations with us, establishing Indigenous rights in law, and through establishing the rights of peoples, giving individuals a greater sense of their own strength within a system and lessening of helplessness and/or powerlessness. A fundamental change in responsibility for Indigenous health and also our psychological well-being must occur at all levels in Australia: the individual, the community and at the national level, that is, at the level of the Australian government. Only then will Australia be whole again as it was. And it was, before colonisation.


Likewise, Olga Havnen sees negotiated agreements like treaties as a means to empowerment and a pathway out of poor health towards real improvements. Recalling sentiments expressed by Mick Dodson as Social Justice Commissioner, she said:

Central to bringing about improvement in the health of our peoples is the inherent right of self-determination and our capacity to exercise that right. If Indigenous Australians are not actively engaged as the primary agents of change then the root causes of our ill-health will not be addressed.

In the area of health, as in so many aspects of our lives, self-determination is essential – not merely as a matter of right, but as a matter of practicality. Good health cannot be simply 'delivered' to our communities – it must be developed and sustained from within. Experienced practitioners in development can attest that nothing else will work.

Past and present policy paradigms have failed us miserably. Current administrative arrangements and the constant cost-shifting between Commonwealth and state governments is both inefficient and inequitable. If we are to get Indigenous affairs beyond the political fray then there has to be a fundamental change in the nature of the politico-legal relationships between Indigenous peoples and other Australians.

Contrary to the views of some, I would argue that recognition of Indigenous rights in law does not threaten the fabric of our society - it poses no threat to national sovereignty. Negotiated arrangements or treaties have the potential to



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play a constructive and useful role in addressing the substantive issues which underpin Indigenous socio-economic disadvantage and powerlessness.

These thoughts echoed some of the observations of Ria Earp, a Māori woman and the most senior official in the New Zealand Government responsible for Māori health. She outlined the way in which the Treaty of Waitangi, a treaty with Indigenous people in a nearby country with many similarities to Australia, has an everyday effect on the way Māori health is addressed:

The main points for me are that the Treaty:

- was about negotiation not force;
- recognised that there were two parties to the agreement;
- is a relatively concise document;
- is written in two languages (and not surprisingly these versions differ in meaning); and
- has come to be regarded as the founding document for New Zealand.

In 1987, the Royal Commission on Social Policy outlined three major Treaty of Waitangi principles, which the Commission saw as integral to the future development of social policy (including health policy) and social services. These were as follows:

- Partnership: the Treaty was a compact between the Crown and Māori, which required its partners to act in good faith with each other;
- Participation: the Treaty required that each partner was able to participate in the affairs of the nation; and
- Protection: there was an obligation on the Crown to actively protect Māori interests.

Ria Earp outlined her views on how a Treaty framework contributes to the improvement of Māori Health, including:

Firstly, the Treaty was an ‘enabling document’ – it recognised two parties and provided a basis for on-going discussions.

Secondly, the Treaty provides a framework for action, which requires the involvement of both the Government and Māori – that is, it is a joint process.

Thirdly, the Treaty provides a framework from which to consider Māori health improvement within wider Māori development. A Treaty approach is holistic – it does not artificially displace key parts of Māori development from others. The Treaty also allows for the alignment of actions in Māori health policy to Māori community development activity in other areas (such as economic, land and cultural development).



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4. Returning ‘jurisdiction’ to communities is essential

The Forum took place at a time when both major political parties had announced their intention to abolish the Aboriginal and Torres Strait Islander Commission (ATSIC). An elected body for Indigenous representation and advocacy, ATSIC was also unusual in that it was located inside the federal bureaucracy with an opportunity to participate in the development of policy and co-ordination of government services to Indigenous people. Ian Anderson said:

Government responsibilities are shared. They can only be realised if there are institutional processes both at the policy level and the service delivery level that enhances Aboriginal participation and control. Aboriginal community-controlled health services play a fundamental and pivotal role in our health system in enabling just that. But also there is a need for partnership processes in policy development and planning at a regional and a Commonwealth level.

I note the impact of the abolition of ATSIC. While there would be many people who would argue the need for reform of the Aboriginal and Torres Strait Islander Commission, it was the agency at a Commonwealth level that created the effective linkages across government. Mainstreaming all the programs ... is not a strategy for promoting effective co-ordination. It's a strategy for dismantling co-ordination. And there's a question in my mind as to how we can into the future even talk about effective intersectoral strategies in health without a structure such as the Commission.

Also speaking at the forum, specifically on the importance of Indigenous decision-making in the achievement of social and economic development, was Professor Stephen Cornell of the Harvard Project on American Indian Economic Development:

The United States and Canada have spent the better part of a century struggling to deal with the disastrous consequences of colonialism for the Indigenous peoples of North America, including its catastrophic impact on Indigenous health and welfare. They have tried numerous policies, from removing Indigenous people from their lands, to forced assimilation, to systematic neglect. During all that time, only one overarching policy orientation has ever shown sustained evidence of actually improving the condition of Native peoples: the policy of Indigenous self-determination and self-government—that is, a policy that puts substantive decision-making power in Aboriginal hands. That policy, of recent vintage in the US and still not fully realized in Canada, has been inconsistent, and it is perennially under attack in both countries. But the bottom line remains. From the point of view of Native welfare, shifting jurisdiction to Native peoples is the *only* policy that has worked.

He then offered a range of examples and evidence to support his argument, from Alaska, British Columbia, Arizona and New Mexico:

In one way or another, all of these are success stories – they trace significant improvement in the daily lives of Aboriginal peoples. But they do more. They show that jurisdiction can be a win-win proposition. Both Aboriginal and non-Aboriginal people benefit in these stories.

Programs operate more efficiently, health improves, costs decline, and the long-term burden of Native poverty begins to be reduced for both Indigenous nations and the society as a whole. These empowered nations are solving problems that the United States and Canada have failed to solve for nearly a century.

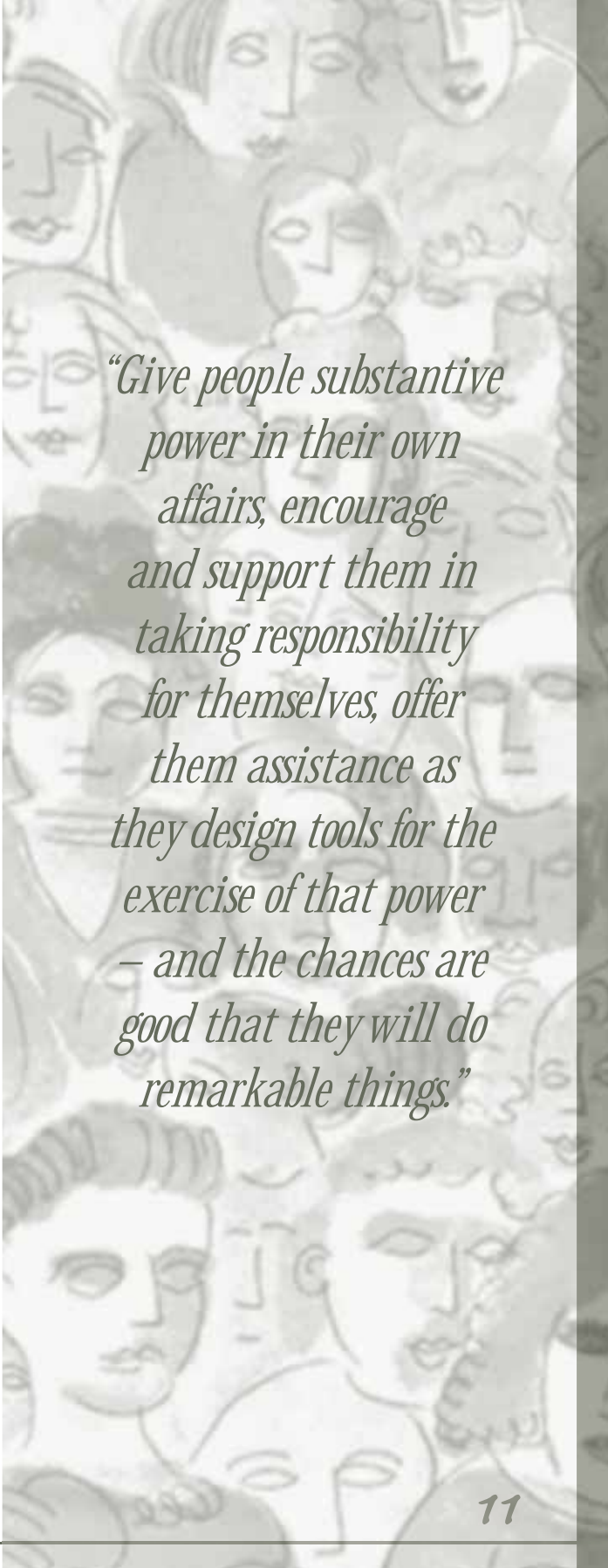
So what are the keys to such success? Those keys are likely to be both multiple and diverse, but two appear to be fundamental. First is the one I've focused on: jurisdiction. Why? When Indigenous nations gain power over their own affairs, at least three things tend to happen. First, bureaucratic priorities are replaced by Indigenous priorities, thereby gaining Indigenous support for initiatives and programs. Second, decisions begin to reflect local knowledge and concerns. And the third thing that happens is that decisions get linked to consequences. When Indigenous peoples themselves are in charge, they pay the price of bad decisions and reap the rewards of good ones.

And this is where the second key comes in. In these stories, Indigenous nations have to accompany jurisdiction with responsible, capable, and culturally appropriate action. In other words, in these cases, self-governing power has been matched by competent, resourceful self-governance. Without that, we would have had no progress but just a great spinning of wheels.

What if overcoming systematic Indigenous disadvantage will require investing in Indigenous self-determination? The North American evidence suggests that this is, indeed, the case. Self-determination is one of the keys to improved welfare in Indigenous communities; you're unlikely to move toward equality without it. I know of no reason to think that Australia, for all its distinctiveness, would be exceptional in that regard.

Furthermore, I believe the stories I have given you today are not really North American stories at all; they are human stories. The lessons they teach are these: Give people substantive power in their own affairs, encourage and support them in taking responsibility for themselves, offer them assistance as *they design or adopt tools that they see as appropriate* for the exercise

of that power – and the chances are good that they will do remarkable things. Deny them all of that—as we have done for too long – and you should be prepared to pick up the pieces and pay the costs for generations to come.



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Conclusion

None of the speakers at the Forum saw a treaty as a solution for all problems. Those who suggested it could make a difference focused on a few key points:

- life expectancy is much better in countries similar to Australia that have established treaty relationships with their Indigenous peoples;
- health is affected by broader 'upstream' factors including the degree of control people feel over their lives and their sense of social inclusion;
- responsibility for good health is shared as between individuals, communities and governments;
- it is futile to expect communities and individuals to assume responsibility if you deny them the authority to make decisions;
- constitutional arrangements have always affected the way public money is spent, services are delivered and responsibilities for health are allocated; and
- constitutional arrangements can be re-negotiated to achieve a better allocation of responsibilities, and a greater sense of empowerment and inclusion for Indigenous peoples in the life of the nation.

Issues Papers Series

This series contains papers for a general audience on issues relating to the idea of a treaty or treaties between Indigenous peoples and the wider Australian community. Earlier papers published in this series by the Gilbert + Tobin Centre of Public Law are:

- Paper No 1 Why Treaty and Why This Project?
- Paper No 2 Treaty – What's Sovereignty Got to Do With It?
- Paper No 3 Native Title and the Treaty Debate: What's the Connection?

They are accessible in electronic form on our website at www.gtcentre.unsw.edu.au (under publications) or as a hard copy by emailing gtcentre@unsw.edu.au.

We welcome your comments or suggestions, which should be forwarded to Sean Brennan, Director of the Centre's Treaty Project, at s.brennan@unsw.edu.au.

The Treaty Project

The Treaty Project is part of a larger collaboration between the Gilbert + Tobin Centre of Public Law and our two Australian Research Council partners. Professor Larissa Behrendt is Director of the Jumbunna Indigenous House of Learning at the University of Technology, Sydney. Our other partner is Dr Lisa Strelein, Manager of the Australian Institute of Aboriginal and Torres Strait Islander Studies' Native Title Research Unit.

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The Project maintains a resource page of treaty materials, which can be found at www.gtcentre.unsw.edu.au.

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