



Palyalatju Maparnpa Health (Aboriginal Corporation)

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Health Staff Orientation Information

Brief Description of the Organisation

Palyalatju Maparnpa Health Committee (PMHC) is an Aboriginal Controlled Cultural Health Service located in the remote Kutjungka region of the Kimberley in Western Australia. We are an organisation through which Indigenous and non-Indigenous people are working together to develop better and more appropriate healthcare systems for our communities. Our orientation towards Cultural Health means PMHC recognises the importance of addressing social, traditional, emotional and physical well-being when addressing Indigenous health issues. As such, we research, develop and conduct a diverse array of programs and projects related to issues of community health - from bush medicine and traditional healing to environmental health, men's health, Health Worker support and training, nutrition, bush tucker, maternal and child health. We have recently entered into partnership with Kimberley Aboriginal Medical Service Council Inc (KAMSC) for the provision of Clinical services to the clinics of Balgo, Mulan and Billiluna.

Background Information

The Kutjungka region is the traditional country of the Walmatjari, Jaru, Kukatja and Ngarti peoples. The way of life of the Aboriginal people prior to contact with Europeans has been characterised by Catherine and Ronald Berndt (1980:8 – 9) as being;

- ∞ Composed of language groups the size of which was dependent upon the fertility of the country.
- ∞ Based on cooperation and where conflict was controlled and channelled to conform to the ideal of common good.
- ∞ Governed by the driving forces of religion and economics: "getting a livelihood from hunting and food collecting, but first ensuring that this could be achieved and that resources would continue to be available."
- ∞ Organised around patrilineal descent as every person belonged to a local group which owned and held in trust, a specific stretch of country".
- ∞ Based around kinship systems, that governed social relations.

In the Kutjungka region the first significant contact with Europeans occurred in the early 1900s. However permanent settlement did not occur until the 1930's

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when cattle stations were being established. The Catholic Pallottine order established a mission in the region in 1939. A settlement was established in 1942 at Paruku to provide a buffer between the traditional way of life and the new life of cattle stations. This was the period where the church organisations were striving to protect Aboriginal people from the exploitative influences of the cattle industry.

The settlement continued to operate at the first site until 1964 when a dispute with the operators of the Billiluna Station over land forced the missionaries to move the settlement to the present site at Wirrimanu. In 1965 a state school was established at the settlement.

In the early 1980s, the Pallottine order handed the control of the Balgo Mission to the Community. At this time, unemployment benefits began to be paid directly to Aboriginal people, which gave them a greater degree of independence. The Wirrimanu Community was incorporated in 1983.

The Pallottines assisted Aboriginal people to purchase pastoral leases and establish other communities at Mulan near Lake Gregory, Mindibungu on the old Billiluna Station, and (north of Balgo). These communities have tended to reflect the desire of different language groups to have their own discrete country.

The ties to land and culture are still very strong as a direct result of the relatively short period of contact with non-Aboriginal people. Cultural and Ritual practices are still a very important part of everyday life and most if not all people are able to identify 'their country' and the associated ceremonies and responsibilities.

The Kutjunga region is one of the most geographically remote areas of Western Australia. This area has over 1,000 Aboriginal people living in 3 major communities. By almost every measure, the health of the people in the Kutjunga region is poor compared to non-Aboriginal Western Australians and compared with most other Aboriginal people across the state.

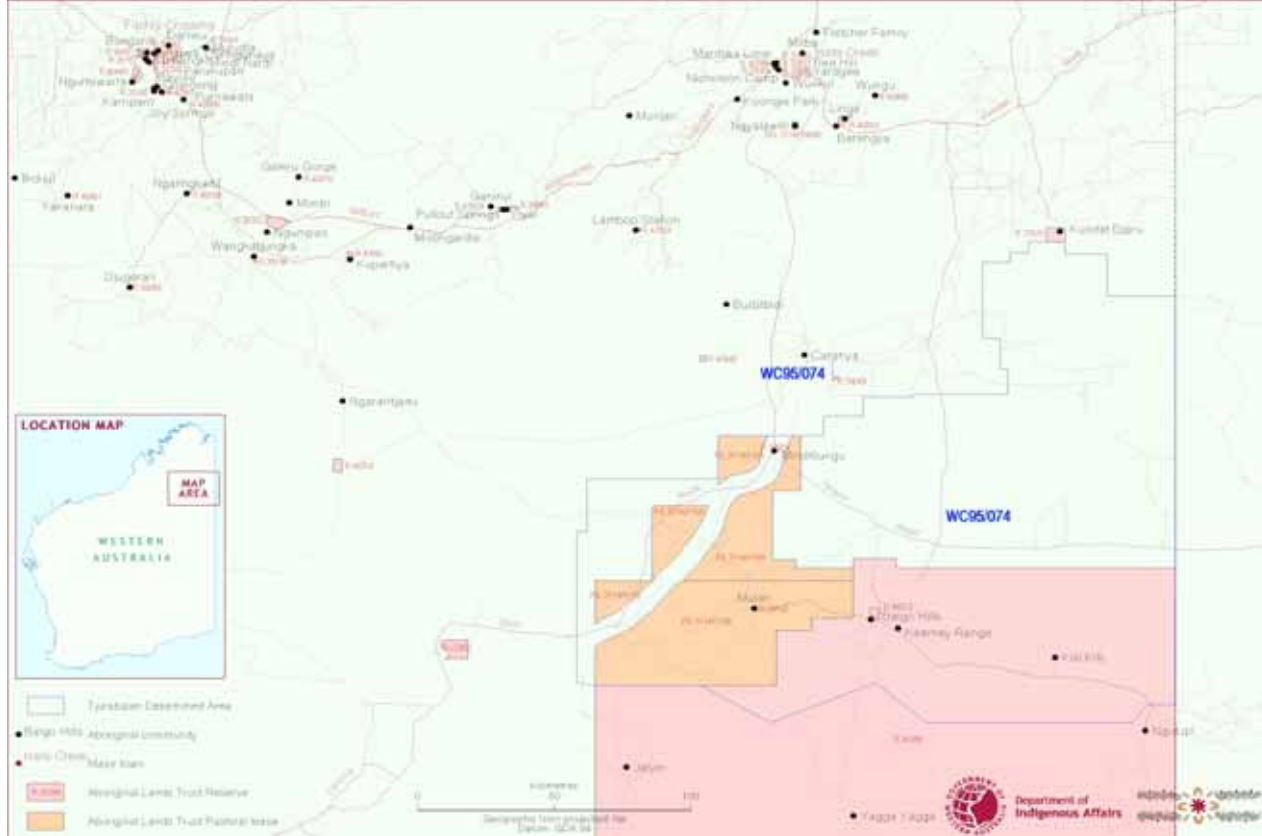
The people in the Kutjunga region have:

- ∞ high level of health needs,
- ∞ a developing curative and preventative health service (KAMSC)
- ∞ A developing Cultural Health Service.

There are a high proportion of young people in the Kutjunga region. Approximately 55 to 60% of people are 25 years or younger. This has a major impact of the health services provided to the region. Child and maternal health programs are crucial to improve pregnancy outcomes and address the high incidence of 'failure to thrive' in newborn babies. There is a need for preventative health programs to target:

- ∞ 0 – 5 Aged infants.
- ∞ Children aged 5-14 years.
- ∞ Young Adults.
- ∞ Adult population both Men and Women.

About 10% of the Kutjunga population are aged 55 years or over. This is a relatively small proportion and is a reflection of the premature death of the people in this region. The impact of the premature loss of elders and family members on the community is profound. The high levels of service provided to elders particularly given their relatively small representation in the population indicates the high level of need for chronic care and aged care services. No Aged Care Services currently available in the Kutjunga.



Organisational Structure of Palyalatju

Palyalatju Committee

Balgo
2 members.
members.

Mulan
2 members

Billiluna.
2

Chairman

Deputy Chairman

Public Officer (ORAC) requirement.

All positions on the Committee are elected positions (at AGM) and last for one year.

Palyalatju Staff.

- ∞ **Manager/Public Officer.**
- ∞ **? Deputy Manager. (Program Manager)**
- ∞ **Cultural Health Coordinator / Indigenous Cultural Health Project Workers.**
- ∞ **Environmental Health Coordinator / Environmental Health Workers.**
- ∞ **Aboriginal Health Worker Preceptor / Health Workers.**
- ∞ **Men's Health Coordinator / Men's Health Committee.**
- ∞ **Men's Health Consultant/Research consultant.**
- ∞ **Aboriginal Health Workers / Cultural Health Workers**
- ∞ **Community Workers on Palyalatju projects eg. Playgroup staff, Bush Medicine Workers, Health Promotion Workers**
- ∞ **? Youth Workers / Interlocutor.**
- ∞ **Administration Assistant.**

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Funding Partners.

Principal Funding Organisation: Office of Aboriginal and Torres Strait Islander Health. (OATSIH)

Secondary Funding Partner: Office of Aboriginal Health (OAH).

Additional funding partners on projects and ‘one off’ funding.

Partnership/Membership.

Kimberly Aboriginal Medical Service (KAMSC), provider of Clinical Services to the Kutjungka Region.

Member of Chamber of Commerce and Industry.

New staff who take up employment with either KAMSC or Palyalatju in the Kutjungka region will be expected to participate in orientation to ensure a working knowledge of how the two service providers deliver services.

Location:

The following map provides a clear indication as to the remoteness of the project site in the community of Balgo located at Balgo Hills.

As can be seen the Kutjungka region is extremely isolated.

Culture and Health

Traditional healing practices continue to be prominent in the Kutjungka with people often consulting a *Maparn* (traditional healer) before attending the clinic. Conceptions of the body and health continue to be informed by the work of *Maparn*, whose perception of the causes of ill health differ from those of Western Medicine. While many people acknowledge the causes of some illnesses to be lifestyle related, there is still a strong belief in external causes such as weather, ‘bad wind’ or what many people will call ‘Aboriginal way’ which can mean that a person has been ‘sung’ or made sick through the power of another. *Maparn* treat patients using (among other things) touch, song and the removal of objects from the body such as stones, wool, fingernails, sticks or lids that are seen to have been blocking parts of the body and causing illness. *Maparn* are traditionally men, however there are female healers with women often working in groups using ochres and song to heal sickness.

Bush medicines, sourced from the local landscape, are used for a variety of sicknesses and complaints. Traditional methods of treating sickness with bush medicine include; fumigation and inhalation, mixing plant matter with goanna or emu fat and rubbing, and pounding or chewing plant matter into an applicable paste. Many older people in the region testify that before *Kartiya* (white people) people rarely got sick and when they did, *Maparn* or Bush Medicine was used with a good level of success. Now, with chronic illnesses such as diabetes and heart disease – seen as *Kartiya* illnesses – people often use a combination of traditional and contemporary medicine.

It is important for clinic staff to be respectful of traditional healing methods and *Maparn*. Sometimes when an ill person is in the clinic they will request to see a *Maparn* – at which stage the clinic staff should consult an Aboriginal Healthworker to

bring in an appropriate *Maparn*. White people are also encouraged to use *Maparn* if they want.

Kumuntjavi & Sorry Business

Kumuntjavi

Similar to most Aboriginal cultures in Australia, when a person in the Kutjungka region dies it is no longer appropriate to speak their name. Hearing the name of a deceased person reminds family and friends of their death and can be very upsetting. In the aftermath of the death the deceased's name becomes *Kumuntjavi* and anyone else or any place or object by the same name is called thus. For example the name "Alice" is *Kumuntjavi*, therefore one cannot say aloud "Alice Springs" and must instead call it "Kumuntjavi Springs". In order to identify the deceased in conversation the practice is to refer to "that young man"/"that old man"/"that sister for Maggie"/ "that father for Larry" or by their skin name – such as "that Nakamarra from top camp". It is also not culturally OK to say 'dead' or 'died' – rather 'passed away' or 'gone' is preferable. The practice in regards to images of deceased people varies – often people like to see or keep photo's of a deceased person though one should always ask before showing an image and never display the image of a deceased person in a public place.

Sorry Business

- ∞ When the news has been broken in the community that a person has passed away there will often be a procession of community members to the house of the deceased's relatives, where there is ritual wailing and comforting.
- ∞ If there is any family left in the deceased's house or camp they will move out. After the funeral they may move back in after the house has been ceremonially 'smoked' although many people prefer to move to another camp permanently. Also people may move back in after the first rain, which is seen to wash away or cleanse the house of the deceased's spirit.
- ∞ Most times when there is a death there will be a designated Sorry Camp where female relatives of the deceased (the *Dilitja*) will reside until the time of the funeral. These women will sometimes paint their faces and upper bodies with white ochre and are not permitted to eat red meat or dairy products until after the funeral when all the Sorry rituals have been completed. A family member will rub meat or fat under the nose and then the person is permitted to eat meat & dairy again. People in Sorry will eat fish, Blackhead Python (*muntun*), Sand or Creek Frogs (*puruku*) Blue Tongue Lizard (*lungurda*) or Fresh Water Mussels (*witjangarna*) .
- ∞ People from other communities will often travel to the sorry camp and when they do there is a revival of wailing and crying.
- ∞ In the days following the death, there will often be a procession of mourners through town carrying gum tree branches and wailing/crying. The procession is ceremonially sweeping away the footprints of the deceased and they will visit the store, the clinic and other places the deceased walked.
- ∞ The time between a death and a funeral can often be many months depending on a number of circumstances. Sometimes the period is quite brief, especially if the deceased is quite old, has been ill and has only a small group of relatives
- ∞ After the funeral, the house and the car of the deceased are smoked.

- ∞ It is customary when meeting a deceased's relative after the death to shake their hand gently with your eyes averted as a sign of your 'sorry' or sympathy for their loss.
- ∞ When a person has died in the clinic it is customary for a nurse to cut the dead person's hair. It is important to use gloves when cutting the hair, to place the hair into a small bag and give it to the *Tilitja* (the brother or sister of the deceased).
- ∞ It is important not to wash the deceased's clothes, put the clothes in a bag and give them to the *Tilitja*. IF A PERSON HAS PASSED AWAY OUTSIDE THE COMMUNITY IN ANOTHER HOSPITAL IT IS IMPORTANT THAT THESE PRACTICES ARE STILL OBSERVED.
- ∞ If a person observing Sorry is in hospital or prison they must also follow the same dietary rules – clinic staff should make the effort to notify the hospital or prison.
- ∞ If there is a road accident close to town attended by clinic staff where someone has died, it is customary (if possible) that a brother or sister or close relative attend the scene when the body is moved.
- ∞ [A booklet entitled *Sorry Business and Funerals* is published by the Kutjungka Parish. Copies can be read in the clinics and Palyalatju Office. Personal copies are available from the Parish Office in Balgo.](#)

Law Time or "Business"

Every year around the Christmas period men's ceremonial Law takes place in the Kutjungka and other connected communities throughout the Central Desert and East Kimberley region. The initiation ceremonies around men's Law mark the transition period from adolescence into manhood, when a *marnti* (boy) becomes a *wati* (initiated man). Young men who are 'caught' to go through law are taken out to bush camp with other men and are referred to during the period they are in bush camp as *marlulu*. You are not permitted to speak the name of the *marlulu* during the time they are in bush camp. What takes place in bush camp is secret and it is not appropriate to openly ask or talk about it. There are some public ceremonies around law time, including the unveiling of the newly initiated men to the community and the men's singing and women's dancing that takes place in the community while the *marlulu* are in bush camp. White people are welcome to join in these public ceremonies. Law travels, and for periods over the law season the road may be closed while the men are moving from place to place. It is good to consult a senior man about the appropriateness of road travel during this time. Mostly it is OK for *Kartiya* to travel, but it is polite and respectful to ask permission nonetheless.

Cultural Sensitivity in the Clinic

Senior or Old men: If a female nurse is dealing with an older man who is ill and needs to bathe or undress him, it is appropriate first to ask the man whether he would prefer another man or a Healthworker to attend to him.

Spiritual and Religious Sensitivity.

The Catholic Faith is very strong and has an inclusive presence throughout the Kutjungka region. The Catholic Faith is practiced by many of the people of the Kutjungka. Within the Clinic setting there are religious icons that serve to support

(spiritually) the needs of the sick, infirmed and their relatives. The Parish Priest is available to attend the clinics across the region for any spiritual needs or to administer the Sacraments to the gravely ill. The Parish Priest is willing be called to offer comfort if a person(s) is being “flown out” by the RFDS. When the Priest is not available, Church Leaders are active and willing to be called in each Kutjungka community.

Within the communities there are significant numbers of people belonging to the People’s Church, the Assembly of God Church, and some members of other faiths. Ministers of these faiths are welcome in the clinical (health) setting.

In essence, health care for the people of the Kutjungka has three equal and vital components that work with one another to ensure the comfort of the ill.

- ∞ Cultural Health/Aboriginal medicine.
- ∞ Clinical Health/Kartiya medicine.
- ∞ Spiritual Health/Religious faith.