





**In the spirit of World Hearing Day and International Women's Day – both are celebrated this week – this edition of One in Six is a tribute to the talent, resilience and wisdom of Aboriginal Women in Hearing Healthcare and Advocacy.**

It is a celebration of voices that resonate with the power of culture, heritage, and dedication to improving health outcomes within Indigenous communities.

In this special edition, Jody Barney reminds us, "Our culture is like a solid foundation; language reflects who we are."

We bring to light the story of the Hayden sisters, whose personal journeys underscore the critical importance of ear health in building a good life.

In honouring the legacy of Lowitja O'Donoghue, described by the Prime Minister as 'A giant for our country', we are reminded "It's up to us to do the work she would want us to do."

Valerie Swift observes, "I see the need for more Aboriginal-specific ear health services."

Rheanna Beers explains, "To work with community and mob as an Aboriginal woman, travelling to places and connecting with Country is incredible. I get to chat with elders in the community, so I'm learning about my own culture, too. It's a real privilege."

Rebecca Allnut's insight, "It's about the beautiful relationships that develop," explores connection and community in healthcare.

Justine Clark is a beacon of inspiration, driven by the legacy of Indigenous scientists and ancestral wisdom in shaping the future of healthcare.

Claudette Tyson highlights a fundamental truth: "A health system without Aboriginal and Torres Strait Islander people with a lived experience or a connection to Community means you won't stop the colonising, racism, and inequity." It is a powerful call for systemic change, advocating for an inclusive, equitable, and respectful health system of Indigenous knowledge and experiences.

Let us celebrate the remarkable contributions of Aboriginal women to hearing healthcare and advocacy. Their stories testify to Indigenous communities' strength, resilience, and enduring spirit. Together, let's honour their legacy, learn from their wisdom, and commit to building a more inclusive and equitable nation for everybody.

David Brady  
Chair, Deafness Forum Australia.

Aboriginal and Torres Strait Islander readers are warned that this edition contains images of a deceased person.

**Senator Malarndirri McCarthy is a Yanyuwa woman from the Gulf country in the Northern Territory. She is the Australian Government Assistant Minister for Indigenous Australians and Assistant Minister for Indigenous Health.**



“World Hearing Day is a time for us to pause and consider the enormous impact of hearing loss on Australians, and especially on our First Nations people.

This is a global problem. First Nations children experience the highest rates of ear disease and associated hearing loss worldwide. And here at home, around 2 in 5 First Nations people over the age of 7 have hearing loss. The real tragedy is that worldwide 60% of childhood hearing loss is thought to be preventable. And over 80% of ear and hearing health needs remain unmet.

Which is why this World Hearing Day the focus is on changing mindsets and on overcoming the challenges posed by misperceptions and stigma.

Deeply ingrained societal misperceptions and stigma are key factors that limit our efforts to prevent and address hearing loss. Changing these mindsets is crucial to improve access to support and mitigate the cost – to individuals and to the Australian community – of unaddressed hearing loss.

In these following pages, committed and generous Aboriginal women share their stories; about how they have tackled misconceptions and stigma. About the work they undertake to improve the hearing health of their communities.

The Albanese Government is deeply committed to supporting them, to turning the statistics around across the community, and improving the lives of First Nations people impacted by hearing loss.

We’re investing \$100 million in First Nations ear and hearing health programs through the Indigenous Australians’ Health Programme.

And we aren’t acting alone. In partnership with the National Aboriginal Community Controlled Health Organisation, the Government has established the Aboriginal and Torres Strait Islander Ear and Hearing Health Partnership Committee.

The committee is working to pursue reforms needed to improve hearing health outcomes consistent with the National Partnership on Closing the Gap. This is a partnership that will help drive change for First Nations people experiencing poor outcomes in ear and hearing health. I want to highlight that this Committee has a dedicated membership of key hearing health experts who are using their expertise to drive meaningful change.

I thank Professor Kelvin Kong AM, whose clinical practice is complemented by his ongoing research into the causes and treatment of ear disease. Kelvin is a proud Worimi man. I recognise his involvement in community outreach programs which improve access to healthcare and break cycles of disadvantage for First Nations Australians.

Professor Kong will be giving Deafness Forum Australia’s [Libby Harricks Oration](#) at Parliament House Canberra on 25 March. I encourage you to attend this event to learn more about his work and be inspired by his call to action for hearing health.”



## Kassy and Chontae.

**Kassy and Chontae Hayden grew up surrounded by family and the bush, on a farm just shy of a town called Westonia, until their family moved to Perth.**

They are two proud Ballardong (Noongar) and Badimaya (Yamatji) sisters from Perth, whose family comes from a small country town called Kellerberrin and Merriden.

The Hayden sisters know how important Ear Health is to Aboriginal families, they were just lucky they were only a 25-minute drive away from Perth city so their parents had access to ear care services.

Growing up, the sisters experienced lots of issues with their ears, but they were fortunate enough to have access to services. Kassy had 7 sets of grommets before she turned 11 and also had a myringoplasty and skin graft which she remembers had such an impact on her childhood.

Chontae was a bit more fortunate and only had about 4-5 sets of grommets and a myringoplasty.

Both sisters have no ongoing permanent ear problems or hearing loss, although they remember this time as a child as being very isolating.

“I was always the kid who had to sit out of swimming lessons because my ears hurt, and all

the other kids would laugh because they didn’t understand – it was super embarrassing.

“Summers were the worst because we would have to wear earplugs and headbands every time we went for a swim, so we struggled even harder to hear our friends while playing. “When I was around 11, I begged my parents to have the last set of my grommets surgically removed, because I didn’t want to go into high school not being able to enjoy the swimming carnivals”, Kassy said.

“I was always putting cotton wool in my ear to stop the discharge from leaking down onto my face during school. I remember just hating the fact that I was visually different from all my peers and all the kids used to stare, you never really get used to it”, Chontae said.

Kassy graduated from Emmanuel Catholic College in 2015 having no idea as to what she wanted to do with the next chapter of her life as she felt University was not it for her.

Kassy’s career journey began once she graduated high school and began working for a small family-owned business within the mining industry as the Commercial Administrator. It was this role that manifested her love of people management, client relationships, policies, procedures, coordination and much more. Because of this, she went on to do her Certificate 3 in Business Administration to further her understanding of the organisation as part of a traineeship that the organisation arranged.



**Kassy**

In 2020, Kassy decided that she wanted a change in her career and was offered a position with [Earbus Foundation](#) as the Office & Logistics Coordinator. After hearing about Earbus from her younger sister Chontae and what they did, it was something that resonated with Kassy, and she wanted to be able to contribute in whichever was possible to the goals and focus of Earbus. She was also thrilled to be working alongside her sister.

Kassy then stepped into a new role as Outreach Coordinator in 2022 where she coordinates up to 50 trips in a year across regional WA. Kassy coordinates the programs for Pilbara (East, South & Central), Goldfields, Esperance and most recently the Carnarvon Region. Coordinating the regions includes (but isn't limited to) organising flights, accommodation, liaising with more than 40 schools, the teams on the ground and local community members.



**Chontae**

Chontae graduated from St Clare's School in 2018 and wanted to study Primary School Education as she had a strong passion for teaching. However, the opportunity arose to work at the Earbus Foundation of WA in early 2019 shortly after graduating. Chontae started off at Earbus as an Outreach Admin working in the Goldfields and Pilbara East regions.

In 2020, she was trained to be an Ear Health Screener for the new Metro program at Earbus.

She continued doing Outreach Admin and Ear Health screening work until 2021 when she started her new role as the Alcoa Program Coordinator and later, as the Southwest, Metro Alcoa Earbus Program Coordinator.

Chontae liaises with schools in Bunbury, Australind, Dalyellup and Treendale areas. In the Metro Alcoa program Chontae coordinates with over 35 sites across the Metropolitan region and organises visits throughout the school terms.

The work Earbus does deeply resonates with both sisters, and they find it extremely rewarding. As Coordinators, they get to listen to each teams' individual stories of their visits and see all the visit data. Working at Earbus allows them to put their skills to good use and contribute to a foundation that makes a difference and is working toward bridging the gap of these important services.

Since commencing services 10 years ago, The Earbus Foundation of WA has recorded significant, measurable improvements in the ear health of Aboriginal children all across WA. Earbus has created a broader awareness of ear health by liaising directly with families and schools.

## Preventing Hearing Loss for a Healthier Australia.



Preventive health action is the key to achieving a healthier Australia. Aussies in good health are better able to lead fulfilling and productive lives.

[Preventing hearing loss](#) is one of Deafness Forum Australia's key goals. You can also read Australia's [National Preventive Health Strategy](#).

# Our culture is like a solid foundation, language reflects who we are.

Jody Barney is a proud Deaf woman of Birri-Gubba/Urangan descent from Queensland. Jody also has Irish, Scottish and South Sea Islander heritage. For the past 25 years, she has resided on Yorta Yorta/Bangarang country in Victoria.

“My professional background is in business management, advocacy, consulting, training, and counselling. My youth was marked by years of ear infections and associated health challenges. I live with tinnitus and vertigo due to hearing loss and ongoing challenges with Otitis Media. Growing up with 11 other siblings and parents with disabilities, I have dedicated the last three decades to advocacy and disability work, especially for Deaf and Hard of Hearing First Nations peoples in custody.

Despite facing restricted access to education due to a nomadic lifestyle, I pursued any learning opportunities I could. Although I aspired to become a dentist, circumstances led me to become a chef. My journey was especially challenging due to my profound deafness, which made communication difficult. After trying various methods such as Cued Speech, Signed English, and Makaton (now Key Word Sign), I eventually embraced my many first languages such as Aboriginal sign language, and much later became fluent in Auslan. Today, I use those sign languages to help others to understand their legal rights and providing support both on and off country.



During my later life as a chef, my own health circumstances prompted a decision to accept an opportunity to work with a Deaf student in a small rural community. This marked the beginning of a 15-year journey in the Education system. Throughout this period, I pursued my own education, earning a degree in business, as well as qualifications in counselling, mental health, advocacy, and community development. Encountering constant challenges in accessing professional notetakers and interpreters meant that by the time I completed my various degrees, advocating for such access became second nature to me.

I was often told I wasn't smart or educated enough and faced challenges in accessing education due to my deafness. This led to distress and a sense of stillness in my life. Seeking counselling through the university and TAFE and support through the National Disability Coordination Office became a pivotal step in overcoming these barriers. Working with an advocate made a substantial difference, simplifying the process and ensuring better access to communication. I recognised the importance of advocacy and communication not only for myself but for others in similar situations.

## Cultural community and support network.

Cultural connections are pivotal on my journey. Collaborating with Aboriginal liaison officers facilitated the necessary link within the Western education system. Being among like-minded individuals from the community helped create a supportive environment. Engaging with other Deaf individuals was challenging, particularly in regional Victoria, making it difficult to fully grasp the learning environment without the ability to share and exchange ideas. As a result, Deaf cultural norms became even more significant, given the lack of access and stimulation to learn in my primary language.

My family supports were also critical. And by showing what was possible, it also allowed my siblings and children to pursue their own ambitions. External supports and friendships also drove me by highlighting what is possible: ignoring naysayers is a lot easier when your communities have your back.

## An unforeseen twist of fate led me to my current work.

As a child, I never considered following this type of career path. In fact, I often avoided the Deaf and Hard of Hearing community and resisted identifying as a person with disability. It wasn't until I turned eight that I was labelled 'deaf.' In my community and culture, we are just 'Bina gurri': meaning, my ears don't work right.

Initially, I believed that working as a Chef would shield me from the constant demands of the hearing world: the mental gymnastics of lipreading conversations alone was constantly mentally draining. Now, my perspective has shifted. I've grown to love what I do as a Deaf Indigenous community consultant. My true passion lies in making a meaningful impact, ensuring that everyday Deaf and Hard of Hearing First Nations people have access to essential services and communication in their own languages.

What sets my work apart isn't mere uniqueness; it's an absolute necessity, and a privilege with weighty responsibility. I refrain from judging people based on their needs. Instead, I advocate for authenticity and equal access. And when that makes me frustrated (with people who are not ready to actually listen) I continue my culinary endeavours, I serve not just meals but empowerment, understanding, and connection.

## Growing up, mentoring wasn't about labels - it was about action.

In my community, women led by example, using visual methods to convey knowledge across various domains. Whether discussing the ripeness of food or interpreting cloud patterns, they engaged me without leaving me behind.

However, my school experience was different. Other girls teased me, excluding me from their circles. I often found myself locked in bathroom stalls, seeking safety. To escape the constant presence of my FM unit, I'd toss it away or plunge into the school pool with it on. Back then, I didn't grasp the actual cost of these actions. Now, years later, I deeply appreciate the value of FM devices and hearing aids.

Growing up in a large family with a strong Irish mother, the concept of the women's liberation movement didn't play a significant role in our household. My mother's word was final, and we accepted it without question. However, life took an unexpected turn when she suffered a stroke and became dependent on others. Suddenly, the world shifted, and I faced new challenges in understanding the complexities of human interactions.

My sisters-in-law seemed like potential guides, but it wasn't until my thirties that I truly experienced mentoring. An advocate and support system emerged during my studies, connecting me with other women with disabilities and allowing me to re-establish connections with fellow Deaf women. By then, I was also a mother

to two daughters with hearing loss, and the circle completed itself. I became their role model and mentor.

Life's twists and turns often lead us to unexpected places, and my own journey from daughter to advocate to mother demonstrates the beauty of resilience and growth that is often never acknowledged or seen in women in families, probably because we are just too busy to notice it.

## Encouraging Future Generations.

Recognise your existing strengths. Look at what you've learned navigating a hearing world and through the lens of a deaf-centric environment.

Escaping bullying and racism led me to establish my own business. I persevered education and opportunities despite how tough systems made it. My passion fuelled me and created change, and I carved out spaces for others to follow me.

True leadership and mentorship involve letting go, allowing others to step into the spotlight. We must extend opportunities and provide guidance, nurturing the growth of those who follow, but it will take:

- Cultural awareness is paramount. Being mindful of diverse cultural practices ensures respectful interactions.
- Community experience, years of community engagement provide invaluable insights. Practical experience fosters understanding and trust.
- Willingness to learn is non-negotiable. Professionals should actively seek knowledge and embrace growth.
- Storytelling and language: Long yarns, rich with stories, connect people. Listening attentively and learning languages are essential skills.
- Strict adherence to protocols is crucial. Professionals must understand and follow established procedures meticulously.

In this profession, we create bridges between cultures, weaving stories into a vibrant tapestry

of understanding. We must be who we want to be otherwise we are lying to ourselves and others. You can't be what you can't see. We must look in the mirror every now and then and make the call to do more or be proud of your worth.



## Few have trod this same path.

When it comes to the higher levels of justice, the numbers dwindle further. I stand as a unique presence, carrying a wealth of knowledge that explains the often-murky environment. My mission? To make the unprepared more aware, the uncertain more certain, and the unsafe find advocacy.

The challenges in this work and profession often stem from those who fail to recognise the benefits, focusing solely on cost factors rather than rewards. They overlook the reduced time spent in custody, the streamlined court processes, and the alleviated stress for waiting families.

Some staff members perceive working with Deaf and Hard of Hearing First Nation individuals as mere “babysitting,” an effortless pursuit yielding easy money. They underestimate the effort required, failing to grasp the deeper purpose.

The true challenge lies in maintaining relationships, not just fulfilling a job description. Without shared purpose or expectations, we risk missing the mark. Our mission should be to create spaces where clients can achieve on their terms, in their language, and within their cultural context.



The journey begins with the willingness to embark. By actively participating, acquiring new skills, fostering safe and positive workplaces, and mastering effective communication, the learning process becomes smoother. When we tackle these barriers to enhance the lives of Deaf and Hard of Hearing First Nations individuals, we address broader societal issues. We can dismantle the concept of “othering” and cultivate a sense of belonging by fully immersing ourselves in the space and approaching our work with mindfulness and dedication.

## Advocacy and Policy.

In Australia, we lack robust policies that mandate culturally informed and ethically structured processes, including the provision of cultural Deaf and Hard of Hearing interpreters during court and all levels of legal proceedings. This gap perpetuates challenges for those in custody, some of whom languish there for months or even years.

The work being done at all levels is mostly done by women, we often see those who share the way we use advocates and services that have a role in shaping our community leaders. I advocate frequently in supporting Deaf and Hard of Hearing First Nation women to gather together and create long lasting and strong ties with others who are doing this work at a grassroots level. Often the women I work with are either proud to be Deaf or Hard of Hearing and not sure about being Aboriginal or Torres Strait Islander, or vice versa. What we aim to achieve is an exchange of ideas, knowledge, cultural practices, and learnings that will provide better advocacy on the ground in their local communities.

Policies that already exist do not place the needs of Deaf or Hard of Hearing people front and centre with the urgency it needs. We see that in other Hearing programs where there is a focus on the medical model of deafness and not the social and emotional impacts that a lack of communication access has on individuals. We see often that organisations struggle to provide appropriate supports to Deaf and Hard of

Hearing First Nations people because the community is a minority within a minority within a majority. When you separate out of the data in such away, it's less than 1% and who cares for anything that is only 1%.

## My future professional journey revolves around continuing what I love: research.

In our country, research remains scarce about First Nations Deaf and Hard of Hearing and the peoples lived experience, and I aim to change that. But it's not a solo mission. Collaboration with fellow women in our fields is essential. Together, we strengthen existing alliances and forge new ones, ensuring that our collective efforts yield impactful results.

Pathways for Deaf and Hard of Hearing women must be paved. Opportunities should be accessible, preserved, and celebrated. We will create an archive of the remarkable women in our communities, honouring their contributions.

Allies and experts should keep learning and supporting us as we move through this complicated situation. Our culture is like a solid foundation, and our language reflects who we are. But what truly lasts are the connections we build and our unwavering commitment.”

## Closing the Gap and hearing loss: an invisible barrier obstructs progress.

By Jody Barney and Damien Howard.

[Communication difficulties](#) caused by the widespread unidentified hearing loss among Indigenous people in Australia continue to undermine the effectiveness of Closing the Gap programs.

“You see that look, the look that tells you they are thinking you are some stupid blackfella and you don't want to say you don't understand, ‘Can you tell me it again?’ You just want to get away and never want to work with them again if you can help it.”



**MAR 25TH**

**KELVIN KONG ON  
INDIGENOUS HEARING  
HEALTH.**

Parliament House Canberra

5:30PM - 8:30PM

**Kelvin Kong is Australia's first indigenous surgeon, a Worimi man, and compelling advocate for hearing health.**

He was honoured as the NAIDOC Person of the Year in 2023 and received the Medal of the Order of Australia (AM) in 2024 for [his work with Indigenous children at risk of hearing loss](#).

“It is disheartening discussing my mob on an international scale because of the dichotomy that exists with ear disease here.”

Come to Canberra in March: join us to be part of an enlightening journey led by Professor Kelvin Kong that promises to:

- Spark a new awareness about the significance of ears and hearing in our everyday lives.
- Offer fresh, engaging perspectives even to experts in the field.
- Equip ear and hearing advocates with information and renewed enthusiasm to champion change.

His message will resonate through the halls of power. And you can be part of the audience and a part of history.

This important event is hosted by **Deafness Forum Australia**, the national peak body for the 4 million Australians living with hearing loss.

The venue will be Parliament House Canberra, 6pm Monday 25 March 2024. All are welcome – there is no entry fee.

[Register here to attend.](#)

Need more info? [info@deafnessforum.org.au](mailto:info@deafnessforum.org.au)



Professor Kong’s presentation is the 25<sup>th</sup> [Libby Harricks Memorial Oration](#). Since the first Oration in 1999, the series has featured renowned speakers in Australian and from throughout the world.



**It's up to us to do the work she would want us to do.**

**Renowned Aboriginal leader, the late Lowitja O'Donoghue, a Yankunytjatjara woman: her life's work has left an indelible mark on the nation's conscience and history.**

Dr O'Donoghue passed away last month at the age of 91.

Born in a remote corner of South Australia in 1932, Dr O'Donoghue was removed from her Aboriginal mother at the age of two as part of a series of now-infamous policies aimed at assimilating Aboriginal children into white families. Thirty years went by before the two were finally reunited.

O'Donoghue got her intermediate certificate at Unley General Technical High School in Adelaide and was taught up to leaving certificate level. At the age of 16, she became a nanny. At the age of 18, she got a job as a nursing aide at the local hospital. Three years later, encouraged by the matron, she applied to become a student nurse at Royal Adelaide Hospital, but was told she would not be accepted because she was Aboriginal.

"I suppose that was when I first really got my blood up," she said later. "It was completely unjust. I was deeply resentful and determined I wouldn't accept the decision."



She was involved in Indigenous causes. She campaigned for the 1967 referendum which changed the constitution to count Aboriginal and Torres Strait Islander people in the population.

In 1984 she was Australian of the Year; in 1999 she became a Companion of the Order of Australia, the top honour, "for public service through leadership to Indigenous and non-Indigenous Australians in the areas of human rights and social justice".

In 1990, O'Donoghue was appointed inaugural chairperson of the Aboriginal and Torres Strait Islander Commission, playing a pivotal role in negotiations with the Keating Labor Government which led to recognising Aboriginal land ownership through the Native Title Act.

She turned down Paul Keating's offer of the governor-generalship. "I told him, 'I'm a republican. And so are you.'"

Her achievements and contributions to Australian society have been recognised through numerous awards and honours, including being the first Aboriginal woman to receive an Order of Australia, a Commander of the Order of the British Empire, a papal honour from Pope John Paul II, named Australian of the Year in 1984, and a National Living Treasure. She was the first Aboriginal person to address the United Nations General Assembly in 1992, in Geneva.

Beyond these accolades, her legacy is felt in the progress made towards reconciliation and the rights of Indigenous peoples in Australia.

Described as the matriarch of her family, she was a devoted daughter, sister, aunt, and grandmother. Her family's statement on her death captured her essence – a formidable leader marked by strength, determination, grace, and dignity, beloved both at home and on the world stage.

The Lowitja O'Donoghue Foundation, established to support Aboriginal and Torres Strait Islander peoples, is a lasting tribute to her vision and unwavering commitment to creating a more just and equitable Australia.

### **'A giant for our country'.**

Prime Minister Anthony Albanese described her as "a figure of grace, moral clarity, and extraordinary inner strength."

"With an unwavering instinct for justice and a profound desire to bring the country she loved closer together, Dr O'Donoghue was at the heart of some of the moments that carried Australia closer to the better future she knew was possible for us, among them the Apology to the Stolen Generation and the 1967 referendum. She provided courageous leadership during the Mabo debates and as chair of the Aboriginal and Torres Strait Islander Commission.

"Dr O'Donoghue knew that our best future was a shared one built on the strong, broad foundations of reconciliation," the Prime Minister said.

Opposition Leader Peter Dutton said "she showed all of us that the past is no prison where there is courage, character and conviction".

Dr O'Donoghue's courage to speak out and her ability to work with people from all sides of the political spectrum helped raise awareness of the needs of Indigenous Australians and the importance of reconciliation.



"Her leadership in the battle for justice was legendary," said former Senator Pat Dodson, who is known as the father of reconciliation.

"Her intelligent navigation for our rightful place in a resistant society resulted in many of the privileges we enjoy today."

Dr. O'Donoghue's work paved the way for significant strides in Indigenous rights and health, and her legacy will continue to inspire and influence Australia for generations to come.

Her family said the Yankunytjatjara woman would be remembered "for all the doors she opened" and "arguments she fought and won".

Her legacy is immeasurable. Auntie is resting now, it's up to us to do the work that she would want us to do.

# Justine Clark wins science award for research in cancer treatment for First Nations people.



**Proud Adnyamathanha woman, Dr Justine Clark has won an Aboriginal and Torres Strait Islander Scientist award, acknowledging her contributions to research and Indigenous health equity.**

“Aboriginal people are about 14% more likely to be diagnosed with cancer, compared with non-Aboriginal people, and also about 20% less likely to survive after diagnosis,” researcher and award recipient Dr Clark said.

Dr Clark’s groundbreaking research is shining a light on the potential of precision cancer

medicine, the use of an individual’s genetic profile to provide improved diagnosis, therapeutic decision making and long-term management of cancer.

Dr. Clark is a respected researcher at the The Telethon Kids Institute, a medical research institute located in the Perth Children's Hospital. Her work focuses on Indigenous genomics and its application to a cutting-edge approach that tailors cancer treatment based on an individual’s genetic makeup.

Her collaboration with Māori researchers in New Zealand explores the potential of precision medicine to benefit Indigenous communities across borders. This international partnership fosters knowledge exchange and amplifies the impact of Indigenous-led research in creating culturally sensitive, effective cancer treatments.

The collaborative effort is underpinned by a commitment to community engagement, ensuring that research priorities align with the needs and aspirations of Indigenous peoples.

“The exciting thing about it is that we can learn about our DNA and find new treatments for cancer that are targeted to specific genes, and we can also find better uses for our current treatments, better diagnostics, better screening, and that’s what we call precision medicine.”

Dr. Clark’s dedication extends beyond her research. She is deeply inspired by her ancestors and the legacy of Indigenous scientists who have paved the way for future generations. In collaboration with other Indigenous researchers, her work highlights the importance of inclusive, culturally competent scientific inquiry in addressing the health disparities Indigenous communities face.

As Dr. Clark continues her vital research, her efforts contribute to the scientific community and offer hope for improved cancer outcomes for Indigenous peoples worldwide. Her work underscores the critical need for Indigenous-led research in achieving health equity.

# It's about the beautiful relationships that develop.



**“My grandfather on my father’s side was quite hearing impaired from a very young age. I was always fiddling with his hearing aids. I was always very aware of the communication difficulties he had because of the hearing loss.”**

Rebecca Allnutt is a proud Indigenous woman, a descendant of the Dalrymple Tribe of the Plangermaireener Nation in Tasmania. Rebecca has lived and worked for 17 years in Alice Springs, NT, on Arrente country, which she now calls home. She has a double major in Psychology and a post-graduate diploma in Audiology, both from the University of Queensland.

Rebecca thought she had to study Speech Pathology in high school to become an Audiologist.

“I had to repeat Year 12 to get in because I didn’t get good enough marks the first time around.”

Rebecca gained entry into a Bachelor of Arts at the University of Queensland. Once she started University, she went to the Health Faculty to discuss opportunities in Speech and Hearing.

“I spoke with this amazing person called Brad who said ‘Go out and see what Audiology is in your town. So I went out to a few clinics and groups in Brisbane and came back and said, ‘Audiology is exactly what I want to do’.”

To succeed at University, Rebecca also had to face and overcome many challenges.

“The cost of studying is always hard in general. I grew up in a single-parent family. So I had to rely on Abstudy to get through high school and University. I also had to work on the weekends, which didn’t leave much time for study.

“Going from a seaside town of 10,000 people to a city was also a huge journey,” said Rebecca.

Rebecca credits the Aboriginal and Torres Strait Islander unit at the University. “They were really, really supportive. They provided me with tutoring, which really helped in my undergraduate degree. Audiology is a Master’s degree so that undergraduate support was much appreciated,” said Rebecca.

“My family was very, very supportive. I was the first grandchild on both sides to go to University. So it was a very big deal. My whole family, or most, are in health; the rest are nurses, and we have a few psychologists. So, we had always been brought up around that health field. Audiology was something a little bit different as well.”

“I’ve been very fortunate as I’ve had a couple of amazing mentors both at University and then in my work. That makes a big difference in how someone goes early in their journey. So having that positive and supportive direction is really important.

“That’s why I think Indigenous Allied Health Australia's mentoring program is so important, not just for students, but for new graduates because they might not be fortunate enough to have that immediate supervisor that is supportive. That’s another thing I love about IAHA, apart from the amazing IAHA family.”

Rebecca enjoys working in Audiology and says that it’s a growing, diverse profession where you can build strong relationships in the community.

“Audiology as a career, like most allied health careers, is so diverse. There are so many different areas you can go into, whether diagnostic, rehab or research. It’s a growing area. The technology, especially, is growing so fast in so many areas and it’s so exciting.

“For me, the majority of my working life has been with Indigenous health. It’s just so rewarding to see improvements. There’s the recognition of the relationships we have built by working so closely with Indigenous families in communities, which I see as my own family.

“I can go out to a community that I haven’t been to in three years, or that I visited four times a year for ten years, and I’m still known as the “Ear Lady”. It’s really lovely, and down the street, people will come up and say “Hi”. It’s about the beautiful relationships that develop. Plus, you get to see the amazing countryside and to see that incredible traditional culture that we are so privileged to be a part of.”

Rebecca encourages more people to choose allied health, especially audiology, as a career.

“I am probably one of the loudest voices in trying to get a focus on audiology as a career. It is such a huge issue to get audiologists out here to work full time.

“We have people coming out here from all over the country for placements, which we just love. They seem to have such a lovely time, but they already have jobs and, even in their second year, they’ve already got positions lined up elsewhere.

“It’s about being holistic and so much more than just fixing one thing; it’s about working with the whole person and working really closely with other allied health professionals.

“I think one of the big issues is that allied health isn’t recognised well enough by the government or even by medical professionals: about how important it is, so we’re losing a lot of our valuable Indigenous allied health people, who go to medicine.

“That’s great because we need more Indigenous doctors, but allied health is just as important.”



## Looking for a free way to upgrade your professional skill set?

Look no further than Fee-Free TAFE.

Fee-Free TAFE is a government-led initiative that offers Australians access to tuition-free diplomas, certificates and short courses. These courses are offered in a range of industry sectors with high demand and plenty of growth opportunities. Don’t miss out on this unique opportunity to upskill and achieve career progression.

[Find out more.](#)

# Blak, Black, Blackfulla.

The provenance of the term *Blak* goes back to 1994. Aboriginal artist Destiny Deacon urged art curators Hetti Perkins and Claire Williamson to use Blak instead of Black for an exhibition. It ended up being titled *Blakness: Blak City Culture*.

I asked Deacon why she advocated Blak and it came back to the issue of representation. Growing up, Deacon always heard white people calling Aboriginal people “black c—s”. She wanted to take the “c” out of Black.

Between then and now, the use of Blak has taken on additional functions. It still signifies urban, contemporary Indigeneity, but has also become important in differentiating the Blak experience from the racialised experiences of non-Indigenous communities of colour.

Blackfella or Blackfulla is now often used for the same purpose, but Blak also carries with it connotations of actively engaged, critical-political conscience, which Blackfella or Blackfulla, arguably, doesn't always convey. The concept and relational use of Blak also continues to emerge, which adds to its dynamism.

This is an excerpt – read the full article online in the [Reconciliation News](#).

## Understanding communication challenges.

First Nations people who are hard of hearing or deaf understand information better when it is conveyed in their natural language and by individuals who share their cultural background.

This is partly because Indigenous communication often relies heavily on visual cues such as facial expressions and body language, in contrast to mainstream English-speaking contexts, where non-verbal cues are used less.

So, a way of coping with communication difficulties is to avoid communication with people who are hard to understand.

- [Why we need more Aboriginal Adults Working with Aboriginal Students](#)
- [Whitefella Ways](#): a guide to help understanding Whitefella ways of thinking and acting.

## More ear checks needed to prevent hearing loss in remote Australia.

A study led by [Menzies School of Health Research](#) (Menzies) has found a large gap in ear health services provided in remote Northern Territory.

Otitis media (OM) is a bacterial infection and fluid accumulation in the middle ear. It is linked to ear drum swelling, damage and hearing loss, which can impact a child's early development. Australian First Nations children have the highest reported rates of OM in the world. In some surveys conducted in remote communities, up to 90% of young Aboriginal children have OM and could have hearing loss.

The study found that on average, less than 60% of children aged under 16 years had received an ear check in a 6-month period. Of those children whose ears were checked, 36% were diagnosed with some type of OM. Out of those children, 90% needed either immediate treatment or a scheduled follow-up. Despite this, just under 25% of that group of children had outcomes of treatment and follow-up recorded.

The study showed that ear health surveillance and compliance in line with OM guidelines (which are endorsed by the Royal Australian College of General Practitioners) were alarmingly low.





Gnowangerup Mission, WA.

## I see the need for more Aboriginal specific ear health services.

**Valerie Swift is a proud Mineng/Ngudju woman – a sister, aunty, mother and a grandmother. She was born in 1953 in the small, Great Southern town of Gnowangerup, on Goreng Boodya, at the Gnowangerup Mission. She was then raised and schooled in the small town of Jerramungup.**

Her mother, a Mineng/Ngudju Aboriginal woman and her father, a non-Aboriginal man, were married in the early 1930s. Her dad required permission from the Welfare of the time to do so. They went on to have and raise 17 children in the small farming town of Jerramungup.

Valerie's claim to family fame is being the eighth child counted from the top and the eighth child from the bottom. Her immense immediate family spans five generations, spread across Western Australia and into the eastern states. She has twelve siblings still living, with four of them senior in years to Valerie – quite amazing when we think about Aboriginal peoples' reported life expectancy.



*What inspired your career choice, what steps did you take to achieve it?*

I attended Jerramungup school for all of my early education, some of this time being quite unpleasant due to racism, and as a result I never enjoyed school. Later in life, I enrolled into a teacher training course and a social worker course however, for a number of reasons I didn't finish either of them. I did however enrol in the Aboriginal Health Practitioner course with Marr Moorditj College and the Aboriginal Community

Management and Development course with Curtin University and I completed both. On reflection, I was able to commit and complete these courses due to the culturally safe and comfortable environment and subjects that I could relate to.

I have spent most of my working life in Aboriginal health and welfare which I enjoyed as I saw some small change in the way services were being delivered for and with the community.

In 2015, I was semi-retired and contacted by a previous work colleague from WA Health, who was aware of my previous experience and the manner in which I work so she asked me to do some part-time, short-term work in Aboriginal ear health research. So, my choice to become involved in ear health research was purely by accident. I've now been with Telethon Kids Institute for approximately seven years and still appreciate the opportunity to work with community and assist in some change with how research is undertaken with community.

I have suffered with long term ear health issues myself and understand the need for young children to have every opportunity to access ear health services to prevent long term hearing loss, like me.

*Can you share the challenges you faced on your educational or career path?*

As I said previously, I didn't enjoy my early years of education and I was really fortunate to have older brothers, sisters and their non-Aboriginal friends to help me with this. On reflection, I understand this would have been a huge culture shock for me, being a little bush kid where time didn't matter and being in the bush was my norm. It was nothing like being in a school classroom, it would have been two totally different worlds, one that I struggled to adapt to.

As a result of my early education experience, I never wanted to attempt any further education or training. It's been a lifelong challenge, and one that I overcame very much later in life. I also had the other burden of not being able to hear as

well as most other people that I went to school or worked with.

The biggest influence on my ability to overcome most challenges I've faced along my life's journey is my own self-belief which at times can be a challenge and the things my mother and father taught me. My dad would always say to us, 'no-one owes you a living, so if you want anything, you need to work for it'. It's this that has kept me on track and wanting to conquer any challenge that came my way.



Reflecting on work challenges and working in various senior positions mainstream organisations was at times a struggle; working with differing management styles and some lack of understanding about Aboriginal culture and ways of working. The outcome of this was huge at times, it impacted on my confidence as well as leaving me with feelings of being disrespected and not listened to about how best to work with the Aboriginal community. This almost destroyed me as a professional person however, despite this I continued to remain focussed on ensuring the community had a say in what mattered to them, regarding their health.

In later years, it became a very different picture. I felt heard and respected when discussing Aboriginal ways of knowing, being and doing, which has helped me contribute positively to improve the way we now work with community.

*Has your cultural community and support network played a role in your journey?*

Coming from a large family network and support base including Elders has given me amazing strength. And I believe I've had the greatest privilege of being raised by my Aboriginal mother and non-Aboriginal father where I received a great grounding on community and professional morals and values, to ensure I could take on my life journey and be successful in life.

From a more local perspective, I've worked and lived on Wadjuk Noongar Boodja for around 26 years, so I have many respectful community relationships and partnerships and many community support groups across the region. Over the years, whenever I undertook any work with community, be it Aboriginal or non-Aboriginal, I pride myself on working and talking respectfully with others, and that has supported my community connections.

My drive for working in ear health is the absolute delight in seeing Aboriginal families easily accessing ear health services to ensure their young children are able to hear, learn and develop the same as all other children. Due to ear health issues being mostly treatable, I see so much hope for children with ear disease and think anyone working in the area feels the same.

I have a true appreciation of working alongside other Aboriginal and non-Aboriginal staff so there is a constant flow of two-way learning. From an Aboriginal perspective, we get to learn so much more about ear health and the identification of ear health issues, the treatments and the follow-on effects of the loss of hearing. This can then be kept in the Aboriginal community for us to share with our families. From the non-Aboriginal perspective, they talk of ongoing flow of cultural understanding that they are provided with when

working alongside us, which they also can share with their non-Aboriginal work colleagues and their own families.

Non-Aboriginal colleagues talk of the highly valuable daily input that we provide in clinical decision making to navigate the health care system, taking into account the families expectations. They also talk about the opportunity they have to learn, sometimes daily about Aboriginal ways of 'doing things', that enables them to ensure they also do the 'right thing' to ensure families feel safe and comfortable working with us.



I see the need for more Aboriginal specific ear health services to enable them to operate in an Aboriginal way that is more inclusive, flexible, safe and comfortable with no judgement about what's going on for the family. I also see there needs to be an increase in employing more Aboriginal staff who can connect with their community and commence research or services more quickly, due to the often-immediate connection with each other.

The Aboriginal Medical Services need to receive more ear health specific funding to enable them to provide Aboriginal specific ear health services. Only an Aboriginal Medical Service truly knows how to deliver culturally relevant and safe service appropriately for the Aboriginal community.



## The world is facing many crises, ranging from geopolitical conflicts to soaring poverty levels and the escalating impacts of climate change.

These challenges can only be addressed by solutions that empower women. By investing in women, we can spark change and speed the transition towards a healthier, safer, and more equal world for all.

This International Women's Day, 8 March 2024, join the United Nations in celebrating under the theme Count Her In: [Invest in Women. Accelerate progress.](#)

In consultation and partnership with Aboriginal women, a program of financial education would provide critical background on issues relating to savings, credit card debt, wages, superannuation and mortgages.

While there has been welcome progress on broader schooling, education and training, Aboriginal women should be given greater opportunity to enhance their work-related skills and experience. A targeted strategy that accelerates vocational education and skills,

including scholarships to university, is essential for employment opportunities.

And as Claudette Tyson said in her article, "A health system without Aboriginal and Torres Strait Islander people with a lived experience or a connection to Community means you won't stop the colonising, racism, and inequity."

Investing in women and championing gender equality turbocharges a future where everyone in society can thrive, creating a world of opportunity and empowerment for all.



**Having people like me in the health system acknowledges that we are here and here to stay.**

**My name is Claudette Tyson, known as Sissy. I am a proud Aboriginal woman from the Kuku Yalanji tribe in Far North Queensland. I grew up in Inala and Acacia Ridge in Brisbane. I am the eldest of 3, have 5 children, and 8 grandchildren. My mother is one of 17 children, including one twin of 5 sets.**

I've grown up Blak - strongly connected to my culture, my family, my community and the responsibility of working hard. From the time I was a child I helped raise my brothers, cousins, nieces and nephews. After high school I worked in hospitality and customer service. My last role before I moved into the health field was in an Australia Post Parcel facility.

I yarned with my hubby about other jobs, and he asked, "why don't you work in health?". I slept on it for a bit and realised that yes, that's what I want to do...work to help my mob, and who better than someone from this Community? There were some challenges to getting into the health system. I had to return to study to get a Cert III in Aboriginal and Torres Strait Islander Primary Health Care to have the right qualifications to apply which I did and while studying. I was working full-time (shift work) and rearing my toddler grandson.

The first job I applied for in health was as an Aboriginal Health Worker. I didn't get it. I then applied as an Aboriginal Research Officer and was successful. I was employed as the local researcher on a multisite, ear health, randomised controlled trial. I had to recruit Aboriginal and Torres Strait Islander children from 18 months - 16 years old, assess their ear health, provide clinical advice and training to the doctors and monitor the clients' progress over time.

Along the way I have been involved in several other research projects, travelled to present my work nationally and internationally, and enrolled in a Diploma of Audiometry to use the clinical ear health skills and experience I have gained to continue to support my community. I have worked in research in an urban Aboriginal and Torres Strait Islander Primary Health care facility for nearly 10 years.

The challenges for me in starting this role were to fit in and learn how the clinic operates. I sat back and observed how the clinic operated daily then a close colleague in clinic took me under her wing and showed me the way and how I would fit in. I worked out how to run my trials daily and how not to upset the clinic operationally. Being a client of the service as well as a staff member was also a challenge I had to adapt to.

Coming from this Community makes a big difference. Clients feel more comfortable seeing someone they know, who is Blak, and will open up and share how they are feeling. We can talk our ways, not medical ways. We yarn, both

professionally and personally – it is a good way of communicating and is done holistically.

I am passionate in my job and in my Community. I can make a difference better than a non-Indigenous person can. I have lived experience more valuable than a formal degree. It is a shame our health system doesn't value this experience in the same way as it does white man qualifications.

I know what goes on with our mob...racism, Sorry Business, mental health, suicide, drugs and alcohol, incarceration, youth crime, to name a few. These impact our Community daily.

Our Community feels safe coming to our centre because they know they are safe, welcome and there is no judgement.

Through my time in health, I have met several mentors and role models. I have built relationships, life friendships with people who I class as family, who I look up to and have a lot of respect for. These mentors and role models are Aboriginal and Torres Strait Islander and non-Indigenous. I have travelled to places where I have met a lot of people and made many connections and will stay with me for life. I have learnt so much and am still learning, always open to learning new things. I guess there are many people at my work who consider me a strong mentor and role model.

A health system without Aboriginal and Torres Strait Islander people with a lived experience or a connection to Community means you won't stop the colonising, racism, and inequity. We are still fighting these today.

Having people like me in the health system acknowledges that we are here and here to stay. We will make a difference in helping our people, our mob where and when we can. We need to build the workforce with more Aboriginal and Torres Strait Islander people with training, support, and recognition to better their careers or start their careers. Aboriginal and Torres Strait Islander mentors are needed to help others to overcome challenges that they face

and address them. We face health, social, and emotional wellbeing issues daily. Having an Aboriginal and Torres Strait Islander workforce directly helps to overcome these barriers. We advocate for our people, our mob, more than you think. This is part of our daily routine, our responsibility. I am accountable to this Community. We breath it, we live it, we walk every day.



My future role? I don't see me leaving anytime soon. I love working where I am. It's a bonus that where I work is where I am from. I feel connected to this place and the people, families and Community I am helping.

This year I will complete my Audiometry studies. I would love a role where I could combine my clinical ear health skills, with my research skills, to continue to advocate and help my Community.

I will continue to be a strong, Blak voice in my workplace and Community, to speak out against racism and injustice.



# Rheanna is Improving the Hearing Health of First Nations Communities.

## Rheanna Beer is on one of the most meaningful missions – helping Aboriginal and Torres Strait Islander children on their journey to better ear and hearing health.

Her impact on young lives and futures is profound, and it's made all the more meaningful by her childhood hearing challenges.

When she began her Administrative Traineeship with Hearing Australia in 2017, Rheanna, a Plangermaireener woman, would never have believed that she would still be working there six years later and loving her job more with every passing day.

“This job is actually really cool! We are making an impact and improving the quality of life for so many people.” She adds, “I’m not an audiologist, but I’m the first step in our clients learning the importance of hearing, I help get them on their journey. It’s gripping. It’s life changing.

“To work with community and mob as an Aboriginal woman, travelling to places and connecting with Country is incredible. I get to chat with elders in the community, so I’m learning about my own culture, too. It’s a real privilege.”

At 19 years old, she was offered a role as a Community Hearing Advisor with the Devonport Hearing Centre in Tasmania. This role gave her

connection to the community and allowed her to help people and make a difference.

Rheanna remembers one client she met at a hearing check event she conducted. This client had told Rheanna that the birds had all gone away from his community. With the hearing check result he received, Rheanna recommended he have a full hearing assessment.

Rheanna saw this client after he had been fitted with his hearing aids. With a smile, he told her, “The birds are back and singing.” “I helped make that happen,” she smiles.

In 2022, Rheanna successfully applied for a position as a Clinical Community Advisor in the newly formed Hearing Australia First Nations Services Unit and was upskilled in audiometry. This role allows Rheanna to learn more about culture while helping the community understand hearing health. She also received training and resources to help people in the community to hear better.

“Helping our communities hear better will help keep the culture alive” she says.

As a young girl, Rheanna had otitis media and Eustachian Tube Dysfunction, and this continued right up to high school. The training she received in the First Nations Services Unit helped her understand her hearing issues in childhood.

Her lived experience allows Rheanna to form good relationships with the community and stakeholders, and she is talking about hearing health with parents, educators, health workers, GPs, and Elders.

Rheanna’s dream is to be a professional photographer, and she is surprised that her role as a Clinical Community Advisor is helping her grow in the hearing space and with her photography.

Rheanna notes, “I was 19 when I started at Hearing Australia, and I’m now approaching my twenty-sixth birthday. Nineteen-year-old me would be proud to look forward to my achievements.

“Hearing Australia has enabled many things for me, especially by developing the professional skills that have allowed me to run and keep building a successful photography business.”

For now, Rheanna looks forward to continuing to collaborate with communities to reduce the rate of hearing loss and empower those who need help.

“I want to help skill and train Aboriginal workers in community so that the hearing screening system continues well into the future. Even one day when I have babies - and that’s a long way off! - I’d love to go to my local Aboriginal health service and know there will always be hearing screening options for my children.”



Photo credit: self-portrait by Rheanna Lee Photography.

## Know someone who deserves their own copy of **One in Six?**

Let us know at [hello@deafnessforum.org.au](mailto:hello@deafnessforum.org.au)

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