

GIJA TOTAL HEALTH

On 5 October 2016, **David Rose** spoke to the Kimberley Society about pro bono work that is being done for a not-for-profit aboriginal health and wellbeing program centred in Warmun in the East Kimberley. David is a mining engineer who worked at Argyle Diamonds from 2003 until 2007, as General Manager and then as Managing Director. During this time, he had close engagement with the Gija and Mirriwung elders. He now works as a Director at KPMG, consulting to the mining industry. He is Chairman of the Gija Total Health Advisory Group, Vice Chairman of Christ Church Grammar School, and President of Rowing WA. His summary of the talk follows.

Launched in June 2008, Gija Total Health (GTH) aims to improve the health and lives of the Gija people in the East Kimberley Aboriginal Community of Warmun and its associated outstations. It is a deceptively simple fresh model that places a fulltime manager in the community, reporting directly to the [Warmun Community Council](#), through its CEO, to consult with the Gija people and find sustainable ways to improve outcomes in all areas of physical, mental, social and environmental health. The model also includes a non-incorporated Advisory Group who provide a network into the best of the relevant pro bono medical and other appropriate expertise to support a set of objectives determined by the community Council.

GTH walks a fine line between paternalism and self-help to provide constructive support to the Warmun community.

Gija people have lived in the lands around Warmun since the Ngarranggarni, or creation time, when spiritual beings roamed the land and created everything in it. This country contains their traditional hunting grounds and ceremonial sites, the songs and stories, and the resting places of the ancestors, all of which embody the past and define the future for the Gija mob.

After the [1885 gold discovery](#) at Halls Creek, a road and then a telegraph line linked the goldfield to Wyndham. A telegraph station constructed at Turkey Creek in 1897 became the hub of a small settlement and, to minimise its negative impact on the Gija people, the government established an Aboriginal feeding depot at nearby Violet Valley in 1912. Following the [Equal Wages Award](#) for Aboriginal stockmen in 1965, most Gija people were forced off the stations and drifted into fringe camps at Turkey Creek, where they set up camps with family and others who had worked on the same nearby stations.

[Warmun](#) is now one of the largest Aboriginal communities in the East Kimberley, with a stable population of over 300 people, and total transient population of around double that. The town comprises nearly 100 houses, a school, health clinic and police station and the internationally acclaimed Warmun Art Centre.

However, like so many other remote aboriginal communities, Warmun faces some entrenched problems including illegal substance abuse including alcohol, a general malaise in physical, mental and social health. There is welfare dependency and low morale due to sense of powerlessness and compromised cultural identity. This is compounded by lack of cohesion in government policy and a difficulty attracting reliable professionals for community work. However, unlike many aboriginal communities, Warmun is blessed with cultural cohesion, being predominantly made up of Gija people with a surviving cultural tradition in art, stories and joomba.

GTH's formation arose from an initiative called Jirrawun Health, which provided medical services to a group of Gija artists, particularly those of an art movement known as [Jirrawun Arts](#), most famous for its signature artist, the late [Paddy Bedford](#). In 2007 Jirrawun Health folded due to an unsustainable corporate and financial structure, and, as

it turned out, some divisiveness associated with its choice of name, as well as perceived elitism within the broader Gija community.

However, [Professor Ian Constable AO](#) and I remained committed to the need for adjunct health services for the Gija mob, so we set about developing a new model by removing unnecessary layers of corporate structure, putting existing community institutions at the centre, and respecting the role of existing health services.

Gija Total Health's point of difference and success is owed to the pivotal role of the community based manager who earns the trust of the Gija people, and efficiently channels available funds and support. The first Gija Total Health manager was Megan Buckley, who had previously run the [Warmun Art Centre](#) making her uniquely networked within the community which won the program its initial support. She was also smart and had the patience and skill to navigate the maze of external relationships, grant applications and acquittals required to support the programs.

The list of eminent medical professionals who assist the coordinator to leverage specialty health programs and funding from the Commonwealth government and business sectors



is impressive, and has included: Professors Fiona Stanley, Ian Constable, Kerin O'Dea, Helen Milroy and Harvey Coates. All experts in their fields and highly respected within their wide networks. Connection locally is just as crucial, with local doctors, [Ann Ward](#) and [Catherine Engelke](#) among our keenest supporters.

Ann Ward, Bessie Daylight and Betty Carrington.

Incidentally, Catherine is the first Gija person to become a doctor and now practices in Kununurra and Warmun. These supporters give their time pro bono because they believe this is a program that is capable of making a difference in the long term.

The relatively small investment by government over the years in supporting the salary of the GTH manager has seen this pro bono support sustained over an extended period, which provides enviable leverage for government funded programs.

Medical programs have included:–

- Eye Health Clinics –through the [Lions Eye Institute](#)
- Pediatric Ear Nose and Throat clinics – through [Prof Harvey Coates AO](#), and his colleagues;
- Oral Health and Dental Programs – delivered through the [Kimberley Dental Team](#);
- Mental Health programs – consisting of in-community professional counselling; and
- Drug and Alcohol programs – coordinated through a pre-existing rehabilitation program by local stalwart, [Sister Theresa Morellini AM](#).

In the area of community well-being, programs have included:–

- Youth programs and after school/[school holiday programs](#);
- Supported bush trips and camps;
- [Early Childhood](#) – including regular Warmun Playgroup for babies to 5 year olds;
- Effective Parenting and Healthy Community workshops; and
- Nutrition – initially through [Prof Kerin O'Dea](#), and subsequently through the [EON garden program](#).

Two of the most intractable issues for Warmun are substance abuse (including foetal alcohol spectrum disorder) and low school attendance. GTH has been involved with both issues at a support level, but sustained solutions will need internal community champions, people who can transcend family groups and loyalties, and make unpopular decisions for the benefit of the community as a whole.

GTH is an unconventional but effective model. It doesn't fit the mould, and government cannot quite pigeonhole it. Consequently, our ongoing funding has survived only on the ingenuity of successive managers and CEO's to find sufficient funding to sustain the program. It is difficult to retain quality professionals in remote communities, yet the success of any government programs focusing on health, job creation and reduction in alcohol misuse, rests on successful communication and creating a bridge between good intentions and indigenous people.

Gija Total Health is a working bridge.

There is also one sad statistic that says something of the plight of these communities, the magnitude of the challenge, and that, just maybe, life is a little better since GTH started. By mid-2010, the Warmun community was reporting reduced antisocial behaviour and no suicide. In comparison Warmun reported 5 suicides in the two years prior to GTH commencing in June 2008.

This recalls an observation from the famous anthropologist, Professor W.E.H. Stanner, in his Boyer lecture series in 1968, where he described "a mode of assent to the tragic terms of life, a view – not of pessimism – but of acceptance that reality is a joyous thing with maggots at the centre".