Governing Committee Members 1996-97

Aurukun
Derek Walpo, Suzie Kemthan

Coen
Seppi Bassini, Margaret Sellars

Gungarde
Ron Harrigan, Jeanne Lyall

HopeVale
Gerhardt Pearson, Doreen Hart

Iniino
Enid Namok, George Williams

Kaurareg
Ronnie Wasaga

Kowanyama
Colin Lawrence

Laura
Rhonda Henry, Roseanne George

Lockhart
Beatrice Hobson, Wayne Butcher

Mossman
Donna Henning, Rodney Denman

Napranum
Jeffrey Boseun

New Mapoon
Vicki Kennedy

Old Mapoon
Louise Akenson

Porpunkaw
Jackson Shorttjo, Debra Holroyd

Umagico
Phylis Wilson, Lizzy Young

Wujal Wujal
Lizzy Olbar, Harry Shipton Jr

Cape York Land Council
Graham Woobo

ATSIC Regional Council
Lester Rosendale, Jacob Woolby

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Role Statement

The Apunipima Cape York Health Council is a multi-disciplinary health resource for the communities and people of Cape York Peninsula.

Our role is to identify deficiencies in services and activities influencing health, and to push for solutions.

We do this by :-

- lobbying for improved health services
- advocating for the provision of "best medicine - best practice" with a skilled health workforce
- working with communities and decision makers for greater community ownership of their health
- bringing expertise to achieve regional strategic planning
- advocating for adequate information for the evaluation and monitoring of health
- ensuring implementation of Commonwealth and State policy on access and equity at a regional level
- promoting and pursuing consumer health rights and responsibilities
- working with other organisations for a healthier environment and improvements in health status
- promoting regional coordination for best cost effective results.

Chairperson's Report

Since the Wujal Wujal Land and Health Summit in September 1996 I have noticed a shift in the status of this Council. It is now recognised as an important stake holder in advocating the best possible health service delivery to Bama in our region. It has a close but firm relationship with the Cape and Cairns Health Districts and the respect of both the State and Commonwealth health agencies.

Of course all this is not only as a result of the people involved during the past year, but because of the commitment and hard work of former Councils and particularly the effort put into by former Chairperson's Willie Gordon and Jeff Bosean.

It is also because we are fortunate to have one of the best administrators-come-operator in Barbara Flick who has put together a very effective team to support her work and that of my Council. To all these people I thank you and express my deep appreciation for the tireless effort, caring consideration and the effectiveness of your work. This is what the Cape York Bama wanted and expects. If the past year is any indication of what can be achieved in advancing Aboriginal control over their livelihood, then I am confident we are moving in the right direction.

I recall the Council talking about the high level of people getting sick and dying in Cape York, at our meeting in Cooktown just before Christmas last year. The statistics revealed that Bama deaths increased by more than 20% during the last five years. Bama death rates are now 4.7 times greater than white people. We who come from and live in Cape York, who experience first hand the untimely deaths of our children, brother or sisters, Mums or Dads, this is more than just a statistic, this is a stark and frightening fact.

If you are Black and you come from Cape York then you are expected to get sick more often and die earlier than other Australians.

This matter was a priority for Aboriginal leaders of Cape York in 1994. This is why we formed Apunipima to ensure that Governments are doing more than ever before to address what can only be described as third world conditions.

The mortality and morbidity rates still remain Apunipima's highest priority. We want to work towards keeping families from constantly having to leave their communities to be treated and have their babies.

We want to attend fewer funerals.

It is for this reason I say our relationship with both the Cape York Health District and the Cairns District Health Service is close but firm. We cannot let anyone who is at the coal face and charged with health service delivery off the hook. It is their responsibility as much as ours to see that Cape York Bama are no longer treated as second class citizens in their own country.

Every Aboriginal mother deserves to be treated with respect, care and consideration by the health service system because it is they who bear most of the pain, the humiliation, shame and lack of support when family members get sick or die. I am too well aware of accounts being put to me by mothers who are still being treated unfairly in many clinics in Cape York. This situation must not be allowed to
continue and I call on the Districts to address these types of cases when they arise.

Apunipima supports the return of land or access to land for cultural and rights purposes. We condemn the Howard and Borbidge Governments' racist stand on Wik and Native Title. Their policy reeks of white supremacy and elitist notions which is fed by the Pauline Hansons of this country. It lacks vision and leadership, is pathetic and down right mean. Their so-called solution, if passed by the Senate, will be a long lasting problem for the Howard/Borbidge constituency. It will once and for all separate an already segregated community of white and black Australians. It will mean that they are not concerned about our health of spirit, mind and body.

We also support outstation development. We want to see more people moving back to their country and teaching their young people about land. I have witnessed first hand the positive effect on Bama with problems like alcohol abuse, no work, bad housing, and violence. The continued lack of adequate services once they are back on their land, however, continues to be of serious concern.

Apunipima seeks to work together with ATSIC, Cape York Land Council and Balkamu to get the best possible opportunity for those families that want to establish outstations. We believe that this is a good program which must not be taken away from Bama. It has a lot of potential to improve the lifestyle and health of our Bama.

Our commitment to working together with these regional organisations and others like the Peninsula Regional Council, Tharpunttoo Legal Service and Community Councils is strong. I believe we all share a duty of care to ensure we work co-operatively for the benefit of Bama. The regional organisations are meeting more often in the next year to discuss important regional issues. It is now called the Cape Forum. Apunipima is proud to be associated with it.

One of the emerging priorities for Cape York leaders is the growing alcohol and drug problem. We will need to address this together with the people of Cape York. To this end Apunipima will be talking to Bama at the 1997 Summit about how we should work together to deal with such menace. Our youth are experimenting with other drugs including snorting and other drugs. We will need to talk with our youth representatives and together seek out the solutions.

Finally, I would like to close with a word of encouragement and support to each of the managers of the Health Districts, Aboriginal Health Workers, Community leaders and Apunipima's own staff. We are all in this together and can be effective only if we can work in an atmosphere of co-operation and respect. I look forward to what the next year brings for us as we continue to serve the health needs of Cape Bama.

Gerhardt Pearson

Executive Director's Report

The last 12 months has seen a major shift in both state and federal government's responsibilities in Aboriginal health and, in this environment. Apunipima has been constantly drawing to their attention the need for better co-ordinated services to the people of Cape York. Apunipima has seats on advisory committees at the regional, state and federal level and I think it's fair to say that we have been able to influence policy at all levels.

Our program work in the areas of Mental Health, Womens Health, Family Health and Substance Abuse have been going well, however, the main game I believe is to keep our lobbying power to bring about policy changes or to make sure that existing policy is appropriate for the Cape communities. So much more needs to be done to ensure that good, co-ordinated medical services are provided to community people. This is a major issue for us considering the high turn-over rate for registered nurses is around 60%.

This past year we have organised a trip for the federal Shadow Health Minister, Michael Lee, to Arnhem Land, The NPA and Lockhart River to talk to people first hand. A good working relationship has developed with Dr. Michael Wooldridge and his officers and the Office of Aboriginal and Torres Strait Islander Health Services in Canberra. I thank them for their continued support for Apunipima.

From time to time I am also asked to get equipment for our clinics which has met with some success. We spoke to the Australian Pharmaceuticals Manufacturers Association who have donated equipment.

I have also been able to find sporting and fitness equipment for communities so our youth can develop their skills and find relief from boredom. It is so important that we listen to our sons and daughters and find ways to improve their health and quality of life.

So I am very excited about the establishment of the Cape York Youth Council and see this Council as a major player in the education of young people about health and lifestyle illnesses. The Youth Council is the only one of its kind in the country and once again reflects the dynamic nature of Cape York Aboriginal people.

These young men and women are our future and they are standing up proud and keen to take their place as the leaders of tomorrow. Their hard work and enthusiasm should give us all confidence for the future.

Barbara Flick
**Finance Report**

Overall the financial position of the Health Council is in good shape. We administered a total of 23 grants during the year. All grants have a zero or positive balance at 30th June 1997.

Total Income has increased from the previous year with the Commonwealth Department of Health and Family Services being the biggest source of funds. The Net Assets (what the Council owns) is less at the end of this year than it was at the start. This is because we have spent funds that were held in the bank at the start of the year.

The 1996/97 year was another busy one for the finance staff with different projects, conferences and renovations going on. All the activities and events of the Council required financial and administrative support and below are listed just some of the things that took up our time last year.

**CONFERENCES**
In August we had the first Aboriginal Women's Health Conference in Pajinka which produced the "Our Way - Strong Way" Report. This was followed in September by the Drug & Alcohol Conference in Laura. We also secured funds from the Federal Department of Health & Family Services to organise the Rama Wudu Wudu Mara Mara - Rising Above the Waves of Dispossession Youth Conference which will take place in Cooktown in November 1997.

**PROJECTS**
A major project continuing from the 1995/96 year was the Housing for Health Project at Pormpuraaw. This project targeted and improved the "healthiness" of most of the houses in Pormpuraaw, as well producing a report called "Pormpuraaw Housing for Health - Towards a Healthy Living Environment for Cape York Communities".

Another major report about Environmental Health was the "Environmental Health Workers in Cape York Communities - Employment and Training Needs Analysis" produced by ARTD.

Apunipima has been administering funds for the Regional Centre for Emotional and Social Well Being Counselling Training and Support which is soon to be incorporated and managed by a Consortium of organisations. The Centre will provide training for indigenous workers in counselling and related areas.

The "Respect Your Elders" Project visited the western side of the Cape and the NPA region, talking to the Elders about their life experiences. We have now found funding to visit the eastern side communities and complete this project.

The Port Stewart Garden Project was funded this year. We look forward to being able to get further funding when the gardens are more established.

**MEETINGS AND WORKSHOPS**
In September we attended the 2nd "Health and Land Summit" which was held in Wujal Wujal. Another significant expense for the Council is the cost of bringing the Governing and Executive Committee together regularly throughout the year. Apunipima has also been the sponsoring body for the Cape York Youth Council.

1997/98 will be a busy time and we are working to ensure that all projects are properly funded.

Tony Varela
Finance Officer

Lillian Levers
Finance Officer

Lillian Levers
Finance Officer

AGENCIES AND DEPARTMENTS FROM WHICH WE RECEIVED FUNDS ARE:

- Department of Health and Family Services
  - Core Project and Administration
  - Youth Conference
  - Regional Centre for Emotional and Social Well Being
  - Counselling Training and Support (Consortium)
  - Women's Health Conference

- ATSIC
  - Housing for Health Project

- Department of Housing, Local Government and Planning
  - Housing for Health Project

- Queensland Health
  - Housing for Health Project
  - Drug and Alcohol Project Assistant
  - Mental Health Project
  - Port Stewart Garden Project

- Department of Employment Education and Training
  - Training Needs Analysis

- Department of Employment, Vocational Education, Training and Industrial Relations
  - Salary Supplement

- Australian Pharmaceutical Manufacturers Association
  - Health Worker Travel
  - Mosakai Rosic Bi-Bayan

- Department of Family, Youth and Community Care
  - Respect Your Elders Project

- Australia Council for the Arts
  - Respect Your Elders Project

- Department of Environment and Heritage
  - Respect Your Elders Project

- Department of Families Youth and Community Care
  - Drug and Alcohol Music Workshop

- World Vision Australia
  - Women's Health Conference

- Cape Flattery Mines
  - Women's Health Conference
Administration Report

There have been several changes in the Administration section during the 1996/97 year. The goal of the Admin section is to ensure that staff have a good environment to work in and that they can focus on their jobs. This has kept everyone very busy.

Two new staff have now taken on key administration positions.

Viola Mossman, formerly of Hopevale, has been the Senior Clerk since November and is responsible for administration procedures. A new computerised filing system has been installed and is being developed and managed by Viola.

Karen Gordon became a full time Clerk in June 1997 and assists with travel and accommodation bookings, filing, reception and general office duties. Karen is from Hopevale and previously worked with the Hopevale Council for 15 years.

Sarah Anning continues as receptionist, and this year completed a 'Certificate in Office Practice III'. Sarah takes care of stationary supplies and banking, as well as her reception duties. Sarah also looks after the growing Library which now has over 400 publications, newsletters and newspapers and over 80 new videos and posters.

The difficulties of putting up with the renovations have been worth the effort as we now have a more comfortable working environment, and plenty of space to welcome the many visitors from the Cape and other areas. The new internal staircase has made the office more functional and access between upstair and downstairs a lot easier.

Finally, we look forward to the new year and to working together as a team. We proved that our efforts have resulted in an effective and productive administration centre for the Apunipima Cape York Health Council.

Viola Mossman
Senior Clerk

Health Planners Report

"Should medicine ever fulfill its great ends, it must enter into the larger political and social life of our time; it must indicate the barriers which obstruct the normal completion of the life cycle and remove them"

Rudolf Virchow (1821-1902)

This quote is from a famous German doctor and government epidemiologist. He wrote an official report stating that a spotted fever epidemic which caused many deaths was primarily due to a lack of democracy and of free speech. He subsequently lost his job.

Apunipima's role is not only about the delivery of bandages and panadol to Cape people. Rather we have a responsibility to deliver health outcomes that reflect the holistic nature of Aboriginal health; outcomes that are not achievable through the limited scope of health department activities. Major factors influencing the health of Aboriginal people, such as land rights, community development, employment, education, housing and cultural freedom are not considered the responsibility of health departments but are integral to improved health for Aboriginal people.

Health Planning Process

Apunipima's health programs unit priorities are based both on available epidemiological data as well as direct communication with our bosses - the people of Cape York. It follows that, to produce sustainable health outcomes, the process of developing programs and activities for the health programs unit is as important as those programs and activities themselves. One example is the Housing for Health project in Poruma where members of the community took part in the planning and implementation process. Capacity building of services and communities is our imperative.

On the other hand, the high mortality and morbidity rate of Aboriginal people means that our planned activities are frequently interrupted with illness or death of a close friend, family member or somebody we work with. Grief is an inseparable part of our work.

What we do and what we have achieved

Last year Apunipima's health programs unit was characterised by a search for the most efficient role within the organization; high staff turnover; a push for more cooperation with health services; and sometimes an overwhelming amount of, opportunistic, day to day, activities. Our main outcome this year was in providing our executive director with grass roots and public health information to enable her to lobby for improved health outcomes for the people of Cape York at both state and Commonwealth levels.

We have three main program areas. They are:

- Women's health
- Mental health
- Sexual health

However, there are many other things we have done this year. Wilfred Gordon visited lots of people in hospital and helped them to get through the health system.

We organized and contributed to several important meetings with outcomes that are likely to affect
health in the Cape. The latest examples are the planning workshop for delivery of a literacy and numeracy program in Wujal Wujal and the launch of the North Queensland Association of Regional Practitioners (NQARP).

Apunipima, in cooperation with the Tropical Public Health Unit and Department of Public Health of the Queensland University, produced posters on safe hunting and eating of flying foxes. These posters were distributed throughout North Queensland. We also contributed to the planning of health services in the district and assisted in the process of enrollment of Cape York people into Medicare. The report on Breast Feeding and Infant Nutrition Support Training and Services Survey that we have done jointly with the Cairns Tropical Public Health Unit and University of Queensland is about to be released. These are only a few highlights from our work.

People

Behind our programs we have people. Changes in staff have meant both new initiatives as well as interruption in work of the Apunipima's health unit.

In December 1996, Wilfred Gordon shifted from the position of Deputy Director to that of community liaison officer where he continued to fill the gap, as he says, between health policies and people. His extensive knowledge of Cape York people, land and stories is an invaluable asset for all of us who work with him.

During the year Lindsay Rosendale has moved to the Cape York District Health Services where he continued his work on programs related to alcohol abuse. Delkoy Quinton left the position of alcohol and drugs program coordinator. Kerry Aranbua arrived in April 1997 and immediately stirred the local, state and national professional circles with her passionate advocacy of sexual health issues and capacity building of health services.

We lost Sandra Tanna to Mookai Rosie where she is now a general manager. Helen Mylex filled Sandra's position of women's health coordinator. Colette Gray has maintained her position of mental health coordinator and has continued her coordination of the Life Promotion Program despite all the difficulties encountered while piloting this capacity building process in the communities of Hopevale and Wujal Wujal. Peter Wallace is the only life promotion officer who is still with us from the beginning of this program, while Myra Ford, Doreen Jones and Silas Gordon all left these positions. We look forward to work with new officers in Hopevale and Wujal Wujal; Elizabeth Taylor being one of them.

What lies ahead?

Now, in our third year of existence, I think that we have a team that is capable of dealing with day to day requirements of our work within a larger framework of Apunipima's goals and strategies. To make our work more efficient it is important that we:

- further develop team work both within the organization and in the communities; and
- strengthen and expand links with communities.

Finally, our task remains the same - we have to see the health of Cape York people improving. If you can help us to meet this challenge, please call.

Dr Orzen Tonac
Health Planner

Sexual Health & Well-Persons
Check Report

The Apunipima Cape York Health Council is interested in developing a public health strategy to coordinate STD/HIV control activities in the Cairns, Cape York, Northern Peninsula, Torres Strait, Townsville and Mount Isa regions. It aims to support and strengthen the activities of Health Services in the region. The public health approach has its beginnings in the National Indigenous Sexual Health Strategy document, released in April 1997. Apunipima staff feel that there are many opportunities to provide efficient health services to Indigenous Australians in this region.

Ultimately, each health service will choose to adopt or reject the Strategy as they wish. Ideally, it is hoped a regional and cooperative approach involving all health services together will be adopted. This will allow coordinated strategies to be developed which assist State and Commonwealth representatives to fully support the Project within their own areas.

The Project's Guiding Principles

The importance of doing a more generalized "well-person's" check was emphasised by the Governing Committee to ensure the efficient use of resources and to eliminate any discrimination that may occur as a result of finding and treating STDs alone. This will mean these sexual health strategies are to be developed as part of a well-person's strategy, thus reorientating services from a disease perspective to one of health.

The project should work to establish:

- guidelines for a coordinated sexual health program resolving issues of equity and access to preventative and clinical services;
- rights and responsibilities of consumers and service providers ensuring quality in service provision;
- community participation and control in planning and implementing services; and
- intersectoral collaboration in reaching high risk groups.

These strategies are only to be adopted with both informed community consent and individual consent. Health Services will need to negotiate with and be guided by the communities they serve in the adoption and implementation of any service activity.

A comprehensive and coordinated approach supported by all health services in the region is necessary to address the problems of STDs and HIV.

Aboriginal and Torres Strait Islander health will improve when there is an increase in community and personal self-esteem and a rise in the socioeconomic status of the community. This rise is integrally related to employment.

Therefore, any health initiative has to be consistent with this process of empowering the Indigenous community and Health Workers. It must provide, where possible, Indigenous employment.

In assuming a coordination role for this strategy, Apunipima will be a centralised, shared resource which can coordinate effective teams, share logistical support, organisation and coordination for specific and regional initiatives.

The Project will aim to work according to a comprehensive plan in the areas of clinical co-ordination and management of STDs research: PCR/screening - well-person's check; more widespread use of Azithromycin in Far North Queensland; health hardware availability in communities; pathology services; education and training of health care providers; community education practice and defining a role in cross border issues.

Kerry Aranbua
Health Co-ordinator
The Community Life Promotion Report

1997 has been a very busy year, and the Apanipima Mental Health Program has been involved in a number of initiatives and projects.

There is a growing concern for the social, emotional and mental health of people, families and communities residing within the Cape York region. The increasing rates of drug and alcohol related problems, suicides, emotional worries, domestic violence and child abuse are visible signs of the stresses and tensions that these communities are experiencing.

In order to develop appropriate models of delivering social, emotional and mental health care programs to communities, Apanipima Health Council has been funded by the Peninsula and Torres Strait Region Integrated Mental Health Program to develop and implement Community Life Promotion Programs. We have chosen Hopevale and Wujal Wujal as the trial sites for the pilot project.

We followed the recommendations of the “Ways Forward” National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health, which emphasises the holistic concept of Aboriginal Mental Health as follows:

Health does not just mean the physical well-being of the individual but refers to the social, emotional and cultural well-being of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total well-being of their communities [1995, p.1].

Any delineation of mental health problems and disorders must encompass a recognition of the historical and socio-political context of Aboriginal Mental Health including the impact of colonisation; trauma, loss and grief; separation of families and children; the taking away of land; and the loss of culture and identity; plus the impact of social inequality, stigma, racism and ongoing losses [1995, p.2].

The programs have been set up knowing we do not have the answers, but with the implementation of community development processes and conducting ongoing evaluation and reflection, we hope to identify what the challenges, successes and difficulties of providing these programs are. To identify and document these challenges, successes and difficulties we will be reviewing the program at the end of the first twelve months of implementation towards the end of 1997.

Wujal Wujal

The Life Promotion Officers were Peter Wallace and Doreen Jones who has since resigned and replaced by Elizabeth Tayley. They coordinated community activities such as sports days, taking Elders out to their traditional lands, cultural activities for youth and a community based counselling and support service. Peter has successfully organised the Health Action Group Meetings to encourage communication and working relationships between all service providers and community groups. The program successfully gained funding for a literacy and numeracy program which commences in August, 1997.

Community consultations identified the need to find ways of combating the problems associated with drug and alcohol and the Wujal Wujal Kamu Kamaelkan Bawa Ngan Aniga Kari Drug and Alcohol Cooperative has run a number of drug and alcohol meetings and training days.

Peter Wallace and Elizabeth Tayley are proud of the role the program is beginning to play in the Wujal Wujal community. The counselling statistics have demonstrated that many people are using the program for help with family, drug and alcohol, grief and loss concerns. Many are finding it beneficial to have someone in the community who understands the problems they face.

Hopevale

The Life Promotion Officers were Silas Gordon and Myra Ford who have both recently resigned. Silas and Doreen provided a community support and referral service, and worked closely with the Mental Health Nurse and Family Counsellor from Cooktown. Silas believed that suicide prevention begins at birth, and emphasised the importance of strong parenting practices, family and community relationships.

The program has kept statistics about the numbers of clients seen and the problems they present with. The most common problems seen were:
- family and relationship problems
- drug and alcohol
- grief and loss
- community and domestic violence

In Wujal Wujal and Hopevale the Life Promotion Officers identified the enormous load of community problems that exist. As they worked to address these they learned much about the issues and people in their communities and experienced high stress levels. These have emerged as major issues for programs that seek to service these community needs.

Suicide

The ongoing concerns about suicide rates in the Cape and Torres Strait areas were discussed at a meeting of the Apanipima and Torres Health Council Alliance meeting which was held in Thursday Island in March. A reference group was formed to collectively consider the impact of suicides on communities. A Suicide Summit is being held in December, 1997, with the aim of identifying and understanding the issues related to suicides in Aboriginal and Islander communities, and determining strategies that can influence local, State and Commonwealth initiatives.

Much work needs to be done in the area of addressing social, emotional and mental health problems in Aboriginal communities in this region. I have been sustained and reinforced by the level of awareness and commitment to finding improvements and gains in this area. I would like to thank all the people who have given me their support and assistance.

Colleen K Gray

Health Coordinator

Apanipima - Cape York Health Council
Community Relations Officer

As a Community Relations Officer my work is to talk to community people and government about how we should provide a better service to the communities of Cape York. 

The Apunipima Cape York Health Council was formed in 1994 and now has an office in Cairns with a staff of 19 who work on different projects; part of my job is to work with those projects so that communities have a clear understanding of how they will benefit from the projects.

I am happy working for people in the communities; every day reminds me of the steps forward to better health for our people. One step forward we are looking at is first aid training for people living on outstations most of which presently have no first aid available. This is very important so our people can return to their country without the dangers arising from having no clinic and no one with first-aid skills.

We have come a long way since 1994 with both the state and federal governments funding our programs. Our success in attracting this funding has occurred through the hard work and long hours that Apunipima staff put in.

At this time I would like to see the communities taking part in everything we do and feel part of the Apunipima Cape York Health Council.

As part of my job I visit Cairns Base Hospital to see Cape York people that are sick and may need someone to talk to. These hospital visits are very important and it gives me a lot of satisfaction to know that I can help my people when they are sick and often isolated. Little things like this are what makes Apunipima and our work so important.

I have been working over the past year on the Respect Your Elders project. By the end of 1997 the Health Council will have interviewed over forty Cape York Elders. We expect that by the middle of next year we will have published a book of photos and oral histories of prominent Elders for their children and grandchildren to read when they grow up.

There are other projects that I have been working on and you will see details of them in other Health Council staff reports:

- Mental health in Hopevale and Wujal Wujal;
- Sexual health with PCR testing which is now for the Cape;
- Petrol sniffing at some of our communities; and
- Garden projects on some of our communities and outstations.

I would like to thank everyone for their help throughout this year and hope that next year will bring even greater successes for Apunipima and all the Bama of Cape York. So best of luck to you all for now.

Wilfred Gordon
Community Relations Officer

Women’s Health

The past year was an exciting one for women’s issues in the Cape. Our major event was the Aboriginal Women’s Conference at Pajinka which was attended by nearly fifty women.

A range of issues were discussed and workshoped. They included:
- Pregnancy & Childbirth;
- Environmental health;
- Mental health; and
- Women’s health.

These broad topics then allowed us to discuss related issues like nutrition, children’s health care, land rights and sexual abuse. Out of the Conference came 42 recommendations which were put to Apunipima and other service providers as achievable outcomes. Many of these recommendations have already been implemented.

We were particularly encouraged when all the Pajinka recommendations were supported by a women’s meeting held at the 1996 Wujal Wujal Land and Health Summit.

Both the state and commonwealth governments have recently shown increased interest in birthing rights and other women’s health issues and the Queensland Government has established a program called “Birthing on the Homelands”. This program may allow us to achieve our recommendations regarding birthing in communities.

This issue raises many questions, however, about the general health of Cape York women and their nutritional intake. We need to improve women’s health to ensure that birthing on country can take place safely and so improve the health of Cape York children.

These are the challenges for Apunipima, Mookai Rosie and other service providers. I left the position of Women’s Health Officer at Apunipima in May 1997 to start work as manager of Mookai Rosie. I am sure that my move to Mookai Rosie will strengthen the links between the two organisations and that can only be good for all Cape York women and children.

Finally I am pleased to report that the Women’s Health position at Apunipima has been filled by Helen Myles.

Sandra Tanna
Health Co-ordinator
Senior Policy Officer's Report

Policy Work

Apart from my responsibility supervising the work of Apunipima's Communications Unit, I also advise the coordinators on ways of optimising policy opportunities to influence governments and government departments. I particularly enjoy this collaboration with other staff.

Advice to the Executive Director

Providing policy advice and support to the Executive Director is the main focus of my work. This year I have given high priority to ensuring that we always keep our eye on outcomes. We are trying to ensure that our work really will make a difference to the appalling health statistics that Cape York people face. Keeping this clear focus means assessing all our work to this end. I believe the last year has seen the organisation take great strides in identifying where we can have an effect and how to achieve improvement, even though that may take a few years.

An important aspect of our policy work is briefing Members of Parliament and government departments. We have met with State Members on a number of occasions, and have hosted visits by Michael Wooldridge, the Federal Health Minister, and Michael Lee, the Shadow Minister. Policy work also involved preparing briefings and submissions to many government departments.

Successes during the year include representations to the Attorney General on reform of the Queensland Coronial system, to the Health Minister on retaining beds at Cooktown Hospital, to the Ministers for Natural Resources and for Families, Youth and Community Care on upgrading the NPA water supply, and to the Queensland Parliamentary Public Works Committee on housing issues.

Apunipima also made representations to the Department of Corrective Services and the Police Department on service to Aboriginal people; to the Commonwealth on community controlled primary health care services at Injinoo which is still under consideration; and to the Department of Sport and Recreation on funding of a Cape York Sport and Recreation officer.

Membership of Key Committees

The Policy Officer also provides support to the Executive Director in relation to her membership of a number of key committees. The organisation is fortunate in the high level impact it is able to have through this work of the Executive Director. These committees include, the Remote Areas Subcommittee reporting directly to the Commonwealth Health Minister on issues affecting remote Aboriginal communities, the Queensland Aboriginal & Torres Strait Islander Health Advisory Council, the Cape York Health Council which advises the District Manager and the Cairns District Ethics Committee which checks out health research proposed in the region.

One of the most important developments which has come out of the Remote Areas Subcommittee is a statement of core primary health care services required in remote areas. We are now using this list of basic core services as a benchmark that has been agreed to by government.

Regular contact with the District Office and District Manager in Weipa on policy issues is an essential part of the Policy Officer's position. It is pleasing that the relationship is developing and maturing. Work is taking place to developing a formal agreement between Apunipima and the District which includes health priorities and outcomes.

Important Links with Other Cape York Bodies

The position has also provided support to the Governing Committee by ensuring an information flow to members and that issues raised at meetings are picked up by the organisation. Apunipima greatly values its relationships with the Balkanu Cape York Development Corporation, the Cape York Land Council and the ATSIC Regional Council. Ensuring these organisations are kept informed during the year keeps these productive relationships going.

The coming year promises many opportunities to build on the firm foundation that has now been established by Apunipima. Recognising and optimising these policy opportunities for the benefit of communities and focussing our efforts on real change is the challenge we face.

Joan Staples
Senior Policy Officer
Communications Unit

The past year has seen some big changes in the Communications Unit at Apunipima.

Jason Fagan and Suzanne Smith have both left and Judith Taylor, Alastair Harris and Tracy Callegari have all started. Suzi and Jason set up the Communications Unit and their hard work and enthusiasm will be missed.

Judith is responsible for producing health promotion material for the project coordinators. As a registered nurse she is very familiar with health issues and has worked in community based health promotion for the past ten years. Judith also has the job of producing the new monthly Health Council newsletter, Apunipima Action.

Judith is also presently producing a Smoking Flip Chart which will be a useful resource for teachers and others to educate young people about the dangers of smoking.

Alastair Harris, who works as Media Liaison Officer, is a journalist of ten years experience and has been working with Aboriginal people for more than twenty years. Alastair's job at Apunipima includes writing and distributing media releases to print and electronic media throughout Far North Queensland and the rest of the country.

Alastair has also been working on a project aimed at linking all the Cape York BRACS Units into a network where what is broadcast in one community can be heard in all other Cape York communities. Daniel Grainger, an electronic engineer, has just completed a technical plan for the network.

Apunipima's purchase of a digital camera has proved to be a good investment with video footage produced by the communications unit being broadcast on Channel 10 and the ABC. We have also been commissioned by ATSIC TV to produce a 10 minute story on the Pormpuraaw Housing for Health project. In Tracy Callegari we now have an experienced video producer on board.

The Cape York newspaper, Unity News, is continuing successfully getting news and information from Apunipima. Ballangur and the Cape York Land Council out into the community.

A full colour Cape York Vision poster was designed and produced by the Communications Unit. Copies of the poster have been distributed to all Community Councils, schools and clinics throughout Cape York. Extra copies are available from Apunipima.

One of the biggest events of the past year was the Australian Reconciliation Convention which happened in Melbourne in May. Representatives from all Cape York organisations attended the Convention with a group of important Wuk Elders. Interviews were organised on radio and television and in the newspapers to allow the Wuk Elders and other Cape York people to speak directly to the public about their views and concerns.

The Respect Your Elders project is continuing with new funding being secured from the Department of the Environment and the Australia Council. It is expected that the interviews with Elders will be published early next year.

The Communications Unit of Apunipima is a resource for all Cape York people, if you or your community/organisation wants or needs advice on media or other communications related issues do not hesitate to call; we are here for you mob.

Alastair Harris
Media Liaison Officer

Youth Council and Adolescent Health Conference

Apunipima was approached to host an indigenous adolescent health conference as a lead up to the International Association for Adolescent Health's (IAAH) 2nd Pacific Rim Adolescent Health Conference being held in Sydney.

It was felt that this conference would be an opportunity for the newly formed Cape York Youth Council to come together to gain skills and develop networks. La-Donna Ballangur and her colleagues have been employed to organise the conference and to generally assist the activities of the Youth Council.

The Conference, now titled Bama Wudu Wudu Mara Maru: Rising Above the Waves of Dispossession, will take place at Cooktown on November 5 - 10.

The formation of the Cape York Youth Council came out of last year's Land and Health Summit held at Wujal-Wujal. The Youth Council's primary function at this stage is to act as a steering committee for the Conference but it is hoped that the Youth Council will continue after the conference period and that they will become an established voice for Cape York youth locally, nationally and internationally.

The conference title is a positive statement of the strength, hope and integrity of indigenous youth of the Pacific Rim Region taking control of their health for themselves, their peoples and communities towards the betterment of all peoples. The conference aims;

- To bring together indigenous youth of the Pacific Rim Region to share experiences, identify commonalities and respectfully address the issue of health.
- To exchange ideas and successful health strategies used by indigenous peoples of the Pacific Rim Region.
- To identify the link between culture, land, lifestyle and health for indigenous youth of the Pacific Rim Region.
- To establish networks of future benefit to indigenous adolescent health in the region.
- To produce a report to the 2nd IAAH Conference highlighting unique indigenous approaches to adolescent health management as discussed at Cooktown.

The conference program will be a reflection of how indigenous people view health and wellbeing. There are many things which contribute to good health and wellbeing including land, water, culture, history, etc. It will also be an opportunity for Cape York peoples to highlight and share the richness and diversity of Cape York Peninsula with people from around the country and around the world.

The IAAH President, Mr Roger Tonkin, will be at the Opening Ceremony where he will be presenting a talking stick from the last conference held in Canada to the traditional owners of Cooktown. The speakers and presenters will
be a combination of professionals and community workers giving a total picture of indigenous adolescent health in the region.

Beyond the conference, the youth council hopes to establish themselves as an autonomous body representative of the youth of Cape York. The Cape York Youth Council can be seen as a model for other indigenous youth councils around Australia.

The Youth Council will also enable Cape York young people to link with international indigenous youth bodies for the first time putting the voice of Cape York into the global community.

The hosting of the forthcoming conference is only the beginning of many things to come for the youth of Cape York. The opportunities that will stem from this conference will be enormous and it is vital that they receive the support they need in order for them to succeed.

La Donna Ballangary-Kearins
Conference Co-ordinator

Members of the Cape York Youth Council

Pormpaara
Housing for Health Project

During the past year Apunipima has sponsored and supported many different community projects.

The Pormpaara Housing for Health project was initiated by Apunipima in 1995. The Project's aims were to:

- Make improvements to the living environment in a selected community;
- Gain an insight to the state of living environments and related health in the Cape;
- Identify environmental health issues and priorities specific to Cape York; and
- Identify potential changes in current infrastructure policy and process that will support improved environmental health outcomes.

The project was jointly funded by Queensland Health, Queensland Department of Public Works & Housing Services and ATSIC to a total value of $460,000 and commenced in February of 1996 with a full survey of 65 houses and a part survey 33 houses. A survey/fix team of nine people were joined by six locals to undertake the surveys and minor repairs. Three more survey/repair visits were conducted during the year.

The surveys assessed, by on-the-ground tests, the function and condition of housing safety and health. Eight key indicators were used to measure whether houses "worked". These eight indicators included:

1. Electrical safety;
2. Gas safety;
3. Ability to shower;
4. Ability to use a tub;
5. Ability to wash clothes;
6. Access to working toilet;
7. Ability to safely remove waste water from the house; and
8. Ability to store, prepare and cook food.

Between surveys a housing upgrade program was undertaken to fix health and safety problems identified during the surveys.

In its report to Apunipima, the Centre for Appropriate Technology (CAT), the organisation that undertook the survey, concluded, among other things, that housing in the community was essentially poor, mainly because of initial sub-standard construction and lack of routine maintenance.

The CAT report recommended a number of requirements if housing standards in Pormpaara and other remote communities were to be improved. These include:

- Ongoing funding support;
- Focus existing resources onto safety and health outcomes;
- Staff ability to carefully target maintenance resources and;
- Improved quality control of new works.

The report also recommended regular meetings between all agencies involved in the design, building and maintenance of community houses, improved supervision of contractors during construction and improved health status data collection.
Apunipima and CAT presented the Pormpuraaw report to the Queensland Parliamentary Committee on Public Works and Housing who have recently recommended the State Public Works Minister implement the recommendations of the report including the employment of environmental health officers and the development of more appropriate technology.

The Commonwealth Government has also shown keen interest in the report’s recommendations.

Apunipima is hoping to employ a full-time Environmental Health Officer in the near future to coordinate and continue similar programs in other Cape York communities.

The Port Stewart Sheethini-Moojebra Garden Project

Apunipima has supported the efforts of Cape York people to return to their traditional country as a major health priority. People living back on their own country live longer and healthier lives with improved diets, less stress, less substance abuse and a generally improved sense of well-being.

As part of its support for the homeland or outstation movement Apunipima has been actively assisting the Port Stewart Lamalama in the re-establishment of their community, destroyed by the Queensland Government in 1961.

There are now approximately 40 Lamalama living back at Port Stewart and Apunipima has secured $22,000 funding from Queensland Health to develop Stage 1 of a 3 stage Garden Project. Further funding for Stage 2 and 3 will be dependent on a successful outcome for Stage 1 which commenced in June 1997.

This Project has been developed with the primary intention of improving the nutrition, health and well-being of the Port Stewart Lamalama. These objectives will be attained through community and domestic gardening projects using Permaculture principles wherever appropriate.

It is the objective of this project to assist the Port Stewart community towards becoming a sustainable and permanent homeland centre. Training (and accreditation) in Permaculture design will feature in the project.

The objectives of the Port Stewart Gardening Project are:

- To improve the health and wellbeing of Lamalama people;
- To improve nutrition by providing fresh produce at Sheethini and Moojebra; and
- To provide meaningful employment options for Lamalama people within their traditional homelands.

The gardening projects combined with shade and shelter planting, gathering of marine and terrestrial resources (seaweed, mulch, bush food seeds) will provide a variety of exercise and meaningful employment for all workers and volunteers participating in this ongoing project.

It is intended that these activities will be undertaken with a view to including traditional Aboriginal bush foods and medicines in garden layouts. Collection and propagation of these species will be conducted in accordance with Lamalama tradition.

Kitchen Gardens have been a feature which have been maintained over time at several of the more permanent camps at Port Stewart. These gardens will be maintained by the various camps according to their own requirements. They will be elevated to enable floodwaters to flow through and fenced to prevent dogs and pigs from causing damage. Suggested species for kitchen gardens include:
- tomatoes, herbs, zucchini, cucumber, beans, capsicum, chilli, ginger
- winged bean, sweet leaf, pigeon pea, kang kong, New Guinea bean
- passionfruit (treliss), pawpaw

These gardens will be establishing using Permaculture techniques, ensuring minimal maintenance once established, minimal use of water, organic fertiliser and mulch.

Community Gardens have been requested at Port Stewart as a result of the perceived successes of a market garden project in Coen. Many participants have improved their well-being through involvement in this productive project. These gardens will provide fresh produce for the entire camp using Permaculture techniques. If a surplus eventuates from this initiative, then marketing of organically grown produce may be considered at a later date. The gardens will be fenced, established and maintained by project workers and volunteers for the duration of the project. Suggested species for community gardens include:
- pawpaws, coconuts, bananas, mulberry, avocado, citrus
- tomato, beans, pumpkin, watermelon, taro, cassava, caro
- onions, herbs, legumes, capsicum, chilli, carrots, peas, cabbages, lettuce
- selected bush foods and bush medicines
- other suitable tropical fruits, vegetables which provide continuity of production.

The community garden will also include a nursery for propagation of seedlings and maturing species prior to planting out.

The Port Stewart Lamalama are an example of Cape York people taking their lives back into their own hands. They are working hard to improve their lives and their health. Apunipima is very proud to be playing a role in this exciting development.
back on our country
Living healthy lives