Senate Select Committee on Men's Health
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

**RE: SUBMISSION**

It is with some skepticism that I write this submission. Having examined a number of the other submissions and the designated terms of reference for this committee, it does occur to me to ask why the remit of the committee is so narrow, vague and imprecise?

TERMS OF REFERENCE & SPECIFIC RECOMMENDATIONS

Furthermore, it also occurs to me that due to its narrow terms of reference it fails to define what exactly are the most pressing issues for 'Male Health' in this nation at the present time. Are we all the same, therefore, a one size fits all approach?

This would seem to be a rudimentary clarification to be made before any committee attempts to make future recommendations on such issues.

Firstly, should the committee not have specifically outlined more areas it might wish to make recommendations upon or examine? This might include issues such as physical health (exercise), age specific diseases, illness prevention, drugs and alcohol usage by age group and the question of male violence (against women and men).

Secondly, the question of 'triggers' seem almost absent from the terms of reference, but are raised in numerous submissions. Should there not be a specific term of reference to properly investigate causation in the context of 'Male Health', either negative or positive?

GENERAL COMMENTS ON TERMS OF REFERENCE (comments in blue)

General issues related to the availability and effectiveness of education, supports and services for men's health, including but not limited to]

i. level of Commonwealth, state and other funding addressing men's health, particularly prostate cancer, testicular cancer, and depression,

   [Would it not be even more critical to examine the coordination between State and Federal authorities of existing programs? Are these programs actually considered to be 'best health' practice?]

ii. adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community,

   [On what possible empirical basis will the Committee hope to determine this criteria; an anecdotal and cursory examination of submissions?]

iii. prevailing attitudes of men towards their own health and sense of wellbeing and how these are affecting men's health in general

   [This is vague and imprecise. This area needs to be carefully defined to examine the 'range of impacts', attitudes and realities. The lack of specific reference to rural male suicides and indigenous males suggests that all Australian men are the 'same'.]

iv. the extent, funding and adequacy for treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas.

   [How then should this be determined; by state, region, socio-economic and/or ethnic

demographic?]

SOME ISSUES NOT CONSIDERED: DIFFERENT TYPES OF MALE CULTURES and EXPERIENCES

Let us properly consider the question of negative attitudes toward male health and well being amongst macro-society, but also then in micro-institutions.

*Politics*
For instance, within the professional Australian workplace, and in the experiences of institutions by men and also women (such as the courts, the bureaucracy and Parliaments), a deliberately cold, calculating, manipulative and brutal culture of detachment operates.

One need not look any further than the unforgiving attitude of our Federal and State Parliaments with its invective, personal insult, long work hours, scheming ambition and more often than not, lowest common denominator politics.

*Bureaucracy*
On the other hand let us consider the extraordinary persecution of Trent Smith by DFAT? The lack of integrity and honesty in such a process is neatly obscured by institutional 'weasel words' and 'tick a box' procedures designed to protect the powerful (from legal challenge) from the weak (who desire some restorative justice). This is indeed a very common experience for many individuals.

Nor should it be surprising that those males that generally oversee the operations of these environments are not concerned by the devastating emotional consequences that their detached management or judicial style will have on others. Instead they are entranced by being seen as 'men of action', 'tough', being 'in control'. Therefore it is hardly a secret that institutions and individuals often pursue any number of means to get their way (irrespective of ethics, the depths of dishonesty they plummet, the damage they cause to their colleagues, families, marriages, children and their own self-respect and long term self-esteem).

*Professionalism and Male Emotion*
It is within the so called professional environments that any hint of emotion, the expression of feelings, humour or any open acknowledgment of stress can be used as a weapon against any said target in any number of ways. As such environments tend to be dominated by white Australian males, it is hardly surprising that the male cohort would be highly reluctant to use any service, or any other process (confidential or otherwise) that could be later used by the unscrupulous as evidence of something 'unprofessional'.

On the resignation of Geoff Gallop as Premier of Western Australia, I recall overhearing one particularly biting comment:
'...does he have a touch of the Gallops?'
This was uttered by a former work supervisor in relation to the supposed mental state of another individual that had been mentioned to him in casual conversation. This type of so called humour demonstrates the lack of emotional intelligence and maturity many males can encounter in the Government bureaucracy (not just from unfeeling institutions, but from their fellow male colleagues).

If we consider two prominent male expressions of genuine public sadness and emotion we gain a clearer understanding to what I am eluding. The public tears of former Prime Minister (Bob Hawke) and former Australian cricket Captain (Kim Hughes) have been endlessly derided by other Australian males with little (if any consideration) of how they could have felt if placed into the exact same situation.

*The Dark Side of Male Professional Culture*
In the recent book by Christian Ryan '*Golden Boy: Kim Hughes and the Bad Old Days of Australian Cricket*', Ryan conclusively demonstrates that despite his extraordinary batting talents Hughes was belittled, bullied, publicly attacked in private and in print, undermined, mocked, verbally and at times physically intimidated by a core group of male detractors throughout his entire international career. These were the very same people who claimed then, and now, to 'love' and 'respect' their 'good friend' Kim Hughes! Yet Hughes'

determination during his career to remain positive and try and rise above such negative experiences were not heralded by his male tormentors as a strength, but as an impertinent challenge to their authority and as a mental weakness. It is therefore little wonder that Hughes finally succumbed to the dark side of Australian professional and institutional culture.

CONCLUSION

I would argue that this reality (the 'Dark Side') is deeply embedded in our male culture (political, sporting, bureaucratic and judicial) and that this committee should seriously consider exactly how such realities can be changed, not just in wider society, but within the parliament, the committee system, the bureaucracy, the judiciary and the media. The perception of this issue in the areas outlined above, directly impacts on male health programs, health planning and funding.

Indeed, many of the submissions to this committee bespeak the lingering depth of personal pain and powerlessness that their experiences have caused. For example, from some of my own personal professional experiences, I completely understand (or empathise) with the lingering sense of injustice and powerlessness that can occur when subjected to the detached and ethically challenged processes of the bureaucratic institution.

When I resigned from the bureaucracy (and my prospects seemed slight indeed), I never once regretted leaving behind an emotionally stunted and anti-intellectual workplace. I am fortunate that I have since found (as PhD candidate, full time scholarship holder and University tutor), an environment where intellectualism and emotional integrity are not just valued, but are a necessity for anyone who is presenting seminars and publishing research articles. This freedom and access to personal expression (and genuine acceptance of its worth by others) is critically important to male well being (and indeed all humankind!).

Not everyone is so fortunate, as the experiences of too many Australian males demonstrate, they are often disempowered and humiliated by officious processes. Until these issues can be freely discussed by males (without fear and retribution) it seems that the issue of Male Health, or Male well being, is largely nothing more than catch phrases and window dressing. That is, an issue that cannot be closeted away by examining funding levels.

One case in point is that of Jeff Kennett and the Beyond Blue Organisation. While I applaud Mr. Kennett's sincere advocacy and involvement in this issue, is it not striking that his open involvement took place only after the conclusion of his political career? No doubt, this would have been used to merciless effect against him if he'd begun such advocacy while still Premier of Victoria.

Your Sincerely,

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