One of the central issues raised at the recent Association of Women’s Health Services Conference was that of racism toward Aboriginal and migrant women. The conference, which was held at the Illawarra Aboriginal Community Centre on 26-27 May, looked at problems such as the lack of representation of Aboriginal and migrant women on health centre collectives; their exclusion from important areas such as finance and submission writing; and the failure to share skills, information and resources within collectives.

Margaret Whelan interviewed several women at the conference for the Australian Left Review. The interviews emphasised the difficulties facing the collectives and the need for review, both internally and externally of women’s health services.

Interview with Jean Carter who works at the Shoalhaven Women’s Resource Centre.

Margaret: What do you see as the greatest need for Aboriginal women’s health services?
Jean: I see the importance of Aboriginal women’s health services being separate. We need to maintain our identity, to see to our needs as we interpret them. Migrant women would do the same for the community they represent. I’d like to see that, even though we are separate, we are together — all women — that we support one another. Aboriginal collectives would be a much stronger body — a more effective body.

I’ve found that being employed under the Community Employment Program has given me the opportunity to reach out into the Aboriginal community and draw in Aboriginal women from La Perouse down to Wreck Bay (an Aboriginal community near Nowra). Developing that link-up has taken time. It’s really just getting established now. CEP funding does not really cater for the fact that that relationship, with that build-up of trust takes time. You just can’t do it within six or twelve months. With each case you establish trust, and are able to establish more clearly the areas of need.

Margaret: So perhaps triennial funding would help?
Jean: Yes. What we need is to be able to make long-term plans for Aboriginal collectives with Aboriginal control of those collectives. You see, you don’t just walk into an Aboriginal home, find out what’s needed, take that information, and walk out again. We don’t live that way. You sit around and share whatever problems families have. You can’t leave without trying to resolve all aspects of a problem — you can’t divorce your thoughts away from a particular problem.

My connections are right along the coast. Being known for the sort of work I do can become a real drain at times. You do it ... because it has to be done. A lot of community workers are like that.

I’m really enthusiastic about the idea of women’s centres. From the experience gained in the last six months, I feel that I’ve learnt a lot. That experience, and being able to work with a person like Jill (Jill Meikle who also works at the Shoalhaven Resource Centre) has been very informative — we’ve worked really well together. The concept of sharing knowledge and resources is very constructive. I think that it’s important to continue and build on that base.

The women at the centre recognise my Aboriginality, and that some things need to be separate. They understand that, and it’s that understanding that is important. We have our own areas and capabilities and are more effective in those areas.

I’m more than willing to put a lot of work onto them in some cases but, in other cases, particularly concerning Aboriginal women, I’m quite forceful in seeing that either the other Aboriginal worker or myself deals with that.

That’s fine, it works really well. I can’t see why other centres couldn’t come up with a similar solution. It’s just an understanding of one another, and a respect for each other’s abilities, a sensitivity as to who we represent.

Margaret: This has been a unique conference in many ways. What’s your response to it?
Jean: I’ve really enjoyed it. I’ve always looked at migrant women and thought “They’re different”. And there was ... not hostility towards them ... but sometimes I thought that they were
talking about me, because they spoke in their own language. But when you get to know people, you realise they have their own worries, their own concerns, and are far too busy to be talking to you at all! This meeting between women breaks down all that sort of misunderstanding. Actually, in Wreck Bay we haven't really moved out of a very small community — and the first thing I was greeted with by those Aboriginal women from Wreck Bay who were here yesterday was "You should have been here, it was really good .... they're just the same as us". Their concern about the future, their children. The good feeling I've got is that these feelings have been reciprocated. It's the beginning.

I hope that with the information that's been exchanged today, when we go back to our communities we'll be able to look at the many problems that face us with a broader perspective.

Margaret: Would you give me some information on the current situation of women's health services?
Jacki: Women's health centres were first set up in 1974 in Sydney. At that time they were funded by the federal government. In 1981, the Fraser government handed over all responsibility for women's health services to the state governments, and this led to inequality between states in funding to the centres, and also meant we had very little chance of receiving any increase in our funding because we were competing against all health services in the state.

Women's health services are grossly under-funded, and there's been no expansion in their funding to keep up with inflation. We've never been able to expand the health services to meet what we identify as the needs of women in the community. Most centres operate on virtually no funding at all, and it's very hard in the present economic climate for services to get funding if they identify the need for a women's health centre in a particular area.

Margaret: When you say they operate on little or no funding, that means that there is a lot of volunteer work as well?
Jacki: Yes, lots and lots of volunteer work. In NSW, there's only two centres that are funded in any way nearly adequately — the Leichhardt Women's Health Centre and the Liverpool Centre and they're funded to employ between 10 and 13 women. The problem with those centres which do get funding is that most of those workers are not on award wages — there is no award wage and that's why the government has been able to get away with not providing adequate funding for proper wages. The centres which are only partially funded ... there are usually only one or two wages given to those centres, like Bankstown, Gosford, Newcastle, Wollongong and Wugga. They've only recently got a bit of money. Those centres get money to cover one or two people and a little for administration — and that means all other women active in a centre often have to pay their own expenses to get to the centre, pay for child care, etc., so they can work in the centre on a volunteer basis. So, it's obviously under-funded. It has been clearly established across Australia that these types of services — centres run by women for women — are the best model for a community health program. That's been acknowledged in many government policy reports.

Kim: In NSW at the moment there's only one funded Rape Crisis Centre. They're grossly under-funded. They are supposed to be funded as a 24-hour counselling and assistance service. Those workers are currently working for $2.50 per hour for a 50-hour week. This is a particularly urgent situation, especially in country areas where there's no other resource for women who have been raped.

Margaret: Has most of the funding been from Wage Pause and the Community Employment Program?
Kim: A lot of the funding over the last few years has been through the Health Department. But with the new job creation schemes, a lot of services that don't get much, if any, funding have had to apply for Wage Pause and CEP to try to get at least one or two workers
because they're so under-funded they have to try any source to get money. A lot of women's services are getting some money right now to run parts of their program or set up particular projects or to employ one or two workers. But this is usually only for six months and so not in any way adequate to keep a service going. It's a stop-gap measure, really.

Margaret: What came out of the National Women's Services Conference in Canberra in March?

Kim: In March this year we held the first national meeting of women's health services. At that conference, we identified what areas women's services were working in, and also we identified the gaps in the services nationally. One of the main ones was that most services want to go back to federal funding. We see this as a way to have equitable services throughout Australia. At the moment, there is a lot of discrimination between the states. In Queensland and Tasmania, for example, virtually no funding goes to women's health centres. Also, we saw that there were lots of areas of women's health and welfare that weren't being met. Particularly for migrant women and Aboriginal women, the services are very inadequate so that these women's needs are not met. The services have to direct themselves to those groups of women.

The national conference provided a great forum for women in those services to get together and to look at these problems.

One of the main recommendations from the national conference was about the need for a national review of all funding arrangements. The government was giving a range of suggestions about how they want to fund and administer us, and we are very unhappy about how they place some of us under Housing, some under Health, etc. when, in fact, our services are usually multipurpose services. We decided that we need a national review into all funding arrangements which would include who we are and what we do, who should fund us, who wants to run us, and that we want to be funded by the federal government. We are still negotiating for some money to carry out that review and the government is very reluctant to fund us so that we can even investigate what would be the best way for the services to be administered.

On the NSW level, in the last couple of years we've set up an Association of Women's Health, Information and Rape Crisis Centres and we've been getting our funding campaign more organised. We have three-monthly meetings with the Health Department. We've been calling on them to develop a policy on women's health for quite a long time now and they've just started setting up a review into women's health services here. There have been a lot of problems with that because we are having to fight to get some workers' representation on the committee to run that review. So, at this stage, our history is that we haven't been very well organised as women's health services. They're stalling us in lots of ways in that they can't or won't tell us who is on the committee or what they are doing. They say they'll consult with broader women's groups, but not us. So we are having quite a fight to gain legitimacy within the Health Department.

Jacki: The main development with the Health Department is that they are not committing themselves to funding women's health services on an ongoing basis. Every year we have to fight with the state government to ensure that those funded centres will receive funding for the next year. We have no security in our existence as women's health services, let alone expanding the identified needs for services. Our basic need is that we get triennial funding so that we can plan the way our services will be delivered and that we have an award wage.

Interview with Noria Gonzalez and Monica Valenzuela who both work at The Factory Project — Women's Health in the Workplace.

Margaret: What has to be done to ensure that collectives operate as collectives?

Noria: I think that reviewing the aims and objectives of the collectives is the only way that women in the collective
We need structures which can allow an equal participation of migrant and Aboriginal women in setting up these aims and objectives. Otherwise, the objectives are going to be set up, as usual, by the women who are stronger, and who have the power anyway. So it's not just a question of how we solve the problems in the collectives, but also how we form a mechanism by which those aims and objectives are established with equal participation of migrant women and Aboriginal women.

Monica: Without the participation of migrant women and Aboriginal women to get a true picture of what's really needed, what will happen is that people will be blind to the needs of the community.

Margaret: Is there the need for research to establish those needs, or are they already established but they're not being met?

Monica: Both. At the moment there is a review of all women's services and I think that review should include a review of migrant and Aboriginal services, specifically, to emphasise their particular problems. And yes, their needs are not being met.

Noria: This has been the struggle of all migrant women in the collectives, and of the Aboriginal women who have recently started to be employed in the centres — again and again we are faced with the problem of not being listened to in collectives. We know very well what they needs are. The needs are obvious. It's just that, again, we are not being heard.

Monica: I really feel that, if there was any intention of meeting those needs, by now the services would know them. This isn't a one-day occurrence. This has been going on for years, and nobody has wanted to acknowledge it in some centres. Others have actually retaliated. You know, "you're too emotional, aggressive", etc.

Noria: Also, if we actually want any changes for migrant and Aboriginal women, it's always one task more that we have to take on. I think that the problems of migrant women, the problems of Aboriginal women, the problems of Australian women, are all problems of the women's movement. If the women's movement is serious about tackling the problems of women, then it's all women, without any distinction. If the problems of women which are addressed are only the problems of migrant women and Aboriginal women, then the women's movement, and women's services are not serious about the task of broadening the women's movement to all women in Australia.

Margaret: So it's part of the class struggle?

Noria: Yes. Again, it is this vicious circle. Those women who have privileges, who have access to services, are dominating women's health services, are dominating the women's movement. There is a need to look at the issues which are relevant to all Australian women, and not to the chosen few. I mean such things as childcare, or all those other areas which haven't been met — these needs must be reviewed within the services.

Monica: So, basically, the question is "Who are we servicing, and who do we want those services to be for?" — and at the moment, no two ways about it at all, those services are for a particular, an elite group.

Margaret: Yesterday there was discussion on the difficulties of language within collectives. What can be done to overcome this?

Monica: I think the question of language has two sides. One is, yes, if you have trouble speaking English, and we all have problems it just means that people will have to spend a little more time in listening, which is quite all right we're not there to put out a fire or anything, so we should have enough time to spend. On the other hand, we believe that even the most vocal migrant women get put down, which is not only a question of language. It is a question of attitude. I know a lot of very vocal migrant women. But no matter how vocal you are, if twenty people in the room are against two of you, you've just got to shut up because they just don't listen.