

The background of the cover is light blue and features several decorative Aboriginal art patterns in the corners. These patterns include circular motifs with concentric lines and dots, and wavy lines with small circles, in colors like red, orange, green, and teal. A small green branch with leaves is also visible in the bottom right corner.

CELEBRATING 50 YEARS

QUEENSLAND HEALTH ABORIGINAL & TORRES STRAIT ISLANDER HEALTH WORKER

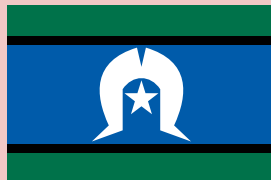
PROFESSIONAL STORIES AND REFLECTIONS – 1970 TO PRESENT



Queensland
Government

ACKNOWLEDGEMENT

The Department of Health acknowledges the Traditional Owners and Custodians of the lands, waters and seas across the State of Queensland and pays our respects to the Elders past and present. We value the culture, traditions and contributions that the Aboriginal and Torres Strait Islander peoples have made to our communities and recognise that our collective responsibility as government, communities and individuals are to ensure equity and equality, recognition and advancement of Aboriginal and Torres Strait Islander peoples in Queensland in every aspect of our society. Aboriginal and Torres Strait Islander peoples are advised that this publication may contain the names and/or images of deceased people.





Artwork Title: Health in Community

Artist: Maggie-Jean Douglas



This artwork was created in collaboration with Queensland Health as a celebration and acknowledgement of their First Nations employees in the past, present and future. This is shown with the three large connected circle groups that flow through the piece.

The pink large circle group top left represents past employees; the blue circle group in the centre represents current employees; and the brown circle group towards the right represent future employees.

Further to this, the artwork symbolises a focus on people, community and the connection between the two, which is represented in the additional community circles surrounding the timeline.

Maggie's signature illustrative native bush plants have been woven into this piece, a nod to First Nation Peoples' deep connection to country.

The artwork uses a beautiful blend of blues, greens and teals—colours often used in medical environments, but the addition of pinks and reds to add warmth and heart.

CREATIVE COMMONS INFORMATION

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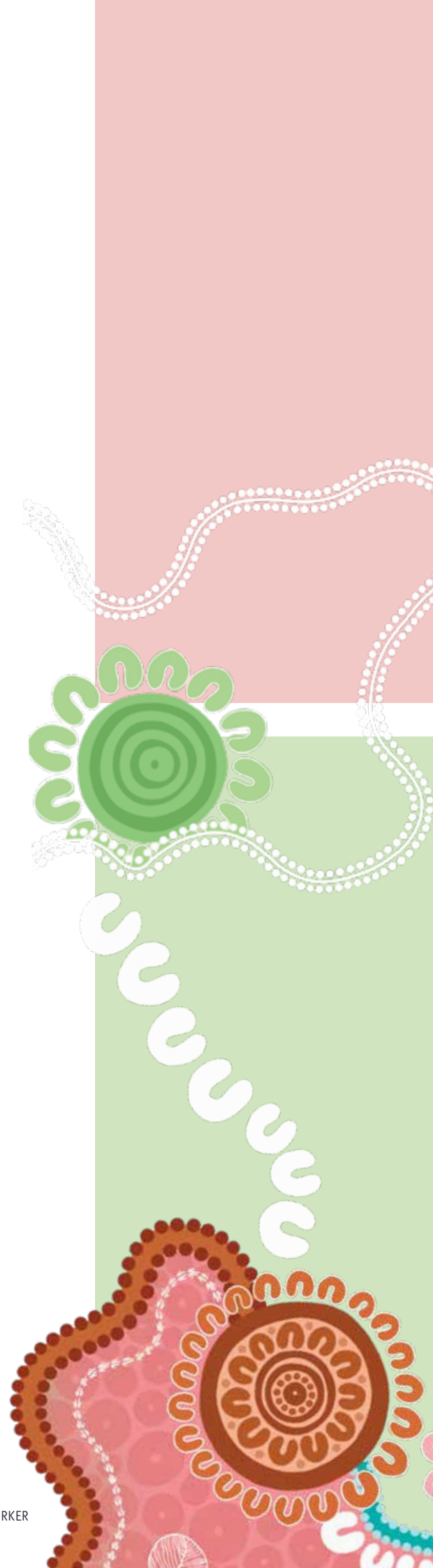
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You can view the Aboriginal and Torres Strait Islander health worker - professional stories and reflections booklet at the Queensland Health website at www.health.qld.gov.au/50-year-journey

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PREFACE

We would like to acknowledge and thank all who contributed to “Celebrating 50 Years of Aboriginal and Torres Strait Health Workers in Queensland”. This publication represents an insight into the history of Aboriginal and Torres Strait Islander health workers across this State. The original Aboriginal Health Programme (AHP), later known as the Aboriginal and Torres Strait Islander Health Programme, was an initiative which had been identified to address the poor health status of Indigenous peoples in Queensland. Aboriginal and Torres Strait Islander health workers were integral to the delivery of the AHP. This book of professional stories and reflections provides a retrospective view and insight into many proud moments and experiences during historical changes across the nation. The stories span at least 50 years of Aboriginal and Torres Strait Islander health, 1970 to the present day. Accompanying this book is a video and a 50-year historical timeline.

PROLOGUE

The development of this book of stories represents a shared collaboration between Queensland Health and Aboriginal and Torres Strait Islander health workers. Its aim is to recognize the many people over the years who have dedicated most of their working lives to the improvement of health across Aboriginal and Torres Strait Islander communities in this state. Queensland Health appreciates the contributions of those who have been willing to share the stories of their experiences in delivering healthcare during the past 50 years. This compilation represents only a fraction of all the prospective Aboriginal and Torres Strait Islander health worker stories.



HISTORY OF HEALTH WORKER PROFESSIONAL STORY



ROSS ATU

My motivation to become an Indigenous health worker stems from lived experiences and inequity of health-related conditions in the community. I desire to learn more and help others without judgement. I also believe the community I serve needs me as a role model, to help them grow and have a better understanding of social determinates of health.

By working together effectively, we can make a difference to achieve the best possible outcome for our mob and community. I am proud to say that my health career journey has now inspired others to follow their career pathways. So, I think it's fair to say that I have achieved my aim and goals.

In 1994, I started my health career as a trainee Health Worker in Aurukun. Aurukun is known as the Wik Nation, (Wik Mungkan Tribes), as Traditional Custodians. The community is located in the Western Cape York Peninsula region. The community has many strong cultural values and beliefs, including languages, protocols, songs, dreamtime stories, haunting, fishing, traditional dancing, artwork & craft and traditional practices. The Aurukun community is highly respected, and the people have always acknowledged the work you do and accept you into their family kinship.

The Aurukun Primary Health Care Centre delivers a wide range of comprehensive clinical and non-clinical healthcare services for the community. My proudest moment was when I had the wonderful opportunity to take up the health worker traineeship position. I am very grateful to this day, for the path that I have chosen and holds me in good stead.

I was fortunate to learn and be guided by one of the greatest Senior Health Worker/Community Leader while living in Aurukun. Aunty Doris Poonkamelya from (Putch Clan) of Aurukun. She was one of my shining lights for my career. Aunty Doris known as Commissioner Doris Poonkamelya has worked for Queensland Health for over 29 years. She was awarded a Medal of the Order of Australia (OAM) in recognition of services to the community.

During my working experience, the best method of training was the hands-on learning. This had enabled me to apply a lot of clinical skills and knowledge in line with the primary clinical care manual. The support and dedication of the Indigenous Health Workers, Nurses and Doctors made an immense difference in my valued learning.

Some of the programs/services we delivered within the community was Trauma Informed Care, Provision of Emergency Care, Public health and early intervention and Follow-up Care, Wound Care Management, Chronic Diseases Management and Prevention Care Programs, Child and Maternal Health, Mental Health and Men's, Women's Sexual Health and Health Promotion based on languages and culture groups, community engagement, and other additional clinical skills based on community health needs.

I've gained clinical knowledge and experiences through these deadly Indigenous Health Workers/Clinical Staff. These learning experiences have fuelled my passion for further studies in Primary Health Care at the TAFE Queensland (Cairns) by completing the Certificate III, IV, Diploma in Primary Health Care, Advanced Diploma in Community Services and Project Management. With further higher education, I have completed a Bachelor degree of Indigenous Health Studies (Primary Health Care) and Postgraduate Diploma in Management/Administration qualifications at the Batchelor Institute of Tertiary Education in Northern Territory (NT).

I look back and for someone like myself growing up in a small remote Cape York community like Bamaga, with English being my fourth language and having a limited literacy and numeracy levels. Believing in my own ambitious and beliefs, that 'anything is possible' with support and determination.



Throughout my health journey, I've experienced a lot of trauma mainly intergenerational trauma impact on the community. The most common trauma everyone experiences is 'Sad News and Sorry Business'. This trauma has significant impact on family loss, social and financial wellbeing across the community. A lot of families have experienced this, and at times struggle to overcome this overwhelming event.

What makes the community push through this type of event is strong family and country connections through community involvement. One of the important elements is 'our ways of doing business', which is passed down through generations, through strong connections like: cultural protocols, respect, lores, languages, sharing and caring. This to me, is a true resilience of the healing process, which I have experienced and witnessed throughout my working and personal life.

Specific moments in history self-determination, voice, national Aboriginal health inquiries.

1967 –National referendum – voting rights for First Nations peoples in Australia.

1971 –First Aboriginal Community-Controlled Health Organisation was established in Redfern, Sydney Australia.

1978 –World Health Organisation Alma Ata Declaration expressed the need for urgent action on global health inequality

2005 –The Social Justice Report considered progress in Aboriginal and Torres Strait Islander health outcomes and championed achieving health equality within a generation through a human rights approach,

2008 – The Closing the Gap Statement of Intent (including the National Indigenous Reform Agreement – six targets to progress closing the Gap in health, education, and employment) was forged between the Government of Australia and Aboriginal and Torres Strait Islander people to work together to achieve equality in health status and life expectancy by 2030.

2019 –The announcement through the Queensland Industrial Relations Commission (QIRC) certified the Aboriginal and Torres Strait Islander Health Workforce (Queensland Health) Certified EB1 Agreement (No. 1) 2019 covers a employment provisions entitlement for:

- Aboriginal and Torres Strait Islander Health Practitioners registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia,
- Aboriginal and Torres Strait Islander Health Workers,
- Aboriginal and Torres Strait Islander Mental Health Workers,
- Aboriginal and Torres Strait Islander Hospital Liaison Officers, including Community and Mental Health Hospital Liaison Officers.

First Nations Health Reforms

2020/21 –First Nations health equity agenda is the legislative requirement passed by the Queensland Parliament in 2020 and 2021 for Hospital and Health Services to co-develop and co-implement Health Equity Strategies.

2020/23 –The Uluru Statement is a rallying call for Australians to come together. The Voice to Parliament referendum reform.



HISTORY OF HEALTH WORKER PROFESSIONAL STORY

RAELENE BAKER (NEE RALLAH)

My Elder, my Warangu, my mother extraordinaire, Eileen Rallah (Broderick), a dedicated active founding member of many Brisbane Aboriginal Organizations, to include the One People of the Australia League, (OPAL) 1962 onwards she volunteered as an Administrator, later as the curator of the Geerbah Art and Cultural Centre at OPAL, later a Board Life Member she was my inspiration. I too sat on the Board during the mid, 1970's and later mid 1980's. It became the 'go to place' for everything related to health and welfare people from all over the State.

Mother was a calm natured, yet powerful campaigner for Freedom and Aboriginal Rights, born in 1923. Like both her Aboriginal parents, she was strong and strident in Voice for equality, human rights, strong woman and cultural leader. I spent late hours of my younger years at meetings in halls, and houses around Brisbane, marching, debating around 'active rights' discussions. Health issues was always the front and first topic at the various 'Murri card games', held at family and friends kitchen tables. At age 16 years age I formed a young OPAL group with other young people to include Michael Williams, Vivian Sinnamon, Ruth Anderson, Bob Weatherall, Chris King along with visiting student doctors from the University of Qld. We set up a Health and Welfare team to do visits in the Brisbane Parks and looking after some of the people from the bush and community, transports and worked with the Russel St, Brisbane Hostel for the homeless and unwell elders. Some of us, later went on to become Health Workers with Queensland Health. Some of these student doctors were our advocates and later went on to work in country and on communities.

Families and individuals embattled the racially adverse bias and discrimination. Though as a community we were resilient and hung onto hope, optimism, courage, and our cultural dignity. Home births, infant mortality and morbidity being the unacceptably high normality.

Hospitalization experiences as a small child gave me my first insights into experiencing and

seeing severe sickness. When in hospital for many months, at age 5 years, I was inspired by the many nurses and doctors who cared for me. They were impressionable times in my personal life. Also having a career in health has made many indelible impressions both personally and professionally.

50 years ago, I commenced one of my careers as a Health Worker with Queensland Health. Worked in hospitals and communities throughout Queensland and other areas I was witness to many unacceptable burdens of disease, morbidity and mortality moments and the personal burdens on families and communities. I later worked in Aboriginal Affairs and First Nations portfolio areas in Canberra and other states and now the Manager, Indigenous Health with one of the Regional Hospital Health Services. I remain on committees and contribute as a strong Voice for reform agendas and to reverse the historical devastation of my people. Truth Stories, having Voice, Self Determination in these contemporary times is an imperative towards a healthier future. My cultural knowledge and professional and personal history have shaped me into who I am today.

Proudly, my big achievement in life is having had four sons. Three of my sons are Doctors. My eldest son, Dr Kris Rallah-Baker, is the first Aboriginal Ophthalmologist, an eye surgeon and now has his own Consultant rooms, with the others having set up Dental Practices in Queensland.

I have laid down the pillars of foundation for my families to follow in my footsteps. I am very proud of all my family.

In my early 20's, I commenced a job with Queensland Health. I was honored to work with the pioneer of the Queensland Aboriginal Health Programme under the leadership of Dr Tony Musgrave (Public Health). It was labeled the AHP, a public health preventative medicine program. The program enabled preventative and curative measures of the Statewide Indigenous health picture across most communities'. I enjoyed the preventative medicine approach and education in health and hygiene to our people. We were originally based in the Health & Welfare Building in George St, Brisbane and later moved to Wharf and Adelaide Streets. I became a Health Assistant, with some formal training in the Nurse's Association, Spring Hill and, we ran the first courses there. We also had some 'on the job training'. Our work covered all manner of things, from dressings to assisting birthing, dying and death across the communities. Such a challenge for many of us and we were so young. Later on, and after I had married a person whom I had met in Aurukun, I worked as a steno-typist to Dr Bruno Hawes. I also did some Field Officer data collection work across many communities, and bush town camps. I later trained to become a Health Worker Trainer and supported the recruitment and





mentored new recruits across statewide teams. I assisted Dr Musgrave with the rapid Recruitment following the AHP Federal and State Government successes.

Course training included basic first aid, dressings, nutrition, baby and child health checks and basic vehicle two-day mechanics session from the South Brisbane TAFE, in preparation of being stranded and stuck in mud on the bull-dust bush roads or general break downs. We worked from community health clinics, kitchen tables, run down community hospitals, old sheep sheds to the back end of Toyota four-wheel drive land cruisers, Toyota troop carriers and mini-moke, vehicles. I was honored to be part of the very first Aboriginal Health Team based in the old Health & Welfare building in George Street, Brisbane City. As the first team, we were at the ready with trouble shooting to various communities when health outbreaks with scabies, Hep B and other environmental disasters hit. We were at the ready. I started my job with the AHP in 1971 when Teams were officially beginning set up. We worked on Missions, Govt. Communities, town Fringe and bush camps. Areas of unsealed roads, where vehicles often got very bogged or flooded rivers.

Special pride moments:

Staff member of the inaugural first AHP in 1971. Staff based in the Health and Welfare Building, Brisbane in 1971 and comprising myself, Pam Walker later Briscoe, Tassie Mc Donald (Torres Strait), we worked with two nurses and Dr Tony Musgrave (Pioneer of the AHP).

Aurukun Mission Hospital work for a lengthy period. When I returned to Brisbane I was contacted by radio phone and telegram by the hospital nurse, to say that Rachel's baby was named after me, her name is Raelene M....of Aurukun. I met husband-to-be in Aurukun, he was working in Marine Biology with CSIRO at the time. He was nicknamed - Seaplane Dave, Ted was the Pilot of the seaplane. The local Kids were given some rides on the float sea plane. Since 1972, I have returned to Aurukun, those then kids are now Elders. They still speak with great gusto and excitement of their experiences. I was called Sister Raelene. Aurukun remains a special place for me.

1961 – In Queensland, the One People of Australia League OPAL was established. My mother, Eileen Rallah, was later on the Board as a Director and working with Uncle Neville Bonner and others in the Community, for a Voice and Rights towards change and transformation of futures of the Indigenous peoples.

1967 – Referendum and period of Integration 1967 – 1972. (Not an immediate change).

1969 – The National meeting of Federal and State Authorities reported the serious situation in relation to Aboriginal health throughout the country and recommended special provision should be made for its improvement.

1970 – The Aboriginal flag design by Artist, Harold Thomas - Luritja Nation, Central Australia.

1971 – First Aboriginal Community-Controlled Health Organisation established in Redfern, Sydney Australia. Following on later the Brisbane AMS was operating out of a Red Hill, Brisbane clinic, later in Woolloongabba.

1971-83 – Senator Neville Bonner, Australia's First Aborigine member of Parliament the first 'Aboriginal Voice' in the Federal Government. (He was a big inspiration in my life - he was the President of OPAL, Brisbane, Qld. We campaigned and supported Uncle Neville.)

Self Determination Act developed **1972 – 1975**. The Federal Labour Government adopted the policy of 'self-determination' for Indigenous communities.

1972 - January 26th Tent Embassy, Canberra campaign along with and the many protest Marches – demanding form Government a Voice for Aboriginal Justice. Attendance with my mother and members of OPAL along with other national representations.

1971 Aborigines Act, along with the Torres Strait Islanders Act 1971 and regulations proclamation, **December 1972**

1972-75 – Prime Minister Gough Whitlam – set up Aboriginal Land Rights Commission. Wave Hill station. Following the Wave Hill walk-off of 200 people, known as the Gurindji strike by stockman, commencing in 1966. It was eventually handed back to the Gurindji Nation, who were the Traditional Owners of Country and Vincent Lingiari is renowned for leading the movement for equal rights and equal pay to the non-Aboriginal stockmen.

HISTORY OF HEALTH WORKER PROFESSIONAL STORY

SHARON BARRY

Over the years I attended many black housing and health meetings, I worked for Community Control, our focus was housing, employment, education, and health for our mob.

I was invited to attend a 5-day workshop to develop the Aboriginal and Torres Strait Islander Health Policy in Brisbane. At the time I didn't think this was for me, but our leaders in the Sunshine Coast had a different view. With the encouragement of our leaders and my mum, Aunty Betty McMahon I did go to the workshop, I met amazing leaders and to hear them speak and stand up for our mob was the best experience. There were community people, Queensland Health staff and community control. It was very interesting having everyone in the same room. But listen to people like Aunty Beryl Wharton, Gracelyn Smallwood, Sue Morgan, Gary Graham, Phil Mills, Patricia many more. The 1994 Aboriginal and Torres Strait Islander Health Policy was signed by the Minister for Health.

The Queensland Health funded Aboriginal and Torres Strait Islander Corporation for Health, Education and Training (ATSICHET), Jenny Springham was the Student Support Officer, she came and visited us in Caloundra, and if you know Jenny you couldn't say 'no'. I was accepted to do my Health Worker Training (the 2nd group) and I never looked back.

Working as a health worker is one of the most rewarding jobs I ever had. So, I owe a lot to Aunty Betty, Jenny, Pat and many more. Some of my health working experiences included:

- Caloundra Aboriginal Corporation for Youth and Families – Young Support Officer & Women's Coordinator
- Sunshine Coast Regional Health Authority – Aboriginal and Torres Strait Islander Health Promotion Officer

- Sunshine & Gympie Health District – Aboriginal and Torres Strait Islander Health Worker, Hospital Liaison Officer & Team Leader
- Department of Health – Central Zone – Indigenous Health Coordinator – Central 6 (South & North Burnett, Fraser Coast, Bundaberg, Gympie, and Sunshine Coast Health District)
- Central Area Health Services – Principal Indigenous Health Coordinator & Senior Project Officer
- Department of Health Aboriginal and Torres Strait Islander Health Branch – Manager
- Sunshine Coast HHS – Indigenous Coordinator, Program Manager and Service Director.

My proudest moment: Helping our mob every-day and our elders sharing and trusting me with their stories. Advocating for the patients and family, breaking down the barriers, supporting families during difficult times, listening, and most importantly following up for the family and patients. Improving the health of our families and community.

The 2008 Aboriginal and Torres Strait Islander career structure document put us behind. Unfortunately, it did not include the Hospital Liaison Officer (HLO) roles.

The first Queensland Aboriginal and Torres Strait Islander Health Policy 1994 did have a major impact on our roles and community.

HISTORY OF HEALTH WORKER
PROFESSIONAL STORY

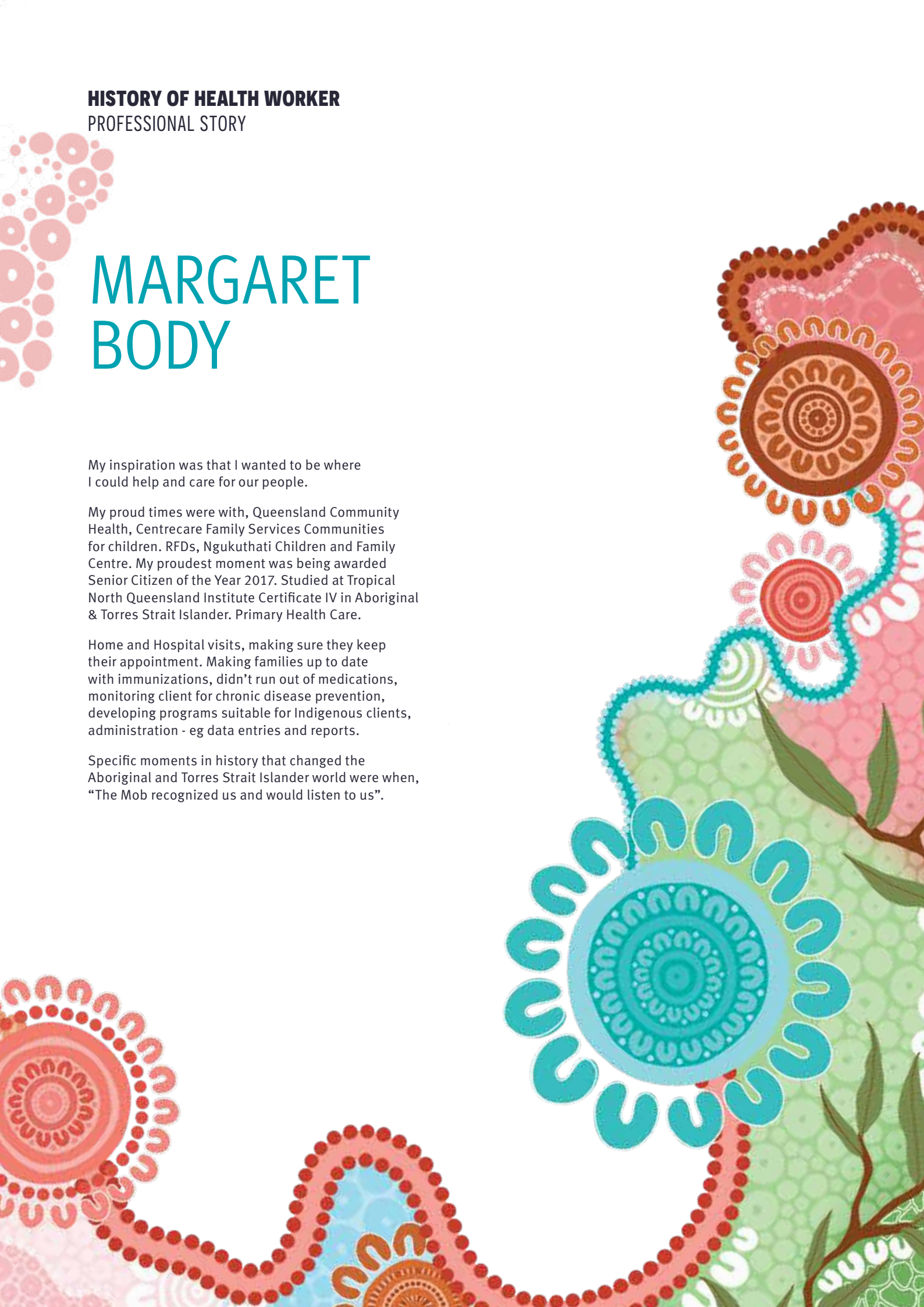
MARGARET BODY

My inspiration was that I wanted to be where I could help and care for our people.

My proud times were with, Queensland Community Health, Centrecare Family Services Communities for children. RFDs, Ngukuthati Children and Family Centre. My proudest moment was being awarded Senior Citizen of the Year 2017. Studied at Tropical North Queensland Institute Certificate IV in Aboriginal & Torres Strait Islander. Primary Health Care.

Home and Hospital visits, making sure they keep their appointment. Making families up to date with immunizations, didn't run out of medications, monitoring client for chronic disease prevention, developing programs suitable for Indigenous clients, administration - eg data entries and reports.

Specific moments in history that changed the Aboriginal and Torres Strait Islander world were when, "The Mob recognized us and would listen to us".



HISTORY OF HEALTH WORKER PROFESSIONAL STORY

PATRICIA D. BOND

Senior Advanced Health Worker M.H.Service Cherbourg Hospital and Health Services

My Mob: Wakka Wakka

In this role I have worked 8 years in the above position and in the past for Qld Health as a Health Worker in a travelling team Wide Bay Burnett based in Murgon.

I chose this job because I have a great appreciation for my Aboriginal and Torres Strait Islander community and the wider community I work with.

The best thing about my work is job stability – I am self-motivated, content and satisfied in my career growth, through cultural values, senior leadership, and career opportunities. Friendly co-operative team members.

Our biggest challenges: Team Workload, sharing of vehicles, Organizational behaviours, staff shortage M.H./CYMHS.

My proudest work contributions – Appreciation and recognition in challenging assignments; through hard work and dedication, I managed to balance study, and working full time. It was tiring at times, but I scheduled pretty much everything I had to do on my personal calendar- the completion of the “Diploma Primary Health Care”, becoming a train the trainer – “Suicide Prevention”, “Stronger Smarter Yarns for Life” training. Supporting my community in the prevention of Suicide through the above training and supporting the promotion of ‘RUOK’ and the Domestic Violence Awareness Marches.

My role models – the most influential people in my life have always been both my parents and grandparents have positively impacted my legacy and strong work ethics – to aim high, work hard and value my relationships. They have left me with a great appreciation of building strong relations and strong social influences.

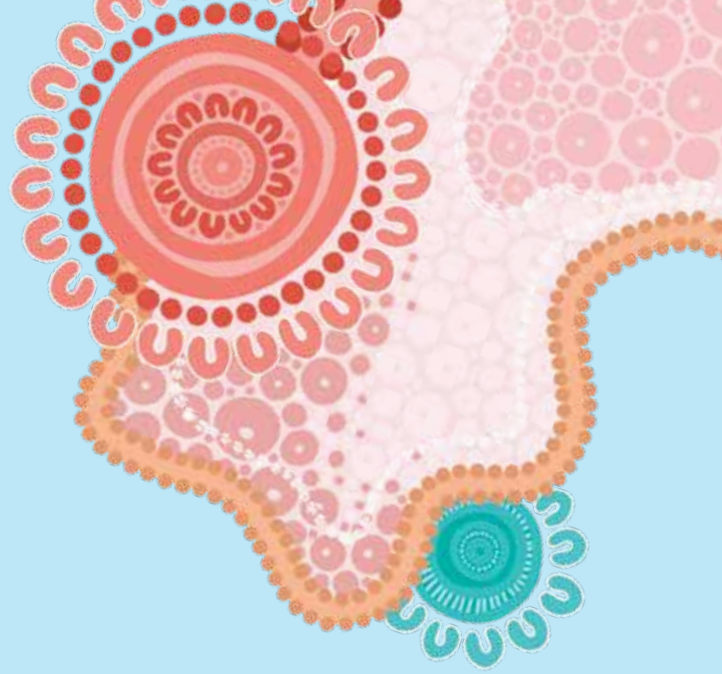
I have achieved many areas throughout my working career – I believe I have accomplished my successes by showing resourcefulness, teamwork, and leadership qualities. And I thank my wonderful family for their greatness, understanding and support.

About our Service – We support Independence and stay connected while improving mental health and well-being. Welcoming, safe, and inclusive services by offering immediate and short – term support to reduce distress and connect people with ongoing support if required.



HISTORY OF HEALTH WORKER PROFESSIONAL STORY

KARL BRISCOE



Yurda Yalada (hello everyone), I am a proud Kuku Yalanji man from the Mossman (Gubirri) which is my Grandmother's country and Daintree (Julay), which is my Grandfathers country in Far North Queensland where the Rainforest meets the sea.

I have worked in the health sector for over 20 years and am currently the CEO of the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP). NAATSIHWP members are a unique profession of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners which is the world's only culturally based workforce underpinned by national training and regulation which I and so many other consider the professions as a source of national pride which should be celebrated. The workforce was established by Aboriginal and Torres Strait Islander people for Aboriginal and Torres Strait Islander people. The Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce plays an essential and vital role in Australia's health care system.

In the early 2000's, I began my career in health as an Aboriginal Health Worker and undertook studies along the way, whilst ensuring the learnings were able to benefit the work I was employed. I, like many of our people who had commenced their careers in health, hold an underpinning motivation to work in our communities to achieve better health outcomes for our people. Throughout my career I have held Policy, Managers, Executive positions and still to this day within the various positions my unwavering motivation and drive remains, to see better health and wellbeing outcomes for our Aboriginal and Torres Strait Islander peoples across Australia.

One of my biggest idols was and still is, our deadly brother athlete, Patrick Johnston, which I admire his courage, commitment and determination throughout his journey, during which he strived to reach his ultimate goal which he achieved 9.93 sec over 100 meters.

My role model would have to be my late Mother who was a member of the stolen generation which she didn't speak about throughout my upbringing. It wasn't until a few years before her passing in 2015 she would share with me some of what she had endured during her time living in the Daintree Mission dormitory. I really admire her strength and resilience in not letting those experiences define who she was, because I'm not sure that I would have the same determination as her. For this reason, my Mother is my role model.

With the topic of male health, I would like to see a National Office for Men be established. This would provide a platform that privileges and respects Aboriginal and Torres Strait Islander males just as the government had an established the Office for Women.

My favorite sporting team is the North Queensland Cowboys!!! Especially during the era when Jonathan Thurston (JT) and Mathew Bowen were playing. I really respect the programs that are in communities such as the Cowboys Young Guns program and the Jonathan Thurston Academy really highlights the character of JT in giving back to community.

Do you have any words of advice or a motto you would like to share?

It's not an easy thing to do, but "Don't sweat the small stuff" would be my motto.

When others see something in you, that you don't trust their judgement and take on leadership opportunities that present themselves. I believe this is where reciprocal trust comes from both, 'In them and yourself' hence the saying, which I live by is, 'Let your Actions Speak Louder than your words'.



HISTORY OF HEALTH WORKER PROFESSIONAL STORY

PATRICIA (PATTO) BROTHERTON

VALENTINE BROWN

My inspiration to be a Health Worker was for a number of reasons:

- To help our people to live longer healthier lives.
- To provide support for our people to access to all service providers whether local or Specialist's visiting on a regular basis.
- The opportunity to gain skills and knowledge of programs that are available to Aboriginal and Torres Strait Islander people.

I proudly started work with CWHS in 1981 in the Operational Stream and move in to Aboriginal and Torres Strait Islander Health in 2003. I worked as a Health Worker from 2003 and then moved into the Indigenous Chronic Disease Coordinator in 2006 where I remain today.

I think one of my proudest moments was being given the opportunity to work in the Indigenous Health team and share information and ideas to improve the health of our people.

Another was being given the opportunity to work with The Prince Charles Hospital in the /COP and IROC programs which Kerry Thompson spent a long time in talks with Dr. Darren Walters and Rohan Corpus about bringing these Clinics to the Central West HHS. We all know that Heart- Disease is a big contributor to death in our people. These Clinics give people the opportunity to be seen and diagnosed in their own community.

It is important having Health Workers in Community who engage with them, earning trust is important. The Community know that they can contact these teams and receive the help and support to Navigate the Health System.

The main reason for me becoming a Health Worker was the inspiration work my father (Valentine Brown), did in the community when he worked for Kambu Medical Centre. Over the years I have worked across the Ipswich Hospital as an Indigenous Hospital Liaison Officer, working across the wards, e.g., ICU, AMHU, Cardiac, Acute Medical, Palliative Care, Surgical, Renal and Children's Ward.

Working with the Chronic Conditions Service, it was my second position as an Indigenous Senior Health Worker and Social Emotional Well-Being Officer for Jaghu. To date one of my proudest moments was getting Deadly Steps Together, an Exercise Program, up and running in the area.

I believe that the Health Worker role, plays a big role in client's/patients and families. These roles, help them to navigate the way through the health journey.

Specific moments in history that changed the Aboriginal and Torres Strait Islander is when Edward Koiki Mabo vs Queensland High court, winning a landmark decision case.

HISTORY OF HEALTH WORKER PROFESSIONAL STORY

FREDERICKA CHONG

I always said I wanted to help my people, even if it's in some small way. So all my positions have been working with or for the Aboriginal & Torres Strait Islander community.

Family history from Great, great grandmother - Granny Lucy Coolwell (nee Culham) was a midwife under the Qld State-wide Aboriginal Protection Act. She was sent to Cherbourg, Woorabinda and other places to deliver Aboriginal babies. She had to ask permission to be free and was given a pension in her retirement because of her "service". The landowners she worked for advocated strongly for her.

Healing runs in my family, my grandmother told stories of healing gift being passed down. My brother is a Medical Doctor/Consultant Specialist, Mum was an Indigenous Health Worker in Ipswich, my Aunties on Dads side - one is nurse, one is health worker and one is the CEO of Mulungu in Mareeba.

I started off working as a project officer and then a Human Resource Supervisor with Commonwealth Government, Departments of Immigration, Social Security and the Aboriginal & Torres Strait Islander Commission. (ATSIC) I was seconded to Canberra for one year to oversee the new payroll system.

I accepted a redundancy from ATSIC and become stay-at-home mum with my two daughters. I finished my Primary Health Care Training at ATSICHET, though I didn't apply for work until 2009 when I worked as the Administration Officer at Kambu in Ipswich and following, the Health Worker in the Medical Centre.

Proudest moment at Kambu was organising the Christmas party and seeing the faces of the children when black santa gave them presents at the health centre. As a Health Worker I initiated the highest number under the Health Check program and I was joint organiser of the Quit Smoking launch and became the Quit Smoker champion in Kambu.

I later worked for ATSICHS at the Mums & Bubs Clinic at Woodridge. Proudest moment was seeing the children with autism and other child behavioural issues progress and blossom under treatment by the team of Speech Therapists and Occupational Therapists.

What made me proud was knowing that community trusted me and that I worked safe place. Patients were able to speak freely about issues.

I left ATSICHS in 2019 and secured a role with Queensland Health as the Aboriginal health worker in Chronic Disease with Metro South Health Service.

Proudest moment. Again, it is the trust of community and I work with lots of Elders in Community of Logan. I have one client with COPD who was living in despair and depression before I became involved in her health journey. It was simple things like listening to her story. Her previous GP clinic kept treating her as if she had COVID-19 not understanding that she has a respiratory disease. I linked her with a very understanding GP, got her into the Pulmonary Rehab program at Logan Hospital, secured a nebuliser for her through Moblink and connected her to some exercise groups in Logan. She is going so strong and her countenance has changed. This lady has new outlook on life and she is accepting of the condition she has.

Being with an Uncle at the Hospital before he passed away and being involved in his health journey and story was special to me. As a Health Worker, you actually become family even if not related, witness and to be part of their journey over the years. You have a powerful position of being able to be in and provide a safe-space and to be interested in them.

Specific moments in history that changed the Aboriginal and Torres Strait Islander world was during the 'The Referendum' 1967. Stories were passed down from my grandmother about being proud of writing her name on the census form.

Mabo Decision - the fact that the Terra Nullius myth was destroyed and recognising continuation of Aboriginal & Torres Strait Islander customs, laws and culture. My Dads people- Wakaman are still going through Native Title across the Chillagoe, Mangana region, Far North Qld.

The Apology by Kevin Rudd meant a lot because of my Granny Jesse Coolwell (nee Walker) who was a stolen generation from Mitchell Area- West Qld. First mention of her was when Police rounded them up to move to Police settlement. She had 4 siblings who were all taken. Only one brother managed to find her before she passed away at a young age of 40 years old.

GORDON CHONG

My name is Gordon Chong. All my life I have worked as mine Worker. I worked and travelled to all mine sites in around outreach of Mount Isa, with too many to name. 12 hour shifts changed the lifestyle of many workers who struggled with these changes.

‘To reflect, many things have changed quite a bit in their lives after mining. I was offered to do Certificate IV, Aboriginal and/or Torres Strait Islander Primary Health Care-Practice and jumped at the chance to apply for a Health Worker Job with Queensland Health. Looking into helping Indigenous People with all aspects of health, especially supporting them with health appointments, assisting them at doctor’s clinics, helping them to understand what Doctor advice given to them and follow up on next appointment. Meet and greet peoples in around community of Mount Isa.

A proud moment for me was changing jobs. It was my proudest moment from being a mine worker to studying and moving into a Health Worker role. I wasn’t sure what to expect when I took up this role which was new and eye catching. Being able to work alongside and learning from a Nurse Navigator. Going out to home visits, supporting health check up on patients that need assistance across areas like Respiratory, Diabetes, Cardiac and Rheumatic Heart Disease.

The health worker role has impacted individuals and families in our communities. The health worker role has had the biggest impact for me in the role I play, education support to families, encouraging community to turn up to appointments and giving advice, taking medication and other important items of the role. Supporting patients who rely on medical aids to move around – wheel-chairs, and so on.

AUNTY GRACE CHONG

It’s in my nature to care and help our people and my inspiration.

Proudest moments for me:

Wolston Park at Wacol. Started as a psychiatric nurse when I was 17yo, stayed for 2 years and then got married and had my 3 children.

Challinor Centre, started when I was 27-year-old. Did 2 years in service training as a Residential Care officer. Then Challinor Centre residents were later moved to houses.

Detention Centre at Wacol. There was a Pilot Indigenous program to work in government jobs. I was asked by Darcy Tugin the recruitment officer to join with Anne Tranby. It was the first time introducing Indigenous people to work in Government positions.

Community Corrections Centre at Woolloongabba- Worked with Donny Davidson and another Indigenous female Dawn. It was a half-way house for released prisoners being integrated back into community. I’d go with them to assist them to apply for jobs and see how they coped, supporting them to get out of the prison system.

Cleveland Detention Centre Townsville - First Aboriginal Female to be employed for 8 years.

Indigenous Integrated Mental Health Worker, West Moreton Community Health Plaza, Ipswich.

My Proudest moments were when working with Intellectual disabled people, how happy they were to see me when I started my shift.

Detention Centre - When a detainee was leaving the centre- you could see a change in them. They were easier to approach to talk to about their future and what they wanted to do. I remember one boy caught for stealing and when I asked “Bub, what are you doing back here?” He said “I was hungry Miss.” A lot of our kids stole for survival or needing to travel somewhere back then.



When I first started at Detention Centre I was told “They’re criminals” and to “Be hard on them”, but when I observed them for a week, I realised they needed compassion and understanding. They did it hard enough living on the streets. They all called me “Aunty Grace” and they had that respect and trust. I used to pray with them also.

One time they asked me to support this boy and to drive him to his father who was dying of cancer, at the hospital and the family house. When father passed away, I was the first point of contact and accompanied the boy to the funeral. I felt proud that the family entrusted me at this sensitive time.

Being the First Aboriginal female to be recruited to work in these type of Government positions. There were no identified positions before that. Now they have lots of Identified positions.

My mother Joan Landers was first Aboriginal woman chosen to work with another officer and patients at Challinor Centre. I was the second Aboriginal woman to do same.

I was an Indigenous Mental Health Worker. During one occasion, I took control of a situation when an Aboriginal man was being held down by security officer because he had an episode at the - Ors. When I walked in, I walked straight to the young man and spoke to him. He was screaming and going off. After I spoke with him for about 30 minutes he calmed down and was compliant with Ors after that.

One of the Aboriginal girls was expecting to see her family and they didn’t come for whatever reason. She was angry and upended tables and smashed everything. I didn’t try to stop her, after I just spoke calmly to her and asked if she would clean up. And she did. I knew that her anger, was disappointment, on account of her family who didn’t come to visit. Our Aboriginal and Torres Strait Islander people were happier when I was with them. The children and families said it was hard to speak with the white people and they were happy that I understood what they were going through and what their children were going through. They could speak freely and I would advocate strongly with the psychologists and specialists and they listened to me.

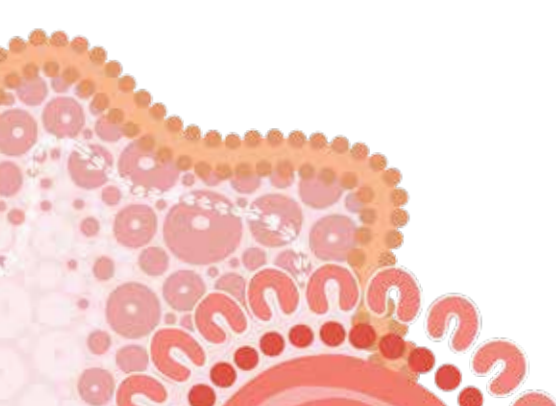
Specific moments in our history were:

The Referendum, we were given the right to vote. I remember my Mother putting her name on a paper to vote. First time we weren’t counted like cattle we were recognised as a people in the census.

Kambu Indigenous Medical Centre -Les Davidson had bought the building /house from the housing budget; it was the First Aboriginal Medical Centre in Ipswich. Shortly after there was a threat it could be shut down. I and my former husband, Fred Chong, together with Roberta Graham were asked by Rudy and Judy Sandy to join the Medical Service Board to ensure we didn’t lose, but to resurrect the Medical Centre which we did.

There was a campaign and a commitment by Government to recruit and create positions for Indigenous people. First time identified positions were created. Closing the Gap advanced this campaign.

The Apology by Kevin Rudd meant a lot because of my Granny Jesse Cool well (nee Walker) who was a stolen generation from Mitchell Area- West Qld. First mention of her was when Police rounded them up to move to Police settlement. She had 4 siblings who were all taken. Only one brother managed to find her before she passed away at age 40 years old.



HISTORY OF HEALTH WORKER PROFESSIONAL STORY

MOYITA CLAPHAM

I wanted to help my community and do something different than what I was doing at the time.

I have worked in Sexual health, Cardiac (RHD team) and now child health as a team Leader for the Hearing Health program. My proudest moment was when I had picked up on a child that was born with a congenital cholesteatoma which is a cholesteatoma that develops behind an intact tympanic membrane (TM) in a child with no history of middle ear disease.

They love seeing faces with an Indigenous background through the Health Services and it encourages them to attend appointments with them knowing we are there to help and understand what they are needing.

MICHELLE COMBARNGO

As a Health Worker, I just wanted to help my people to be able to access healthcare to improve their health, and that of the community. Being a part of their journey to help them navigate the health system, as so many of our people don't like hospitals or haven't had a good experience when in our hospitals/health services.

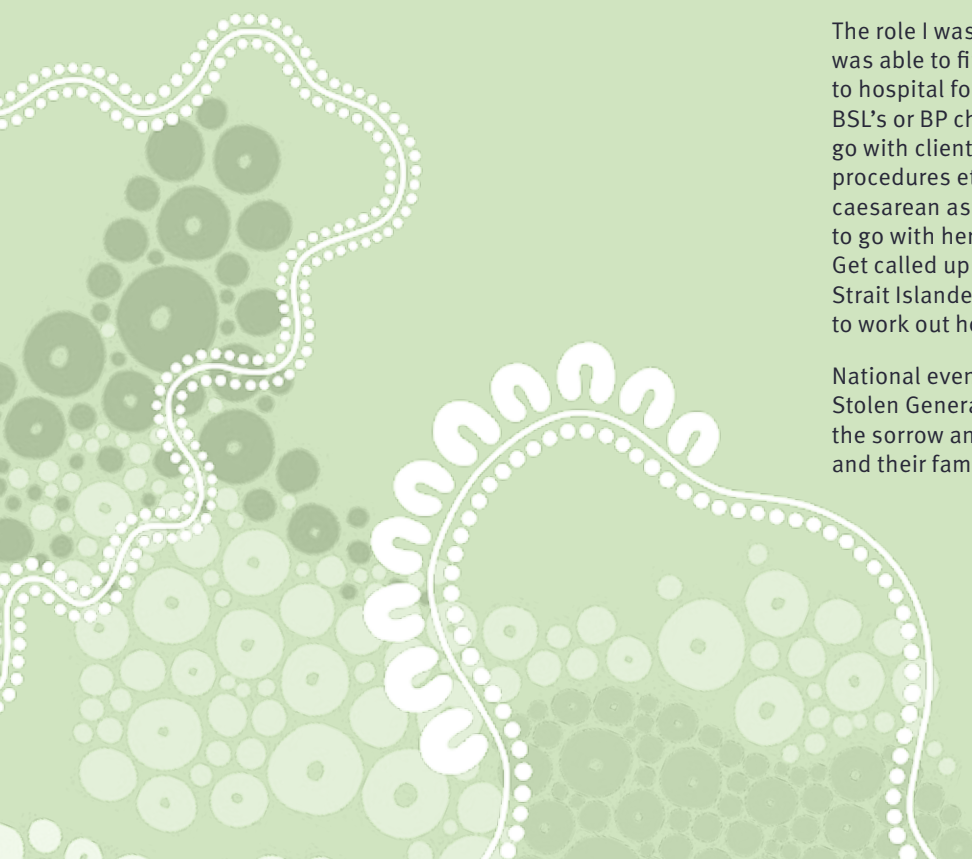
I have worked in Mitchell for 6 years with Queensland Health, then went across to C.W.A.T.S.I.C.H-Community Control for 4 years, before moving to Toowoomba, been with Queensland Health here nearly 10 years.

A couple of proud moments first one was winning a Bronze Award in Queensland Health Staff Awards for Kids Club Program I began/started up after doing Kids Health Check Day and over half the kids were obese or overweight.

I was supporting the COVID-19 vaccinations when COVID was at its peak, where we did clinics in Cherbourg, Dalby, and Toowoomba.

The role I was in, I believe, has had a positive impact. I was able to find community members who needed to go to hospital for appointments, tests or needed regular BSL's or BP checks done. Able to offer support and go with clients to any medical appointments, scans, procedures etc, even went in with a young girl for a caesarean as she was so anxious, and no family was able to go with her. Ring to remind people of appointments. Get called up to wards to speak to Aboriginal and Torres Strait Islander people who are anxious or upset, try to work out how I can help/ support or solve issues.

National events, National Sorry Day and the Stolen Generation, always sticks in my mind, the sorrow and grief of those stolen children and their families, just stays with you.



HISTORY OF HEALTH WORKER PROFESSIONAL STORY

LEANNE CRAIGIE



Where I began...

In 1994, I saw the advertisement for an Aboriginal Health Worker to join the Aboriginal and Torres Strait Islander Health Unit at “Rosemount”, Windsor. I applied and I was successful, starting as a 003/004 Hearing Health Worker.

As it happened, I joined the Rosemount Health Team the year it began as a service and was lucky enough to attend the official opening. The Team was led by Program Manager Sue Morgan. Sue had most recently been the CEO at the ATSICHS at Woolloongabba, making the transition from the Community-Controlled Health Service sector to Queensland Health.

The Aboriginal and Torres Strait Islander Health Unit at Rosemount was part of The Prince Charles Hospital Community Health Services. The Unit initially had three core program areas: the Hearing Health Program, Hospital Liaison Program and the Health Education and Home Visiting Program. Each of these program areas are the predecessor of programs existing in 2023: The Hearing Health program eventually became the Deadly Ears program; the three Hospital Liaison Officers were assigned to be based in their respective hospitals of RBWH, TPCH and the RCH; and the Health Education Team remained in what is now Metro North HHS.

Sue also established a medical clinic at the Rosemont site which offered general and Paediatric services. Clinicians who provided services included: Dr Noel Hayman (Inala Centre of Excellence), Dr Rod Davidson and Paediatrician Dr Neil Wigg. Our staff was joined by experienced Nurses Veronica Stedman and Nola White.

NB more detail about Rosemount could be added – The Rosemount Health Unit was born at time when activities such as the Rumble in The Jungle occurred, Immunisation Campaigns were launched lead by Rod Davidson (I have a copy of the flipchart he commissioned, and I made myself). We ran a Diabetes Camp for Adults at Caloundra.

The Hearing Health program and me.

I was taught on the job by Patricia Kenney, Senior Audiometrist and Brisbane lead for the Statewide Hearing Health Program. We conducted hearing health screening of the eight Aboriginal and Torres Strait Islander kindys/ preschools in Greater Brisbane along with the Aboriginal and islander Independent School (Now Murri School) and Holy Rosary Catholic School at Windsor. I also was responsible for training health workers and Child Health Nurses to conduct hearing health screening for children 3 and older. The Hearing Health Program took me across Queensland to provide training to Qld Govt and Community-Controlled Health Services.

With system changes, the hearing health program was the first to break away from Rosemount to be part of the Royal Children’s Hospital (District). We attracted funding for an Audiologist and eventually a Speech Pathologist.

Specific moments in history that changed the Aboriginal and Torres Strait Islander world?

Official opening Aboriginal and Torres Strait Islander Health Unity, Rosemount (have photographs).

I was at the launch of the Aboriginal and Torres Strait Islander Health policy at Parliament House, 1994.

I attended the launch of the inaugural Aboriginal and Torres Strait Islander Identification campaign held in the South Tower (RBWH), Herston. (Have photographs from the day).

HISTORY OF HEALTH WORKER PROFESSIONAL STORY

JOYCE (ANPANUWA) CROMBIE

In my early 50's I became a health worker. I didn't really want to become a health worker, but I was persuaded by the Health Co-Ordinator, Kerry Thompson, to join the team. Kerry was the district team coordinator. In that role I drove a Queensland Health vehicle and travelled all over the region from Bedourie and Birdsville, to Windorah, Jundah and Stonehenge. I was traveling solo to these communities. It was not very safe in those days, though I fortunately, know the region well.

In 2000, I started my Health Worker training at Yangulla in Rockhampton along with Hazel Sullivan, who Kerry also influenced to become a Health Worker who was around the same age as me, and she was based in Boulia. I was the main driver we would travel together and stop overnight in Barcaldine and continue to Rockhampton. Maureen Chamberlain was one of the teachers I can remember.

It is approximately 11 hours from Bedourie to Barcaldine and a lot of the road is dirt. We would get up the next morning and travel from Barcaldine to Rockhampton which took us another 7-8 hours. We would leave on the weekend to be able to be in Rockhampton for the beginning of the week. Both of us have never had any experience driving in the big city, so you could just imagine two middle aged Aboriginal woman coming in from the desert to be confronted by traffic lights and traffic signs which we had never seen before, but one thing in our favor we had a 4 wheel drive vehicle so we felt safe.

I grew up on Alton Downs station near Birdsville, so going to school was a big moment for me. One of my proudest moments included achieving my Certificate 3 in Primary Health Care to enable me to feel qualified to look after my people out in the far west remote areas of the state. I was often travelling with the specialist, Dr Bill Glasson, to do eye health clinics with our people and ensuring that the white ones who needed care were included too. Many eye health problems.


The key was on the job training where you started at the bottom and worked your way up and knowing the people in the community where you worked, is so important to be able to work together. Without the Health Worker our people don't know where to go to get the right help. Still today I call Kerry to find out who to talk to and where to go to get specific care on behalf of community members.

The benefits of the Health Worker role to the community are health care, education, and health promotion. Community advocacy and support especially around mental health. My position became non-existent and North and West Remote Health funded me to continue working out at Bedourie as an Outreach Worker.

Now-days, there doesn't seem to be that support on the ground. As an outreach health worker in North and West Remote Health, I had some special moments looking after my people.

At that time in the 2000's diabetes was a major health issue for our people. Uncontrolled diabetes led to loss of limbs and vision, and still continues today as our people are not being provided with education from the Health Workers.

Dr Don Bowley OAM was a medical officer at the Mount Isa base of the Royal Flying Doctor Service and a living legend with a passion for closing the gap for Aboriginal and Torres Strait Islander people. I am still in contact with him and his wife to this day. Such good people. I used to work alongside RFDS doctors every fortnight in Bedourie and Birdsville as they would be our fly in fly out doctor. When they finished providing a clinic in one town they would then fly to the next, but I would drive across the next morning it would be around two-and-a-half-hour trip.



Dr Jonathan Outridge was based in Charleville and did a great job at outreach to our people. A dedicated man to our communities for many years.

Other things that I did for community were cultural support when a funeral was needed. Assisting to locate community members if needed. Passing on cultural protocols and raising cultural awareness and respect for community Elders and Traditional Owners.

Human Rights and Self Determination is a big factor with changes in our communities. We are better off today. My children have good jobs and are working. Times have changed. I am now a professional artist and I enjoy the freedom of painting. Last week the State Premier wore a dress with my art- work on the fabric. I am now running a business in the Arts and enjoy the work with my sister and families.

My sister and I have also developed a full dictionary of words. These are the words of our clan groups and cover a number of areas of the gibba and desert areas. We have been given awards for our work and it is good to be contributing to the communities and also with the children story books we write in language.

The University of South Australia is working with us to preserve our language and stories. All of these are good for our health.

HISTORY OF HEALTH WORKER PROFESSIONAL STORY

SHAWN DOAKS

In the past I worked in Education. During my time in that role, I enjoyed helping young people, where there was a community matter and dealings with alcohol and drugs. When a job came up in Alcohol and Other Drugs Program (AODS), I believed, I could provide support with the AODS problem, in the hope that the youth I was working with in Education, may be positively impacted in their lives, along with a future for their family. I believe that self-pride achieves higher levels of self-confidence along with being influenced by good role models for the next generations. Community pride is vital to peoples' overcoming problems in the community which unfortunately, we are continually faced with.

I have worked since I was 16 ranging in jobs from the meat works, metal factories, council railway cleaner, etc. I did not care what work it was at the end of the week I had cash and independence. I had little real Education, but the different jobs I had done, opened a doorway for me to see and learn how things operate.

I never liked every job, though there were some I really enjoyed. I tell young people don't give up and to stick it out, that something will come along if you feel you need to move on. To apply for more jobs, and that the most important thing is by working you keep a good work ethic. It's a bit like having a good credit rating, employers look for that. It is a chance to move forward, to not be afraid and that life is full of unexpected things and events.

Since I have worked in the health worker role for a year and a half, I have realised that working within the 'Closing the Gap' campaign has a different meaning for many people. I have personally witnessed a lot of talk on television, however, with the reality on the ground

and during my working experiences, I have found that it has a different meaning and this differs across the communities. We continue to live in communities which are controlled by mainstream and undeniably, it has impacted our lifestyle and health. I have worked along with child safety systems and mainstream organisations to provide support and information, in the best way I can as a health worker while supporting the needs of my peoples. A lot of people in organisations have never witnessed the concerns of our communities, though, it appears that the new health plans are more inclusive of our people's health needs. As well, people in our communities are starting to understand what rights they have across the various systems, along with the gaining of an understanding on both sides.

The periods of World War 2 and the Vietnam War has impacted us all.

I had numbers of relatives who fought in these wars and had survived. They were recognised as great men as with their knowledge to their people. Many years back the Commonwealth was established and also split off the colony, we became the state of QLD. NSW had become its own state and the different protectors of Aborigines rules differed with indigenous peoples across the states. Many eyes are being opened to our many years of pain and suffering and that our health matters. We are capable of being self-sufficient as indigenous peoples as we had been for many thousands of years. We are working in a campaign to improve health and Closing the Gap on the health differences.

ELIZABETH (BETTY) DOYLE

Meeting the Elders who were Health Workers, Val Tye, Priscilla Iles, and Elaine Williams was always inspirational. These ladies have travelled through out the Central Highlands in Queensland working tirelessly with the Aboriginal and Torres Strait Islander people in Woorabinda, Emerald, Rockhampton, Duaringa Bluff, Blackwater, doing health checks on the children and adults. What I saw them do has inspired me to work with my Aboriginal and Torres Strait Islander families on their health issues, there are also other impacting issues as follows:

- Generalized Trauma
- Alcohol and other Drugs
- Poor nutrition and Housing needs
- Risk factors of poor health

I have worked in a couple of Health Workers positions within Central Queensland HHS; there are many proud moments during working in AODS I was working closely with clients and there was a client that had attempted suicide. He stated that the whole work was against him, heavily involved in drugs and lost his partner and children. Daily I maintained contact with this person and I linked him to other services that would help him move forward. He is back with his little family he talks to his immediate family when he's feeling at risk, and he reaches out to the health system that best keeps him safe.

We are seen as the person that can support them through patient health needs. As requested, we speak and advocate for them with the GP's and other clinical staff from outreach services. I see us health workers as being the cultural broker, that can support anyone who is having trouble of not understanding what is being told to them (people/clients), here in the Woorabinda Community is no different from anywhere else and some clients will not engage however, we never stop trying to engage them with our health service.

History moments that changed the Aboriginal and Torres Strait Islander world?

- Include the Closing the Gap Prime Minister's Report, 2011.

The Executive summary:

'The Australian Governments' agenda to close the gap in Indigenous disadvantage is driven by three (3) important imperatives': to overcome decades of under-investment in service and infrastructure; to encourage and support personal responsibility as the foundation for, functional families and communities; and to build new understanding and respect between Indigenous and non-Indigenous Australians'.

Part A: Progress against the targets

Part B: Strengthening the relationships between Indigenous and non-Indigenous Australians

Part C: The building blocks

- 1967 Referendum
- The Mabo Decision

SUZANNE FATNOWNA

My first health job was in community-controlled health in Mackay as an Administration worker in 1996. I would often talk to the workers who would see clients/patients and run programs, to see the different roles and services, and asked these workers how they got their jobs, what training they needed to do. I was told about a Diploma Course that was held in Rockhampton over two years. I enrolled in the course known as Diploma of Health Science Aboriginal & Torres Strait Islander Primary Health Care CNK01. I took the course in 1997 and 1998 and received my Diploma. I enjoyed the practical side of the course and was never late in submitting assessments, I knew then that I wanted to work in Health, and met many good people, my network friends in Central Queensland. It took nearly 3 years to get a health worker job as there wasn't many positions established in Mackay, so I applied for an Indigenous Police liaison Officer job and worked in the role for 18 months. A health worker job was advertised in the Sexual Health and Sexual Assault Service, which I applied and won. I worked in the role for seven years, doing education, contact tracing and developing my own programs including Adult and young person's Health Checks, prior to the inception of the 715 Health Checks. I then applied for the Manager Health Programs job, and held that position for 7 years. That was the start of the changes of the Health Worker Career Structure and the introduction of the Health Practitioner Stream (Northern Territory, first to come across in 2012). In 2013 I moved to Canberra to work to be with my family, being there for 8 years, and then back to Mackay in 2020, where, after a brief stint with Child Health, I ended up once again in Sexual Health.

I have held numerous positions during my work years, which is now over 40 years and have continued to stay close to health. Whilst living in Canberra my first job was with NATSIHWA where I worked for 6 months, though I missed the "hands on" client contact. After that I worked for Medicare Local, NDIA, Gudan Gulwan Youth Aboriginal Corporation, and ACT Health.

I have also worked on secondment out in Emerald, and recently in the Aboriginal and Torres Strait Islander Health Unit in the Mackay Base Hospital.

My proudest moment was during my first stint in Sexual Health when I presented at the DEADLY SEX CONGRESS in the Gold Coast. My presentation was based around the young people that I used to support in my role, and the contact tracing that I was doing at that time during an outbreak of Syphilis amongst the young people in the community. A social mapping exercise was done to help with my presentation, family groups, siblings, to help streamline the contact tracing and identify only those who needed to come for treatment first, I also presented posters I developed. I received a standing ovation from a large group of my peers, one person asked for permission to use my posters in his community in the Torres Straits, another person who was originally from Mackay said to me "Deadly Sista you put Mackay on the map" I do have other proud moments and amongst these moments knowing that I was trusted by the young people in the community who would always ask to see me first to sit in on their treatment appointments.

In the Mackay community, the health worker workforce has increased significantly, and there is a lot of collaboration throughout the network around program development and delivery, and client support and care services, service provision is becoming more holistic and patient-centred and community are now more vocal in giving feedback about their care.

I recall the days when the National Aboriginal Health Strategy 1989 was like the Bible and was still in use until the end of the 1990s, then the states and territories recognised the need to develop their own strategies and policies. I recall the Royal commission into Aboriginal Deaths in Custody with some 335 recommendations made. It is very sad and frustrating that very little of all the recommendations have been actioned. I recall the Bringing them home report in 1994 and the sadness in communities across Australia and my own sadness for my mother and uncle who were taken away from my grandmother, my mother now lives in a nursing home and has dementia that is secondary to Alzheimer's. I recall enquiries into the institutions that many of the stolen children lived in particularly in NSW, Bombaderry and Cootamundra girls' homes and Kinchella Boys Home.

HISTORY OF HEALTH WORKER PROFESSIONAL STORY

AUDREY MERIA FLICK

I was studying to be a teacher when my sister only 42yr old had cervical cancer. Due to this I was unable to concentrate on completing my Bachelor of Education and led my journey into health around 15 years ago. This situation then led me into health promotion which Indigenous women were always too afraid to go to the doctors due to the “Shame Factor”. I then started studying doing different certificates e.g. NSP, PHC.

There are too many incredible memories to mention in my story, so I will begin with one proud moment that encouraged me to continue my journey in health. I have worked from community controlled medical centres and then applied to work in Queensland Health.

Dr Coltzau, who first came to St George in 1999 and divides his time between duties at the St George Hospital and work at a local medical centre, was honoured by Queensland finalist in the Royal Australian College of General Practitioners (RACGP) General Practitioner of the Year Award. I worked with Adam and was a fresh health worker at the time.

Goondir held a Rural and Remote GP Conference, and I was part of this which opened my eyes to the importance of Health Worker roles this began my health journey from clinical skills to mental health where I am currently. Once I became known and earned the respect of the community and the co-workers and local hospital, the health worker role impacted the community with positive rewards. This recognition enabled me to connect with my own mob and encourage them to address their health needs and attend the local medical centre.

Some moments in history that changed the Aboriginal and Torres Strait Islander world were:

Self-determination, whereby, The Federal Labour Government led by Gough Whitlam adopted the policy of ‘self-determination’ for Indigenous communities in 1972. This policy was described as ‘Aboriginal communities deciding the pace and nature of their future development as significant components within a diverse Australia’. The change, recognised that Aboriginal people had a right to be involved in decision making about their own lives.

TRISTAN GADD

I wanted to become a health worker because I was constantly around hospitals after having my first child. I wanted to make a difference in people’s lives and support them through their health journey. It’s kind of funny because my son was a newborn and the Indigenous Child Health Worker who visited him each week helped me get a start within Queensland Health.

I have always worked for Darling Downs Health for the past 16 years. I remember coming in at a O02 level with the Child Health Team. Since then, I have held a few different positions such as Hearing Health, Child Health, Heart Care, Closing the Gap and Immunisations. I am now currently working as an Indigenous Liaison Officer. My proudest moment was being acknowledged by the HSCE for my work as an Indigenous Liaison Officer. I felt proud that someone so high in the workplace thanked me for my dedication and ongoing commitment to QLD Health and the Indigenous Community.

I believe the Health Worker Role impacted on individuals and families by providing a service that was and still is culturally appropriate to our mob. It also ensured that our services were accessible for example providing home visit and transport to appointments. The service also focused on preventable hospitalisations. Above all the fact that our patients could relate and feel comfortable having a familiar face present during consultation.

I don’t recall any legislation change as such, however since being employed I have seen a few changes such as Closing the Gap and the integration of Darling Downs and West Moreton Health Services then back to separate jurisdictions. I also witnessed our Indigenous Health Team go from being managed by a Cluster Coordinator, to being siloed into different teams and being managed by the Nurse Unit Manager of that Team. Then recently being brought back together as an Indigenous Health Team and being managed by a Director of Indigenous Health.

HISTORY OF HEALTH WORKER PROFESSIONAL STORY

RHONDA GILBO

As a primary school student from a little mining town called Chillagoe, I remember the Mareeba Aboriginal health workers came out and delivered programs from Mareeba Community Health and did health talks and health checks at the school. One of the programs was the growth and development of children and they would provide sandwiches and Sustagen milk to help underweight children gain weight and came back once a month to do weights and measurements.

I saw how caring they were and this inspired me and it has been my dream to one day become an Aboriginal health worker, to help our people take control of their own health, so in 2001 I pursued my career as a clinical Indigenous health worker.

I spent 10 years working for Cape York Health District, and I have a familiar face throughout Cape York Peninsula. After 10 years in Cape York working in Primary Health care settings, I decided to relocate and provide a service to the communities where I first found my passion of becoming an Indigenous health worker. I still enjoy my work in supporting families and individuals, now and for the past 13 years. I have become that Aboriginal worker from Mareeba Community Health, it has been 23 years for myself being employed by Queensland Health, and I hope that one day I could inspire our younger generation to becoming a professional Indigenous health worker.

I have worked for Cape York Health District for 10 years and now worked for CHSD at Mareeba Community health since 2010, and my proudest moment was when I received my 20 years' service certificate on Recognition Day here at the Mareeba Community Health/Mareeba Hospital.

Supporting the individual and families in our community and providing a culturally appropriate service impacts them in a positive way especially when you see big improvements. One minute you see a newborn baby and when you see them going off to school then high school years it's amazing to see that you were always a part of their lives from child health checks to young adults, and going on to have their own little families.

The scope of practice and career structure gave Indigenous Health Workers the opportunity to work towards achieving higher qualification to gain higher positions and also we have come out from the operational stream 00 to the HW stream, we are still working hard to closing the gap.

Rhonda Gilbo, Senior Indigenous Health Worker, Mareeba Community Health.





HISTORY OF HEALTH WORKER PROFESSIONAL STORY

TRACY GRANT

My Mum was an AIN before she had me and because she passed at a very young age and I didn't understand what was involved with health care, health literacy and cultural support. I was only 17yrs old did not understand the health care system like I do today. When my Dad became very sick, I was able to use my knowledge of health to advocate for Dad and Family to ensure our cultural needs were respected and met.

When I was given an opportunity to as a trainee health worker with no qualification or experience, I was excited. This made me wonder if there was health worker to provide cultural support and advocate for my Mum while in Hospital but also for me and my family to understand what was going on to answer the "Who, what, how, when and why".

I worked at a small rural and remote community Jumbun at Murray Upper and later in the Mental Health sector in Far North Queensland in the Cairns Hinterland HHS. Followed by Townsville HHS in Rehabilitation Team, Metro North as a Health Worker in the Indigenous Health Service at Chermiside in various Health Worker roles, Diabetes, Child Health and Generalist, still in the Metro North HHS at Caboolture.

Proudest moment, well I have had many proud moments across my Health Worker career it is when our Mob say, "Thank you very much, I feel much better knowing that you are here with me". It's does not matter what role I am in I will always advocate and support Mob who are patients or work colleagues.

In the HHS's I have worked in these roles play a very important role in Mob:

- being able to access health care closer to home
- providing holistic health care
- providing health education/promotion
- interpretation of medical jargon for better understanding for decisions to be made
- ensuring cultural considerations and needs advocated by Health Workers/IHLO are being respected by Non-Indigenous staff delivering health care services
- providing safety to the Mob when on their health journey for a positive experience in a health facility
- Mob feel comfortable explaining their concerns or cultural needs to health worker/IHLO and knowing they are being heard and understood

Significant events of importance to me:

- The formation of NAATSIHWP peak body for Health Workers/Health Practitioners
- AHPRA registration for Health Practitioner
- The new EB Agreement for HW stream
- Health Equity
- Better Together Plan
- Closing the Gap Plan
- Having Identified Roles in all levels of the Health Organisation
- 6 Specific Cultural Actions in the National Safety and Quality Health Service Standards
- Reconciliation Action Plans
- Cultural Capability Framework
- Making Tracks Implementation Plan
- Acknowledgement of Cultural Events

ANNE GRAY

I had started working with the Aboriginal Health Programme (AHP), in 1979 as part Bungalow Health Team in Cairns. It was known as Queensland Health, Team 3. We attended our training in Brisbane. Our training was for the Primary Health Training and was delivered as part of the TAFE Training course for Aboriginal Health Workers.

Our work with the AHP covered a number of areas and specific age groups of children in the Cairns region. Areas of work covered, various School Health Screening and run by the AHP Team 3. Screening was often followed up with referrals and anaemia treatment for those diagnosed with iron deficiencies.

I worked with the Maternal Unit across Antenatal and Pediatric. Follow up home visits along-side the Team 3 Child Health Nurse. Community Health and Aboriginal Hostels were involved. Staff were trained by the Tropical Public Health staff. The AHP teams also developed and delivered the health promotion, education and resources to communities.

I worked with Queensland Health for the last 40 years going through the many changes and growing bigger teams. Training was delivered by Cairns AIWHP, along with on-the-job work experience across the Cape and Torres Strait.

Being a Health Worker, we can help in being a support worker and cultural worker for families and provide support with the promotional resources. Also working with other agencies in our community and focusing on our families.

Some key memories include:

- NAIDOC Week – Laura Cultural Festival, Working in Child and Youth Mental Health in ‘growing our Community’.
- Child and Youth Mental Health.
- Cultural Respect for people in the community is so important to-day everywhere in schools.

ARTHUR GROGAN

Life working in the areas of Aboriginal Health and other roles.

During my life and over the past years I had worked in various jobs and with many organizations. I later retired and am living in Cairns now. I started my first job at age 13 during my early teen years. I worked in the job for about four years and worked with my brother. It wasn't very good money and we worked so hard at fruit picking. I grew up in the Kuranda area, not much schooling then. I later got married and had children, my daughter is Haylene Grogan who is working in Queensland Health, in Brisbane.

I worked in areas of health too, mostly it was in the welfare and social areas of health, assisting and supporting people who were drinking alcohol and supporting them to recover and get back into the community. Times were tough for a lot of them. I worked with a group in trying to assist people come through their alcohol problem. People needed help and I enjoyed working with the Aboriginal and Torres Strait Islander people, with the Aboriginal Health Program, we were based in Bungalow, Cairns. I am pleased that 5 people I worked with got off the grog and better. I left this job a bit later.

After the job in Bungalow, I left Cairns and went to work over in Alice Springs to work with Tangentyere. We worked with a number of young people. We worked with kids who didn't want to go to school. We were working with 10 kids at that time, getting them on to some social security income for a while and later getting them into some work at the Gap near Alice Springs. We got them into jobs such as, tree planting and they became active in digging and planting trees which are probably still standing there today. Mostly, they were boys and 1 girl from various areas of the communities. They lived in a house in the area. It was a good program and the kids were doing well.

I remember that my sisters Esme and Rosie worked with the community people too and they started up the Mookai Rosie centre in Cairns.

Later on, I had a job with Queensland Health and worked in an education program with the Cultural Awareness program. I have had a lot of jobs and experiences.



HISTORY OF HEALTH WORKER PROFESSIONAL STORY

CLARENCE GROGAN

(NOW PASSED), WRITTEN BY HIS SON.

I witnessed my father, working in health, as he saw the need to provide an access point for Aboriginal & Torres Strait Islander people in the areas of culturally safe environments for treatment, employment and education. Being a natural social justice advocate, he saw first-hand the difficulties Indigenous people faced when no cultural education was practiced or accepted as it is nowadays. My father took up a role as advocate for many Indigenous people who would have otherwise been ignored, or suffered bad treatment, from non-Indigenous healthcare staff.

Clarence Grogan, my father, helped establish many community organizations including health, housing, legal aid, the NQ Land Council, and alcohol rehabilitation services in the Far North Queensland region. He also was the principal advisor and advocate for the late Professor Dr Fred Hollows, assisting him with his eye programs throughout Australia.

Clarence Grogan paved the way for equal health and justice services, and care for Aboriginal and Torres Strait Islander people across Australia. His name is well known throughout the Torres Strait, Cape York and Far North Queensland, especially in the Cairns.

Clarence was instrumental in fighting for equal rights for Aboriginal and Torres Strait Islander people. His work in the turbulent times of the 1960s and 1970s involved protesting in the streets of Canberra, Sydney, Brisbane, Cairns and Townsville. He also provided advice and support to many well-known Indigenous health services throughout Australia, including Mookai Rosie Bi-Bayan Health Services in Cairns also the Aboriginal Medical Services in Redfern, Sydney.



HAYLENE GROGAN

My name is Haylene Grogan and my personal and professional journey is as a proud Yalanji and Tagalaka woman (on my father's side) with Italian heritage (on my mother's side).

I thank my Elders who have given me the opportunities I have today. I stand on the shoulders of my predecessors and the work I do every day is a privilege because I respect and honour the foundations, they laid for us. 'Acknowledgement of Country' is important and I do it everywhere and every day without fail because it gives us the opportunity to take a breath and connect back to why we do our work and to remind us what's really important.

I acknowledge that the role of our allies has been critical on our journey and I respect the generations of non-Aboriginal and Torres Strait Islander peoples who have walked beside us, often to their own detriment and exclusion, to fight for justice and what is right.

Our lived experiences and the experiences of our families before us live in us—it is not ancient history, and we still have a long way to go before equity and equality between First Nations peoples and all other Australians is the norm.

I am going to highlight a bit about my family because I am the product of my family. Their journey is our journey.

As you all know full citizenship rights were not afforded to Aboriginal and Torres Strait Islander peoples until the late 1960s—a few years after I was born. The process for Aboriginal and Torres Strait Islander peoples to be afforded and entitled to the same citizenship rights as all other Australians has been a long, brutal and traumatic journey. This is the reality of our colonial history—a whole society, through its laws and policies, and the conscious and unconscious behaviours of its citizens, participated in creating the structures, systems and institutions that excluded First Nations peoples from the economic, social and political life of Australia.

This is 'institutional racism' and it is still very much a part of the fabric of our society and how our structures, systems and institutions operate today. I appreciate and understand that it is hard to see if it doesn't directly impact you.

So I will share a little bit about my Dad so you can learn more about what drives me. My father grew up in Mona Mona, an Aboriginal Mission in Far North Queensland (FNQ), where his parents (my grandparents) were stolen and moved. At the age of 5 (school age), he like all children in the mission, was taken off his parents and placed in the dormitory under the control of the "protector" and he could only see his parents 2 hours a week on a Sunday. Imagine that – only seeing your parents 2 hours a week?!

Heartbreakingly but also a telling sign that children often know what they need, my Dad used to sneak out from the dormitory each night to lay next to his mother and then sneak back in the early morning before anyone woke up. My grandmother, my family, our culture and our country grounded him and nurtured him so he could withstand the experiences of being 'protected' on a government mission. When my father became an adult, like the rest of the Mona and Mona Mission, he had to apply for an exemption/permission to leave the Mission. I carry my Dad's Certificate of Exemption with me every day. I do this to ground me, to focus me, to connect me to culture and country, and to remember why I work in government.

It is because of my Dad's lived experience and the lived experiences of all First Nations peoples, that I chose to work for government. I wanted to influence the very policies and laws that tragically and profoundly impacted my Dad's life and the lives of all First Nations peoples.

My professional journey has been long, rewarding and challenging. Being from FNQ, I commenced my career as a receptionist at Wuchopperen Aboriginal Health Service (Wuchopperen) in Cairns in 1982. I was privileged to be offered and took a role as an Aboriginal and Torres Strait Islander Health Worker when Wuchopperen received funding from the Australian Government for health worker traineeships that provide on-the-job training.

However, there was no formal Aboriginal and Torres Strait Islander health worker training available in Cairns, so Les Collins (my first boss), Wuchopperen's CEO at the time took me to Melbourne to enroll me in the Aboriginal Health Worker course at the Victorian Aboriginal Health Service (VAHS). I had already spent 2 years in Melbourne doing Years 11 and 12 and really missed FNQ at that time so I decided to join Queensland Health to train as a nurse and midwife at the Cairns Base Hospital and I absolutely loved it.

In 1992, I was selected to participate in the Queensland Executive Development Programme, which I acknowledge as being a catalyst for my future career in government policy.

In 1997, I left my clinical role and decided to become a public servant in Brisbane to work on the inaugural Queensland Health's 1994 Aboriginal and Torres



Strait Islander Health Policy implementation, because I wanted to change and influence the laws and policies governing our lives. I decided this is where I could be involved in large-scale change to improve the lives of many of our people, not only the clients and patients I was directly supporting.

As I progressed in my career, I invested in myself and undertook a range of tertiary study to gain qualifications in health, public administration and Aboriginal and Torres Strait Islander studies.

People often ask, especially other black fellas, why I undertook formal studies about our mob. I did it so I could understand how non-First Nations peoples see us, our history and our cultures; as well as ensure I was appropriately qualified to undertake senior public servant roles. Throughout my 40-year career, I have been fortunate to work with incredible managers who believed in me, gave me opportunities to either “sink or swim”, and invested in my capabilities. I was mentored, encouraged and supported by First Nations and non-First Nations peoples every step throughout my career—and I value each and every one of them.

Strong Aboriginal and Torres Strait Islander leaders showed me how to ‘walk in two worlds’ and value my cultural knowledge and experiences in the workplace. And First Nations peoples know how hard that is because of the everyday racism we often experience. And strong non-Aboriginal and Torres Strait Islander leaders held me the highest levels of performance standards, which made me the best public sector leader and operator I could/can be.

I have worked with the Australian, New South Wales and Queensland Governments and have had many experiences throughout my career—both good and bad—that inspired, challenged, frustrated and encouraged me. Each experience has shaped me into the person I am today. Forty years is a long time and I have learnt about the strength and leadership of my own community; and the efforts of countless Aboriginal and Torres Strait Islander and non-First Nations peoples to support and empower First Nations peoples to self-determine their own lives.

I commenced in the inaugural Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General (now the Chief First Nations Health Officer) role in 2019 and my role and primary responsibility is to partner with leaders across the health system to achieve health equity for First Nations peoples, eliminate institutional racism and attain life expectancy parity by 2031.

Our goals are big and together we are reforming the health system to make it culturally safe, capable and responsive by addressing the avoidable, unfair and remediable health inequities that still exist today. I am passionate about many things in my

life but cultural capability and valuing and supporting Aboriginal and Torres Strait Islander workforces are two of my key priorities.

Throughout my entire career, in both the health sector and in other portfolios, these two priorities have driven me, and my career choices have been based on how I can achieve real and measurable improvements in these areas.

We have had two federal Ministers for Aboriginal and Torres Strait Islander Australians, we have a record number of parliamentarians across the nation including in Queensland, First Nations leadership in Queensland Government agencies, our sports people, musicians and artists are amongst the best in the nation and the world.

Our health equity reform agenda—underpinned by legislative amendments passed in August 2020 and April 2021—is about reshaping local health systems with First Nations peoples. First Nations representation (voice) on each Hospital and Health Board is now a legal requirement along with our first ever Health Equity Strategies which are being co-designed by each of our 16 Hospital and Health Services in partnership with the Aboriginal and Torres Strait Islander community-controlled health sector, our First Nations health workforces, local Elders, Traditional Custodians and community. Each Hospital and Health Service is also legally required to increase their First Nations workforce (our people) proportionate to the First Nations population they serve across every workforce level and every workforce category.

To value our voices and to see us, we need to be at the decision-making tables, part of the workforce and active and informed participants in any and all community engagement processes, so we can share our cultural knowledges and lived experiences. From gardeners to surgeons, we need to see more First Nations peoples working in the health system. This is how we will create a culturally safe health system. And our mob want this opportunity too.

Our society—including our structures, systems, and institutions—need to truly and genuinely be inclusive and respect diversity. And to do that for First Nations peoples, we need to be partners in the decisions that affect our lives.

Eradicating ‘institutional racism’ or being culturally safe, capable, and responsive—these terms essentially mean the same thing—requires rebuilding, redesigning, and reshaping our societal institutions based on what First Nations peoples need and want. We will do this with more First Nations people working in the health system; stronger First Nations people’s voice in the health system and a more culturally capable coordinated health care system.



HISTORY OF HEALTH WORKER PROFESSIONAL STORY

CHRISTINE HICKS

I've lived in many rural and remote communities and witnessed the profound lack of cultural and/or self-awareness and competence among non-Indigenous health services and professionals. However, I never realized at the time the complexities of such work in the government system.

From there, I just wanted to contribute and do whatever I could to especially support rural communities, and health professionals' own practice in individual work that would improve the accessibility, equity and cultural appropriateness of services for all Aboriginal and Torres Strait Islander peoples.

My whole journey of 28 years has been a mixture filled with successes, disappointments, and continuous Government and/or Organisational change/s, institutional racism which always disrupted and sometimes halted the continuity of Aboriginal and Torres Strait Islander Health services. I'm proud that I've hung in there through the tough times to achieve a high level of community access and culturally competent care and services that we strive to provide today.

My role was to assist community and hospital patients to take a strong role in controlling and managing their own healthy lifestyle. This meant a lot of time spent in emergency departments, hospital wards and even in community streets. By doing so improved the level of cultural competence and understanding in these areas.

Specific moments in history were:

- 1770** – James Cook took possession of the whole east coast of Australia and raised the British flag.
- 2008** – The Federal Government Public Apology. The Federal Parliament opens for the year with a 'Welcome to Country' for the first time ever.
- 2010** – The Expert Panel on Constitutional Recognition of Aboriginal and Torres Strait Islander peoples is established.
- 2012** – The Act of Recognition Bill passed through Parliament.
- 2023** - Continue to fight and struggle have the Constitutional changed and to have a 'Voice'.

So many introductions of legislation and Act's however, it is important to look at our history with honesty, impartiality and clarity. We've come a long way since 1788 and have made significant ground however, there is still a large hole yet to fill before the Nation will acknowledge and readily accept Aboriginal culture and history as Australia's First Peoples. Our Constitution should have reflected our rich, unique and the longest living culture in the world long before this.



VIRGINIA (MAYO) HOOPER

Back in the 70's when I started working for the Aboriginal Health Programme (AHP) I did not realize how important our roles were in contributing to cementing the pathway for our future in the health industry for our First Nation People.

Reflecting on my role as an Aboriginal health worker, working in Cunnamulla and Rockhampton I feel very honored that because of that invaluable experience I had it gave me an education that can't be gained from reading books or going to college.

I worked for Medicare Australia for approximately 9 years, travelling to remote areas of north Queensland educating our Indigenous Reception Staff/Aboriginal Health Worker/Doctors/Nurses of correct billing processes and providing this education in our lingo that made it easier for our Indigenous workers to understand. During this period, I received the Department of Human Services highest Award for services I provided to communities when I travelled on the Drought Bus.

This was a big eye opener as I believe that I didn't do anything extraordinary but being myself. More importantly, I had the opportunity to share with the non-Indigenous staff that travelled on the bus an insight into how things can be achieved by working hand in hand together. Looking back now I realize that this could be identified as the foundation for "Closing the Gap". This is one of my proudest moments of my life journey.

I saw first-hand the look of excitement when we pulled up in the Queensland Health issued, Mini-Moke vehicle, to deliver milk drinks and biscuits. Thirty years later, those children are now adults, and they recall how they waited for us to arrive. It is then when I fully understand the impact we left behind on children, who at the time were innocent of the struggles that their parents were facing.

I acknowledge that there have been some forward steps taken to improve the lives of our First Nation people and acknowledge there is still a long way to go. The "Closing the Gap" program and "Bringing them home Report", which was the Inquiry into Aboriginal Death in Custody, have impacted our communities across Australia, giving us a Voice, giving us recognition, of who we are and gave us a beginning of a safety net in matters of our Health and Self-determination.

I also believe that it is vital that we educate our Indigenous young people of our history and take the first step in Closing the Gap by walking hand in hand with non-Indigenous people to learn from them and share our ways with them, still remembering our past.

And teach our young Indigenous men and women to always remember we cannot allow the past to be an excuse for any unaccepted behaviours.

HARRIET HULTHEN

I trained with sister Iris Aitken at the Palm Island Baby Welfare Clinic. We weighed the babies and charted their growth on the growth chart. We fed, bathed, and changed the babies. I moved to Charters Towers and Sister Aitken was searching for an office to start the Aboriginal Health Programme (AHP) at Charters Towers. She heard that I lived there and found me then offered me a job as a Health Assistant with team 24.

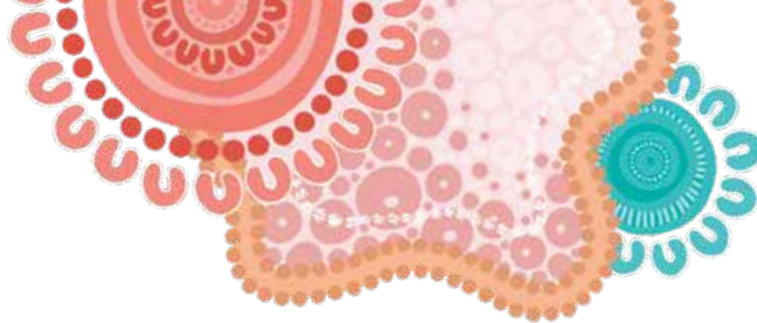
I worked eight years on my own until a registered nurse was employed. She then married and moved away. I was on my own again until another registered nurse was employed. She stayed a short time and moved to Brisbane. I was on my own again until I transferred with my husband to Napranum (Weipa South). I was left in charge of things, while the registered nurse went for training in Brisbane, also while on long service leave, leaving me in charge of three health workers. Large responsibilities for my role in this region.

In Charters Towers, we tested and diagnosed three children, who were all totally deaf. Fortunately, this result, led them to be enrolled in the school for Hearing Impaired in Vincent Townsville. We also discovered two children who suffered Cardio Myopathy and families who had genetic: Fragile X. It is a genetic syndrome causing mid to severe disabilities. Health screening played an important role in all these diagnoses.

Specific moments in history that changed the Aboriginal and Torres Strait Islander affairs:

1. Improved training for local First Nations Health Workers.
2. Federal funding for initiatives such as "Closing the Gap."
3. Commonwealth scholarships - to increase the percentage of First Nations people to complete Bachelor of Nursing and Medical Degrees.
4. State funding for programs to teach and improve nutrition.
5. Commonwealth legislation to directly fund Medical Centres aimed at providing medical, dental, optical specifically targeting First Nations' adults and children. E.g., TAIHS, Palm Island Community Company Medical Centre employing indigenous doctors and support staff.
6. Through State Legislation: improved responses to Domestic Violence.
7. The Provision of Women's Shelters and night shelters for displaced minors.
8. Deaths in Custody Royal Commission leading to Cell Visitor Programmes.
9. Official Visitor Programs in Correction Centres.
10. Mentoring program in Juvenile Detention Centres.
11. Drug and Alcohol Rehabilitation Programs and Centres.
12. Breakfast Programs in Community Schools and in urban schools with high percentages of First Nations Children.
13. Health Education of the public through NAIDOC Week Stalls.
14. The Police Liaison Program in State Police Services throughout the country.
15. First Nations representatives on HR Selection Panels.
16. Health Screening for diabetes, Glaucoma, cardio health, head lice, scabies etc.

HISTORY OF HEALTH WORKER PROFESSIONAL STORY



KAREN JOHNSON

I wanted to connect with local Mob and learn from them, make them feel comfortable accessing health services, support them when they are transferred out of country. I also felt that the Health Service staff needed educating on the culture and barriers and providing support in getting the clients to attend.

I have only worked at the Goondiwindi Hospital within the Maternity and Child Health department and also provided cover for the Hospital Liaison Officer.

I feel the roles helps with the communities to feel that little bit more comfortable accessing health services. The families also have that contact person they can feel comfortable with, and they end up spreading the word to family/friends that they can rely on.

The community also feel they have a bit of Voice within the health service by way of the Health Worker staff making very small in roads. Having a Director of Indigenous Health position created in Darling Downs Health felt like a win.

2008 Was when the Prime Minister formally apologised for the History of Indigenous Australians, particularly the Stolen generations and acknowledging that this played a huge role in the life expectancy Gap between Aboriginal and Torres Strait Islander people and other Australians.

2005 The National agreement on “Closing the Gap” that was introduced made all governments/partnerships more accountable for where funding was being used.

JOHNATHAN KELLY

After seeing family members fall victim to poor health and many of the community having poor lifestyles and food choices I thought I would try and improve things with family first but was told I did not know what I was talking about and being unemployed for a long time I was offered a choice of three areas of study Catering, Building and Health. I chose health so no one could say I didn't know what I was saying and so I could improve the health of my Mob at home and in the community.

I finished my studies in a Cert III then my Cert IV and finally the Diploma in Indigenous Primary Health Care Clinical – Nutrition.

I helped improve the lives of family and community members that I supported and worked with. It was a strain at time, as I would get pulled up when out and about by people to have a yarn and say ‘here what you think I should do about this’, or, ‘hey my kid won't eat his food what you reckon I should do?’.

I had not really focussed on specific events of Aboriginal & Torres Strait Islander health. I was mostly focused on ‘real world’ problems in the Community like, Health issues, food access, Housing issues, DV, Alcohol abuse, petrol sniffing just to name a few.

HISTORY OF HEALTH WORKER PROFESSIONAL STORY

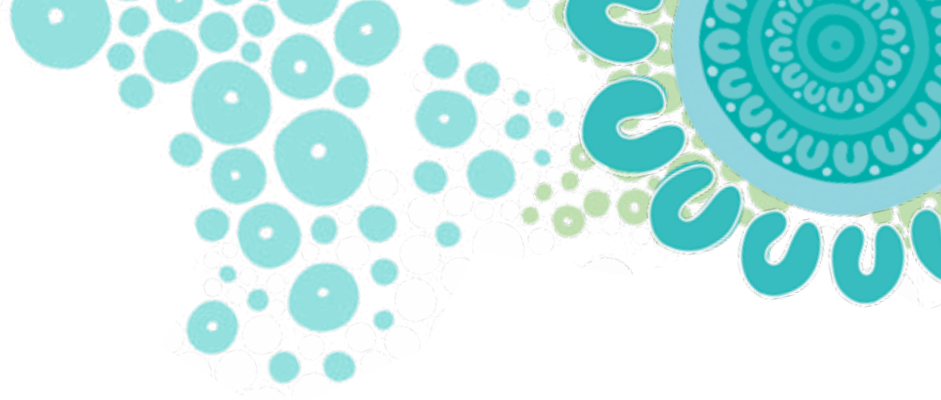
JEFF LAWTON

I love and enjoy caring and working with the Indigenous youth and their families to make a difference in their lives. Developing Cultural days and events with our people. Being part of active programs and doing workshops and being highly involved with NAIDOC and Youth Week. Involving and speaking with the elders, hearing their stories and experiencing their Cultural ways.

I have worked as an Indigenous youth worker for 12 years in Mackay with elders, the group was called MAIJAG and means Mackay Aboriginal and Islander Justice Alternatives Group MAIJAG group with elders visiting the prisons up north and down Rockhampton once a fortnight. Staying over-night and doing Cultural Camps once a month on properties outside of Mackay with different people coming out there to the programs. Also doing Street Patrol late at night until early mornings. Hours were 10pm until 2am Friday and Saturday nights as well, workshops and open the youth drop- in centres during the hours of 4pm until 10pm every night. The Elders were playing and teaching youth music and boxing fitting classes, also bike workshops. Youth were also taken to touch footy where they had their own Indigenous team called the 'Black Panthers'.

I had not realized that there were so many problems with our Indigenous youth and families in the Communities, until I started working with Indigenous young and elders, as well the police, ambulance and youth groups across the areas.

HISTORY OF HEALTH WORKER PROFESSIONAL STORY



JOHNATHAN LINK

I commenced work with the Gold Coast Hospital and Health Service (HHS) 1 January 2015 and am currently an Advanced Mental Health Worker in Yan Coorara Mental Health Team.

My qualifications include Bachelor of Indigenous Health Studies (MH), Diploma of Indigenous Health Studies (GH), Graduate Diploma of Indigenous Health Promotion-online (2022)

In a previous capacity before working full-time permanent for the Aboriginal and Torres Strait Islander Health Service, I undertook a contract with Cape and Torres HHS based in Cairns. This temporary contract of three months entailed working in Cape York, mainly NPA and Weipa.

The classification at the time was “Community Engagement & Capacity Officer” which included working with the communities mentioned above, but particularly with Men and Elders. Other elements to the position required the dissemination of SEWB/MH awareness and education. Community engagement was the core business and in partnership with colleagues, community and external entities. One successful event happened in Napranum whereby “Sean Choolburra” did a free Concert.

Since my employment with GCHHS/Aboriginal and Torres Strait Islander Health, I have achieved:

- AMHFA from 2015 – 2019 to the A&TSI GC community (free)
- MHSS Nurse Graduate program – A&TSI MH Core Skills (2016 – current)
- GCPHN Clinical Council 2016 – 2022 (A&TSI representative)
- Suicide Prevention Conferences 2016 - 2019
- GC Flood Recovery Team support in Townsville (2019)

There have been numerous requests from the MHSS to GCPHN to present at conferences/symposiums or forums around Aboriginal and Torres Strait Islander suicide prevention. This includes presentations to Robina Emergency Department staff in 2022.

Currently, I coordinate the Yabbabah Men’s Health and Wellbeing Program which will commence on the 17 February 2022 at Southport Health Precinct. This program runs for two hours from 10 – 12. Queensland Health and community stakeholders have committed to facilitate on their roles and responsibilities each month. The program will be evaluated at the end of 2023. Queensland Health are funding this initiative.

Collaboration with the other teams within the Aboriginal and Torres Strait Islander Health Service is supported by Yan Coorara, for example “Mungulli Chronic Disease – Strong & Deadly Wellness program”.

HELEN MALOUF

I commenced working in the hospital environment as an enrolled nurse. During this time, I had realized that working in a hospital was not for me. I then moved on to becoming a Health Worker. These experiences provided me with an opportunity to work with my mob in community, provide basic health care, health education and promoting early intervention within local communities. Health workers in Communities provide culturally safe care to our Aboriginal and Torres Strait Islander consumers.

The development of the Aboriginal Health Programme a part of the Townsville teams enabled proud Health Working moments. I completed all the necessary certified qualifications in Indigenous Primary Health care. I was able to give quality healthcare to our mob, receiving compliments from our mob on the delivery of quality healthcare to individual or family and Elders in the community not hospital environment. Aboriginal and Torres Strait Islander health workers were having good health outcomes working alongside non-Indigenous health professional in the communities.

Child and Youth Mental Health Service as a health worker was my greatest achievement which I deliver mental health first aid in Townsville and Palm Island community example school-teachers health staff, community members. Providing social and emotional care to Palm Island young people on Palm Island and implement Social Skill Program within the school. Receive funding which provide me to work together with young people in the communities and health professionals to develop resources which were cultural appropriate for own young mob.

Health worker have made the greatest impact through being in the communities, promoting early interventions. For example: Mental Health First-Aid, Social- skills, health education, delivery of basic health care by home visiting with doctor and nursing staff, Social Worker and Mental Health clinicians, providing support to parent and students, housing matters and transport access. Health-workers provided social and emotional well-being care across our team.

Health-workers provide awareness of cultural protocol and cultural events to non- indigenous health professionals.

During the years state legislation has effected change. For many years, Aboriginal and Torres Strait Islander Health Workers didn't have a voice and no voice in the Queensland Health system in relation to the systems scope of work and decision-making. As health workers, we generally knew what worked well in our communities and how to better improve health outcomes, but there have been times when our self-determination was blocked by own mob working in top positions.





JOHNLUKE MARSHALL

I was Inspired to become a Health Worker after I was diagnosed with a form of Epilepsy and with a rise in hospital visits, realized how hard it was to understand the medical terminology and seen how often, I, myself, would act as if I knew what doctors and nurses were explaining to me simply to finally get out of there. After this I thought it would be good to learn more about the health sector so that I could one day be able to explain things to my people in ways that are easy to understand and still convey all the important information that comes with a health check.

In the health sector I have had time working with both the Hearing Health team in Mount Isa and the Rheumatic Heart Disease team in Mount Isa, during my time with both of these teams I have learned many different skills about both, however being so early on in my health career I would have to say my proudest moment so far would be the fact that my TAFE teacher could tell that I had already done most of the practical tests that we took in class and commented it seemed I knew what I was doing.

I believe the Health Worker role has impacted our community in such a way that our people feel more comfortable coming in to get their Health Check, I also feel that the Health Worker role has opened a very wide variety of services that can help Aboriginal & Torres Strait Islander people in getting to and from appointments and much better managing their health problems.

As I'm still very new to the health worker role and I still have a lot to learn although I would have to say the one to stand out for me would be the 'Closing the Gap' Program, I feel it has had the most impact on not only Aboriginal & Torres Strait Islander Health, but also, our confidence about our health structure and feeling that there is a way that we can break cycles and become healthier people.

HISTORY OF HEALTH WORKER PROFESSIONAL STORY

MARGARET MAU

I worked for Comalco in the Emergency Services section, Weipa, where I held a First Aid Certificate. I later, became a health worker on Dauan Island with only a First Aid Certificate. I was inspired to work with Health at the time my mother-in-law suffered a stroke. The local health worker was unqualified to assist. Added to this, my mother-in-law was married into the Island and as such, the local worker could not do much on account of her relationship as an in-law. My mother-in-law almost died where she fell. There was no experienced medical aid provision.

I started work on Dauan Island in the old Medical Aid Post (MAP) days. That was about 1987. There were no telephones in the MAP and all calls had to be made from the one public telephone in the community. The doctor would tell us what number medication to give the client/s.

My proudest moment involved us health workers fighting for the rights of a client who was pregnant and had to travel across rough seas in a dinghy to catch a plane out of Saibai. We were advocating on the client's behalf, involving many leaders. Our quest was successful.

Before health workers, the local staff were called government nurses. The impact on community was both positive and negative depending on who you were, what your skills were and who you were related to. Unfortunately, community only presented to those health workers that they were related to. In relation to myself, an outsider, an in-law to most of

the community – there were those that did not want to see me because of my role as a daughter-in-law, sister in-law and the relationship my husband had with the community. When nurses were brought into the community, clients showed up at the clinics and asked to see the nurse. Some refused to see a health worker. So many challenging moments during my career.

The introduction of the 'Torres Model of Care', was a major breakthrough in the future health service delivery to our people. It made non-indigenous health service providers take notice of the needs of our people, it guided the appropriate care approaches, to include having a say and voice on their treatments and so on.

Another big change was that of medical evacuations from the outer islands to Thursday Island Hospital and doctors. When Queensland Health took over the Medical Aid Posts and became Primary Healthcare Centre's, it made a very big impact on the community with health workers, who could and would advocate verbally on behalf of their community members.

HISTORY OF HEALTH WORKER PROFESSIONAL STORY

MARIA MITCHELL-BROWN

My decision to become a health worker was a late choice in my life. I was employed as an Indigenous Outreach Worker for a Community Controlled Health Service and seeing firsthand how community face many challenges, are still experiencing inequities accessing health care and how 'Closing the Gap' initiatives impact on better health outcomes for our Aboriginal and Torres Strait Islander population.

I've come from a line of very strong Aboriginal people, who are testament to our history, who have been impacted by social injustices and health inequities because of their race, unfortunately I have no surviving Elders. They have passed away, mostly due to Chronic Diseases. Witnessing my mob dying young, is more the reason why I choose to work in this field to help empower, educate, promote, and prevent the burdens of disease.

Over the years, I have proudly worked for the North Coast Aboriginal Corporation for Community Health, Gympie Cultural Healing Program – Gympie Community Mental Health Service – Sunshine Coast Hospital Health Service (SCHHS). Aboriginal and Torres Strait Islander Community Health – SCHHS. Recently being part of the Health Equity strategy 2023 developments. Maintaining the connection with our Elders and Community at large. It is important to have a thorough knowledge of our roles, to advocate and support our mob, being resourceful about availability of community services, hospital and primary health pathways, to provide resourceful information and access to culturally appropriate services and support.

Such moments in history which changed the Aboriginal and Torres Strait Islander world are:

- Closing the Health Gap
- The Bringing them Home Report
- Royal Commission into deaths in custody
- The Prime Ministers National Apology
- Better wages for our Aboriginal and Torres Strait Islander Health Worker workforce.



CONSUELA MORRICE

I had no intentions of becoming Health Worker. I chose to have a career change from the Department of Social Security after serving 17 years of servicing and providing recipients with welfare. A part time position as a trainee health worker in Nutrition was advertised at the Bundaberg Base Hospital in June 2007. I applied and was successful and commenced in October 2007. I went through the normal channels of training, working with the dietician and the community health nutrition practitioner. It was a very white system which was suitable as I had previously left a predominantly mainstream service. The staff were getting to know me I was getting to know them. I did experience some inappropriate comments, but at the time did not consider the comments to be of a racist nature. I have grown and developed in my journey as a health worker. Committing to training, completing my Certificate IV and Diploma in Primary Health Care, and then specializing in Maternal and Child Health. Further training in this field included breast feeding, antenatal care, knowledge of the Child Safety systems, awareness of the special care nursery for premature and sick babies. I have enjoyed this journey and have had the opportunity to understand the depth of indigenous health and the gaps in service. I have worked unsupported in Wide Bay HHS for many years. There was no manager to guide our passion. This HHS did not consider cultural significant events, that is until the day Raelene Baker, the new Manager, arrived. That was a great moment. There was progress and productivity. Raelene arranged an office space for our team to work and to sit and enjoy our cultured space. Every day we still look over our shoulder and wonder if management will swoop in and take the key from us. I don't really have any proudest moment to me it is just business as usual.

We have done a lot of canvassing to get recognition as hospital-based health workers. We must build up a rapport and trust with the patients, their previous experiences had their privacy compromised and this reflected on the new staff of the HHS. Each day is diverse, with a high turnover of doctors, nurses, practitioners, there is always the occasion to remind staff of our roles and responsibilities within the hospital. We continue to promote and celebrate significant events on hospitals grounds. We extend the invitation to patients, individuals, organisations, and the community to attend and celebrate. The opportunity to acquaint themselves with the hospital staff, the setting, and the functions of each of them play. I see this as impacting on the community in a positive light, by influencing positive relationships and working toward closing the gap for better health outcomes.

There have been many inquiries and one that stands out is Aboriginal Deaths in Custody. This is not a historical event this is ongoing. Aboriginal and Torres Strait Islander people are the largest race of people incarcerated. A recent documentary highlighted a young boy dying in police custody at the hands of police brutality. This behaviour impacts a nation and those moments in the past still exist in the present. It is hoped that the First Nations Health Equity Strategy will create change, highlighting poverty, white privilege, homelessness, and poor health. These changes can only be achieved by those who acknowledge and respond to marginalised groups and take responsibility to pursue justice and equity.



VERONICA PARSONS

My inspiration started with my mother who was a very thoughtful, kind and caring person who looked after her family, extended family and community members I was a quiet and shy person, stay at home mum and raised my 7 children, nevertheless at the time I was unaware that I had skills and knowledge and did not release that until I attended studies at Curtin University, Perth in 2005. For two and half years I studied for an Associate Degree in Aboriginal Health which I graduated. The studies empowered me, built up my self-esteem and confidence I needed to become who I am today, a very empowered and passionate IHLO/Health Worker. Even in my own life I empower my children and grandchildren of my learnings.

I've always had passion to help and do whatever I can to better someone's life. I've always done that throughout my life even before I became a Health Worker.

Dec 2005 to Mar 2013 Worked for Wide Bay Hospital & Health Service District Maryborough/Harvey Bay as a Generalist/Advanced Health Worker

April 2013 to Nov 2018 Worked for Child & Youth Mental Health Services Rockhampton as Advanced Health Worker

Nov 2018 to Feb 2023 Present day working for Aboriginal & Torres Strait Islander Health and Wellbeing Directorate Central Queensland Hospital and Health Services in Gladstone Hospital as Hospital Liaison Officer

My proudest moments there are too many to write but some are when patients, community members, co-workers or staff members acknowledging the hard and helpful work I do. Another grand moment was when I graduated in Perth and received my Associate Degree in Aboriginal Health as I did not like school, I left in year 10 to work on a property as a housekeeper.

Change of lifestyle because of follow up and support within hospital and out in community. Having cultural support and safety while in hospital has given people the confidence to come back to our hospital services.

Knowing that there is an Indigenous health worker at the hospital advocating and supporting them while in the hospital setting. Encourage people to speak out for their rights and empowers them to be a part of their healthcare.

Breaking down the barriers between non- Indigenous an Indigenous patients, families, and health staff by providing education regarding cultural awareness and safety to all. I think are some of the ones that stand out and impacted myself and community.

When I was in my early teens my mother told me that I was born under the flora and fauna act when she explained to me what that meant I was distressed to find out that people would treat people like that just because of their skin color that's when I first heard about racism.

Significant Dates

1963 - Aboriginal people were given the right to vote in commonwealth elections

1967 - Referendum to give us a voice and be counted 90% off people voted YES

1971 - Neville Bonner first Indigenous member in Parliament gave us a voice in government

1972 - January 26th Tent Embassy empowered our people to have a voice for our rights

1976 - Aboriginal Land Right NT Act to claim their land back

1991 - Royal commission into deaths in Custody report 339 recommendations

1997 - Bring them home report

2005 - National Sorry Day Committee

2006 - Closing the Gap improving health matters

2007 - UN Declaration on the rights of Indigenous peoples

Invasion day 26th January

NAIDOC

Reconciliation

13 February 2008 - Prime Minster Keven Rudd delivering the Apology and Sorry for the injustices from early government policies/ Stolen Generation and the pain and suffering our people endowed.

HISTORY OF HEALTH WORKER PROFESSIONAL STORY

DAYNE PURCELL

After moving from Cherbourg to Cairns I started working in the CDEP in Cairns. During my stay, a woman named, June Mundraby (an Indigenous employment/training officer) offered me Health Worker training. I remember I asked her, 'what is a health worker?'. And the way she explained it to me and encouraged me and basically convinced me that I would be a good health worker made me want to sign up for the Cert 3 Primary Health Care at QATSIWEPAC in Cairns. I finished Cert 3, Cert IV and my Diploma. I was so interested in this, that I completed all these qualifications. Towards the end of finishing my Cert IV, I won a job as a Health Worker, back home in Cherbourg at the Aboriginal Medical Service, in 2006, where I worked as the clinic coordinator for 2 years until 2009, then moved back to Cairns.

In 2010, I got a job with Queensland Health (QH), as the HW005 Child and Youth Mental Health Worker with the Remote CYMHS team, we did FIFO across Cape York. I worked in this team for 3 years FIFO into Kowanyama and Weipa cluster which included Napranum (nearby Weipa), and old Mapoon communities.

I then transferred to Innisfail for 6 years working with Adult Mental Health for 6 years before transferring to Weipa where I got a job as the HW6 Child and Youth Mental Health Worker. I've been here in Weipa for 3 years now. 16 years total working in health, 3 years in AMS and 12 and a half years in QH- MH. I mainly covered the following regions:

- Cherbourg – 3 years AMS Clinic Co-ordinator
- FIFO – Kowanyama, Weipa, Napranum and Old Mapoon 3 years. Cassowary Coast - Innisfail, Tully, Babinda – 6 years. Weipa, Napranum and Old Mapoon – 3 years.

My personal proudest moment is being an inspiration for my sister to be a health worker and then support her as she went to university to become a nurse. My sister is now a Nurse Navigator. As a big brother, I could not be prouder.

Back home in Cherbourg while working at the AMS I was the inspiration for 3 cousins to want to become health workers, two of them started with QH and is still working in QH and the other younger one came to work with me at the Aboriginal Medical Service.

- Inspiring people through your positive actions is always the best way to inspire.
- I have found that just knowing that we health workers are in the communities gives some comfort to the communities and individuals.
- It's good for future generations to see their own people being leaders in their communities, in Health, on councils and involved in sports.

Hopefully we inspire the young to follow in our footsteps. Unfortunately, I'm either too young to remember significant events in history for Aboriginal & Torres Strait Islander people or too ignorant to notice as a young fella though I have witnessed personal changes.

One thing that I have realised after hearing stories of these older health workers today is that the health worker is now in so many different areas of health.

Yes, we do not have as much representation to be there for our people in all health environments, but compared to the stories I've heard today, our workforce has grown, we are now available to support our people more than ever and I hope that our presence in Queensland Health continues to grow.

HISTORY OF HEALTH WORKER PROFESSIONAL STORY

VENESSA RADCLIFFE

Career change was a different opportunity which came up within the outreach health worker area. I love everyday of it working with Indigenous pregnant Mum's and being an Advocate for the women.

I work with the Outreach program in both Doomadgee and Mornington Island areas. Working alongside midwives. Some of my proudest moments are 'catching a baby', and what I believe is an unbelievable moment and making that bond with all the ladies from both communities.

Building a trusting rapport within the communities is important. As a Health Worker, I hope I made a difference in both communities.

Specific moments in history that changed the Aboriginal and Torres Strait Islander Health was having a 'Voice', giving Aboriginal and Torres Strait Islander people their time to speak and to be heard.



ROSE RICHARDS

THE STORY OF AUNTY ROSE RICHARDS AS TOLD BY HER DAUGHTER SANDRA LEVERS.

Aunty Rose started working as an Aboriginal and Torres Strait Islander Health Worker at the Bungalow address in Cairns in the 1970's as part of the original Aboriginal Health Programme (AHP) in one of the health teams. Aunty Rose went to Brisbane to do training for the Aboriginal and Torres Strait Islander Health Worker role along with other women from Cairns. Women were at the forefront of the health worker teams at that stage. They knew all about what was happening in the community. Their approach was very hands on and opportunistic, providing health care and education to the whole family. The Aboriginal and Torres Strait Islander Health Worker were very connected to people. Primary Health Care is very different today.

Aunty Rose had a soft side that was very accepting of people and a tough side that would not put up with too much. She was able to squash an argument without raising her voice. She had a huge extended family from being so connected to her community and held the respect of many. She would visit people in their homes, along the roadside, in parks and camps around the Cairns area including Yarrabah and the Tablelands. Mostly she would look out for the pregnant mums who came to Cairns from across the Cape and Gulf and Torres Strait Islands. Inspired by her own mother who she watched delivering babies.

Back then and even now, pregnant mums from the Cape and Torres Strait region had/have to travel to Cairns from 36 weeks pre-natal to birth and then stay a bit longer after the birth post-natal if required. Aunty Rose was very compassionate and had a love for babies. She had an incredible intuition and was able to predict a woman was pregnant from very early on. She would make sure she visited the mums at the hospital and had a very strong relationship with Dr Ross Messer and Dr Richard Heazlewood at the Cairns Base Hospital. Aunty Rose transitioned from being an Aboriginal and Torres Strait Islander Health Worker with the AHP to working at the Cairns Base Hospital and was the first Aboriginal and Torres Strait Islander Hospital Liaison Officer at Cairns Base (and probably the first in Queensland).

Her role there was an extension of the Aboriginal Health Worker role and the work she did with the AHP. She put an Aboriginal Flag on the door of her office and there it stayed until she finished working there. Aunty Rose was a 'people's person' and that's why she excelled in her role. She would always remember people and could tell where people were from looking at their faces and knowing their family connections. There were many times when she gave her shoes to women who might have to travel by plane to attend appointments in Townsville or Brisbane, you couldn't get on a plane without shoes. She would do this at her own expense.

Together with Mick Miller, her brother Clarrie Grogan and her sister Esme Hudson, Aunty Rose fought for funding for a Half-Way-House to accommodate mums and bubs from remote communities. In 1983 funding was finally approved and the Half-Way-House began operations, firstly in McLeod Street Cairns and then relocated to Trinity Park where it became known as 'Rosie's Farm'. More advocacy by Aunty Rose and her supporters led to more funds and the establishment of Mookai Rosie Bi-Bayan (Aunty Rosie's place) a permanent residence at Earlville Cairns before Mookai Rosie moved in 2010 to a larger custom-designed premises in Edmonton. Mookai Rosie continues to flourish as Far North Queensland's only Aboriginal and Torres Strait Islander women's accommodation service run and staffed by Aboriginal and Torres Strait islander women.

Aunty Rose was nominated for a Citizen of the Year award and in 1996 received a Premiers Award and in 2013 received the NAIDOC Female Elder of the Year Award, this was one time when she was speechless. Ernie Dingo was the MC for the evening, Aunty Rosie was a keen fan of Ernie, and this was one of her greatest highlights. She was very active in the 1970's in support of Aboriginal rights and marched often with her brother Clarence Grogan and Mick Miller. She travelled to Canberra for the National Apology delivered by Prime Minister Kevin Rudd, as her mum was a child of the stolen generation as was her husband at the time.

KARA RUDKEN

My family inspired me to become a Health Worker. Another thing that inspired me to being with health was that I could see that the communities were not educated or had little understanding on general health for family members with chronic illness conditions. Having to research current health conditions, just to have an understanding of knowing how to help family and friends, even being able to support in understanding the idea of booked appointments.

I have worked with children and families in the past, serviced clinics in surrounding communities. My proudest moment would be advocating and completing tired assessments for children and their families out doing big clinics outside of an AMS. Making the right culturally appropriate clinical care for families in the community has had a huge impact.

Big moments in our history in this country is the movement of Mabo with success outcome with the judgment of the High Court inserted the legal doctrine of native title into Australian law. The High Court recognised the fact that Indigenous peoples had lived in Australia for thousands of years and enjoyed rights to their land according to their own laws and customs. It was on 3 June 1992 the High Court of Australia recognised that a group of Torres Strait Islanders, led by Eddie Mabo, held ownership of Mer (Murray Island). In acknowledging the traditional rights of the Meriam people to their land, the court also held that native title existed for all Indigenous people.

Felt a sense of identity and the movement created an education for Aboriginal and Torres Strait Islander people and to preserve our traditional knowledge and practices.

HISTORY OF HEALTH WORKER PROFESSIONAL STORY

NAOMI SCARR

I became a Health Worker in 2009. The reason I was passionate about this as a career was because of my own life experiences of being stolen Generation and the need and support my people need to move forward from this traumatic past. I saw the effects it has on their health and well being and wanted to be apart of a team that was able to support and advocate for my mob. I feel very passionate about my role.

I lived out west for many years of my life in remote settings in outback Queensland and saw the need for passionate Aboriginal and Torres Strait Islander Health Workers to support our people. This is where I first trained up as a 003 HW and have continued my journey as a Senior Health Worker. I now hold a Diploma in Primary Health Care.

I have worked as a Health Worker in Mt Isa Hospital, Mt Isa Child Health, RHD Team, Chronic Disease Team, Doomadgee Remote Health Worker, Dajarra remote Health Worker and Lake Nash remote Health Worker. Katherine NT, Support mobs on outer communities of Katherine Lajamuna and Daguragu. Nambour Aboriginal and Torres Strait Islander Community Health, Cultural Healing, PHP Program for Sunshine Coast Hospital and Health Service.

I believe there is still a long way to go and feel that Aboriginal and Torres Strait Islander Health Workers are undervalued and feel that this needs to change as we play an important role within our community at the grassroot level.

I have had many memorable outcomes with my clients over the years. One specific one was being able to support a grieving family that had lost their daughter that had no funds for funeral. To be able to assist in funeral arrangements and involve community service providers to help fund the funeral was amazing and the family were so overwhelmed for the beautiful send off we were able to achieve for their daughter.

I have many times when families have asked me to be present with a dying loved one and I feel very humbled by this as it is a very personal and private time for families to be able to support a family at such a sad time is why I do what I do.

I had many great outcomes with my young mothers out west teaching them good nutrition and healthy ways of eating and preparing food for the children.

Supporting RHD Patients and providing a service after heart surgery, educating better and healthy life choices. Having clients come up to me thanking me for all my support and advocating with doctors' appointments so that they have experienced better outcomes and now live a healthier life is why I became a Health Worker.

Being a person of the Stolen Generation, the investigation and implementation of the 'Bringing Them Home Report' has had a significant impact on my life and 'Closing the Gap', has improved better health outcomes for our mob.

I think in my career of being a Health Worker the last couple of years of have started to see things move forward slowly. Raelene Baker of Queensland Health, I believe, has set the mark, and has put some great things forward for Health Workers and feel very lucky to have her in our workforce.

HISTORY OF HEALTH WORKER PROFESSIONAL STORY

NORMA SOLOMON

It's marvelous how they say you always change your careers every 10 years. I always wanted to be a teacher, loved to be in the learning realm.

My career started out as an Aboriginal Teacher Aide in a High School in Victoria which I worked there for 10 years then went to university to learn Aboriginal Studies to learn more about my culture, local customs, and local clan groups because most of the local people grew up from one of the local missions or reserves.

The Aboriginal people didn't know about their culture or anything as it was forbidden whilst on the mission. We learnt lots from our elders, going out bush and taking part in our culture, this was life changing for me.

We learnt about culture, language, customs, art and design, archaeology, colonialism, and British law. This was mostly taught by our elders and local community people who had the knowledge to pass onto us. We went out bush and made artifacts (boomerangs, digging stick, clap sticks, spears, woomeras, and baby carrying coolums). We sat around in group learning local history and past stories that only could be taught by our elders as nothing was written. It was all oral so you could see how important it was to get that history and stories, cause once our elders passed away so did all our history and knowledge.

We went camping out bush and learnt basket weaving, learnt to dance, sing, listen to stories, clan groups and family history. It was then I decided I wanted to become a teacher to be able to teach in school at the primary level and teach Aboriginal studies to all the children, so they learnt about our people, our culture, and our history.

I loved working with kids, developing relationships with everyone including parents and my colleagues, seeing their motivation, ability and attitudes change over the years of their time at school. I loved helping them study, learn new things and seeing them grow with knowledge.

I worked in a High school, a Primary school, at university and then TAFE teaching local Aboriginal and Torres Strait Islander people for nearly 21 years in education.

I then worked at our local Aboriginal Cooperative and Medical Service running a program to help young mothers raise their children as they did not learn these skills from their own mothers. We helped them cook meals, clean their houses, provide advice about how to raise their children, what were the appropriate foods to feed their growing children and making sure they attended school.

We had a lot of children who were being taken away from their families by the Department Human Services, so after the "Bring them Home" report was released we secured monies to run our program permanently to ensure we assisted families to remain together at home and remain out of the system.

Because I loved helping people and assisting with people to learn, I applied for the role as the Manager of Health Worker education at the Rural Health Training Unit which was a Registered Training Organisation and we delivered accredited Health Worker training. I managed a team of staff that ran classes over the computer called auto-graphics. With this role I got to travel a lot over the state and out to all the communities. It was great meeting lots of people, seeing their culture firsthand, learning new languages, meeting lots of elders and community people. Because I was not from this area it was important for me to pay my respects to people from different communities, learn their culture, their language, families, and elders.

I completed all my Primary Health Care Training Certificate III, IV, Diploma and Advanced Diploma. I then went onto to complete my Certificate IV and Diploma in Aboriginal and Torres Strait Islander Primary Health Care Practice and became registered with AHPRA in 2012.

I have worked at Primary School, High School, University, TAFE college, Aboriginal Medical Service (Wanjana Litj), Rural Health Training Unit, Cunningham Centre (Darling Downs Hospital Health Service), Corporate Office (A&TSI Workforce) and Cairns and Hinterland Hospital Health Service.

My proudest moment for me personally was when both my girls started their careers in Health, one is a Registered Clinical Nurse and the other a Pharmacy Assistant now Director, Aboriginal & Torres Strait Islander Health Unit. I have always told my girls I would support them in whatever they wanted to do, but they had to do something not sit at home get out and get a job. They didn't have to go to university, but they had to learn. They have done me proud and my family proud.



Also, it has been tough on them as fair skin girls but there have pushed past the racism from people especially other Aboriginal people to stand up for their culture, to stand up for what they believe in. I grew up with from a big family of 10 and we all lived on the outskirts of town because Aboriginal people were not allowed to live in the town. We lived in a bark hut with dirt floors, newspaper walls and had to walk to get water to put in the boiler or for cooking on the fire. We didn't have much we appreciated what we had and each other, that has made me who I am. My girls have learnt their culture, stories from their elders, aunts and uncles and are very respectful to everyone.

My proudest moment with my Health Workers has been when I see them work with their people and working so hard to try to make a difference. Health Worker roles still are still not fully understood, and it is constant education to other Health professional about what we can and can't do but that doesn't stop them from doing their jobs. I also have had several Health Workers that have gone off to do nursing, social work, health promotion or paramedic and excel in their training, this makes me so proud like a mother does. I have met so many of Health Workers over the years that are so passionate about their job and what they are doing for the community. They make a difference.

My roles assist and supports Line Managers in updating role descriptions, selection and recruitment, chairing interviews and completing all recruitment documentation for Health Workers. Part of my role is also to advocate and support Health Workers in conducting and completing their Individual Development Plans (IDP) reviews and developing and monitoring with Line Manager's.

I work closely with them to ensure the Health Workers get a fair go and have influence over the Health Worker positions. This position realigned the position to service delivery and make sure that upskilling is provided for the Health Worker, and I assess them against the national clinical logbook to attain a suitable outcome. Health Worker competencies are the main focus of my role and with the recent restructures I make sure all Health Workers have the required skill sets for the role. This requires me to contact the Registered Training Organisations to negotiate accredited training and then support the Health Workers to complete SARAS application and leave forms for training blocks. I am a qualified trainer and assessor and also a qualified teacher with over 21 years in education.

I was part of the clinical reference group in establishing Hemodialysis services in Yarrabah community so patients could dialyze in their community rather than having to travel 1 hour over the range and then 1 hour back over the range to Yarrabah at the end of the day.

The main objectives of the initial intervention was to:

- Deliver Hemodialysis (HD) treatments of comparable quality as those available in the tertiary facilities in Cairns Hospital or Private Hospitals
- Reduce costs of the HD treatments without compromising safety.
- Improve patient comfort and decrease demand on transport resources and frequent trips to Cairns
- Succeed in establishing a first Aboriginal and Torres Strait Islander Health Worker training pathway in Queensland for delivering HD Treatments.

I developed the Model of Care to support the Health Worker positions and the community.

I have been proactive across the Cairns and Hinterland Hospital Health Service to promote and highlight the role of Health Worker and their Scope of Practice.

Health Worker roles make a difference to individuals, families, and community as it is our role to advocate for them to make sure they don't get lost in the system. It is difficult to navigate life, let alone navigate the health system. This is where the Health Worker can steer them to where they need to go, get the appropriate care and provide health advice and support them on their journey.

What we do as Health Worker helps increase access to health care services, it helps improve health and wellbeing outcomes for our people.

Our Hospital Health Service is facing significant challenges, including an ageing population and an ageing health workforce; changing burden of disease, in particular a growing level of chronic disease; and increased demand for health services with higher numbers of people requiring complex and long-term care. It is vital that we have Health Workers providing culturally safe health care to Aboriginal and Torres Strait Islander people, such as advocating for our clients/patients to explain their cultural needs to other health professionals and educating or advising other health professionals on the delivery of culturally safe health care.

That Health Workers perform a comprehensive primary health care role, for example, clinical assessment, observation, monitoring and intervention activities, and health promotion and that our roles that we perform adapt in response to local health needs and contexts of what is required in the facilities to meet the health needs of our patients, families and communities to help close the gap.



HISTORY OF HEALTH WORKER PROFESSIONAL STORY

HELEN SUEY

I was inspired to work within Indigenous Health because the role appealed to me in Toowoomba.

As a Health Worker I believed I could make a difference working within Indigenous health. I had heard about the Aboriginal Health Program and focused on the health issues in Toowoomba. I commenced duties with the original Team 41 in Toowoomba in January 1987.

I was a Health Assistant (Health Worker) and worked under a Public Health Nurse with Sister Audrey Mundt, under the Aboriginal Health Program. I also worked as a Field Officer did health data etc. We were located at Unara Community Health Building, at the top of the Range. The Team covered Toowoomba, Warwick, Inglewood, Oakey, Pittsworth, Millmerran, Dalby and Goombungee.

We worked at the Toowoomba Hospital and also mobile teams under different titles over the years. I also worked as a Hospital Liaison Worker in Toowoomba and acted up into the Indigenous health coordinator role occasionally.

On job training was provided. We later had opportunities to do Diploma and Certificate in Health Work. My family supported me in the job, it worked out well for them also. After many years I found a job that fitted in with the family of 5 children and we made it work around the family.

I feel my job had influenced by children. I have a son in Radiology X-ray at St Vincent's private hospital Toowoomba and another son did administration in the hospital. He now works in the Human Resources and Management area, my niece went on to so a degree in an area of health, I guess I had an influence on my family in Health jobs.

Some of the proud moments were:

- Working in team with other health workers learning on the job
- Community focus and making the difference to health and families
- Access to the remote areas providing a service and advocate for people
- Encourage people to come to the services and community event and building a good rapport
- Health Screenings and Baby weights.

Some great moments in History would include the following over the past years:

- The National Aboriginal Health Strategy, 1994.
- Closing the Gap and Bringing Them Home Reports
- NAIDOC, ALMARATA
- EEO and Affirmative Action
- Deaths in Custody Enquiry
- National Education Policy changes for Aboriginal peoples
- Reconciliation Australia and RAP
- Qld Chronic Disease Framework
- Cultural Capability Framework
- Indigenous Workforce Framework

HISTORY OF HEALTH WORKER PROFESSIONAL STORY

ELIZABETH TAMWOY

The inspiration that led me to where I am today stems back to my upbringing, my culture, my identity, my values, my connections, my experiences, my relationships, and my spirituality. These have kept me strong throughout my life.

I must mention my grandfather Late Jomen Tamwoy. He was a Leader, a teacher, a mentor, a storyteller, and a gardener. He inspired me by his unwavering commitment to his community and his family. A dedication to help others to experience a better life. His powerful influence contributed greatly to where I am today.

I can remember I was always a go-getter. Always wanting to do the best and be the best. I was proud of all my achievements from Primary School through to High School. My teachers encouraged me to do further studies in teaching. They knew I could do it, but that did not happen due to personal reasons.

Later I commenced a Chef's apprentice course in Townsville. I really loved it! Then I had to go back home due to sorry business. One of my aunts worked at the hospital as the head cook, she got me a job there as a kitchen assistant. I was thrilled because cooking was my passion. However, this opportunity in the hospital instead opened the door for me to explore my career in health.

Whilst working at the hospital I was offered a relieving position at the Bamaga Community Health Centre. I want to thank her for her persistence in offering me the position as I declined the first time, and she came back again, and I accepted. This is where my journey began, I became aware of the health inequalities experienced by my people - the Aboriginal and Torres Strait Islander people in this country.

In more recent years, helping people in all aspects of their health - based on the seven domains of the Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework (Gee, Dudgeon, Schultz, Hart, and Kelly 2013) - has inspired me even more to work collaboratively within a multidisciplinary team to Close the Gap in health inequality.

For me, when I achieve the smallest positive outcome in some area of a person's wellbeing, it is this that makes me proud. Some of my proudest moments, in the various areas in which I have worked, are as follows:

My very first job was when I was only 8 years old with my family and other community people growing grass for the cattle. I smile as my memories take me back to this hot day with my family throwing seeds and singing happily. This for me was my proudest moment. I was paid \$12.00. I proudly gave my grandfather \$10 for my board and I kept \$2.00 for my twisty and soft drink. This opportunity came about because of my grandfather; his leadership gave opportunities for his community. This example, as I mentioned earlier, has helped me to navigate my life to where I am today. It was not an easy road, but I am here today to tell some of the many stories.

I have worked for Queensland Health for more than 35 years. I started at the Torres and NPA Health District back in the 80's. I had opportunities of secondment to work in Cairns, and afterwards returning to community to my substantive position. In 2004 I decided to move for an extended period to Cairns. And a decade later, I am still here.

Below my work history:

1981 – Dreamtime Clothing Shop, Bamaga

1983 – Department of Community Service, Bamaga

1985 – Chef Apprenticeship, Townsville

1987 – Bamaga Hospital: I transitioned to become Head Cook at a young age when my aunty retired

1992–1996 – Torres & NPA Health Service – Nutrition Program, Bamaga


1997 – Secondment to the Tropical Public Health Unit, Cairns

1998–2003 – NPA & Torres Health Service, Nutrition Program Bamaga

2004–2005 – Second secondment to the Tropical Public Health Unit in Cairns

2006 – Project: Rural Stroke Outreach Service, Community Health Cairns (This project enabled me to travel back home delivering education to all Health Workers in the Torres Strait and NPA).

2007–2023 - Child and Youth Mental Health Services. I started in Adolescent Forensic Mental Health, then Child & Youth Mental Health. 2017 I started with Evolve Therapeutic Services specialising in supporting children, young people and families affected by intergenerational trauma.



The health worker role has been both a positive and a negative for the Community. Community members hold differing opinions. These are some of my personal experiences working in the health field.

Negative:

- Some family felt shame seeing the health worker. They don't want them to know about their health problems.
- Some families were also scared that their health information would be shared (term – “Carry yarn”).
- There were instances of conflict of interest, as some health workers are related to community people, which can cause conflict within the community.
- If a patient has a bad experience the first time they see an Indigenous Health Worker, they will not access health worker support again. They will instead ask to see the nurse. And so there can be a lot of pressure placed on the Indigenous Health Worker when they first meet a patient.
- If there is a conflict within the community between certain families, this will cause barriers to access to the local health service.
- The challenges we face and how it affected everyone.

Positives:

- Health workers can share information in Language or Creole to the patient to help them understand the cause of the problem, the treatment, and best management, ultimately improving health outcomes.
- Health workers often advocate for essential support for the patient in areas not understood by non-indigenous health practitioners. Health workers know and understand cultural needs.
- Health workers know the patient's family and communicate this vital information to the multidisciplinary team.
- Once they understand the Indigenous Health Worker's role, patients do feel safer and participate more in their healthcare. The community members feels safer to access the health service as they come to trust the Indigenous Health Worker – even if the health care required continues to be anxiety provoking for them.
- Providing education and implementing practical activities and see a positive impact on the individual's treatment and management put a smile on their face is an achievement for everyone.

There are many historical moments for Aboriginal and Torres Strait Peoples in Australia, these are just some of them.

- **1936** - Maritime Strike was launched by Torres Strait Islander workers who took a stand against racism. They focused on the pearl shell industry and the difficult and dangerous work they undertook.
- **1967** - National Referendum. I remember my grandfather said to me that, prior to 1967, we came under the “Fauna and Flora Act” and were not recognised as human beings, but rather as native animals and plants! The 1967 Referendum gave us the right to vote, and to be included in the census for the first time.
- **1975** - The Commonwealth Government passed the Racial Discrimination Act.
- **1991** - Aboriginal Reconciliation was established.
- The Royal Commission into Aboriginal Deaths in Custody was crucial in terms of the fight for justice for my people.
- **1989** - The National Aboriginal Health Strategy was launched.
- **1992** - The High Court of Australia hands down its landmark decision in *Mabo v Queensland*. Australia was never terra nullius or empty land.
- **1993** - The Native Title Act is passed
- **1971** – Australian Aboriginal Flag is designed by Harold Thomas.
- **1992** – The Torres Strait Islander Flag is designed by the late Bernard Namok.
- **1997** – The Bringing them home report is submitted to parliament.
- **1999** - The People's Walk for Reconciliation.
- **2007** - The Health Workers Career Structure is initiated.
- **2008** – The National Apology to the Stolen Generations by then Prime Minister Kevin Rudd.
- **2017** - The Uluru Statement from The Heart Is created. Makarrata – Treaty!
- **2022** – for the first time, the First Nations peoples of the Torres Strait region joined with First Nations peoples of mainland Australia to work together to achieve recognition of their native title rights. The determination, covering about 65,000 square kilometres of land and sea, recognised the Kemer Kemer Meriam and Kulkaŋgal Nation and Kaurereg, Ankamuthi and Gudang Yadhaykenu peoples.
- **2023** - The Indigenous Voice to Parliament.
- **2023** - The Queensland Premier's Speech – Path to Treaty Event.

HISTORY OF HEALTH WORKER PROFESSIONAL STORY

RANDALL TAYLOR

The main inspiration to me to become a health worker, was there are a lot of opportunities and different areas of health care, and this is a way to make a difference in my Aboriginal and Torres Strait Islander community.

I was a patient in a hospital and assisted fellow in-patients including Aboriginal and Torres Strait Islander mob with their health need. I like to help people and found it rewarding and felt like I was making a difference so thought why not get into health.

In 1995 started my first year in a nursing degree at USQ, deferred after the first year as found it too hard to work and study fulltime. Applied for a vacant Aboriginal and Torres Strait Islander health-worker position at the St. George Goondir clinic and was successful gaining that position and it was mandatory that I complete a diploma in Aboriginal and Torres Strait Islander health, and I completed this in 1999-2000. I then worked into the Care Centre Manager position to manage the St. George Goondir Clinic and Dalby Clinic between 2003-2006. I then moved to Toowoomba and was recruited by Queensland Health to an advanced Aboriginal and Torres Strait Islander Health-worker position in the Chronic Disease/Nutrition Promotion area.

My proudest moment was to be recruited as the Care Centre Manager (as an Aboriginal and Torres Strait Islander Health-worker) for the Goondir Clinics (St. George & Dalby) – amazing opportunity to learn and to see Aboriginal Health at a management level.

Another proud moment was working with Aboriginal and Torres Strait Islander Health-workers who laid the platform in the early stages of developing a future for Aboriginal and Torres Strait Islander Health-workers and these people include Sandra Davis, Helen Suey, Mick Flick, Terry Appo, Dennis Wighton & James (Jim) McCarthy.

Health Workers make a huge difference which is hard to measure. Mob would contact me before they see a doctor wanting health advice because of the trust and the belief that having another community Aboriginal person with medical training give the ok to follow it through. My family thrive and want medical information all the time thinking I am a doctor but that would give me an opportunity to expand my knowledge with research and talking with other health professionals for information.

The issue that I could see was when changes happened with management and the Aboriginal and Torres Strait Islander team were together and then changed to being siloed into a specific area with no longer being in an Aboriginal and Torres Strait Islander team. This was the worse decision ever by management and it sent the Aboriginal and Torres Strait Islander health team backwards for a long period and has taken a long time to get it back.

During my time in Darling Downs Health there was a big push, and a partnership was created by Queensland Health and USQ for Aboriginal and Torres Strait Islander health-workers to take the step into being a registered nurse. With the support of Mary Coman and Mary Abbott this was promoted and supported by DDHHS and there was several Aboriginal and Torres Strait Islander Health-workers do this and are now established nurses throughout Queensland. There were also a lot of health-workers who were happy to remain as Aboriginal and Torres Strait Islander health-workers and this is great because we need Aboriginal and Torres Strait Islander health-workers employed and making a difference within their health field of expertise.

HISTORY OF HEALTH WORKER PROFESSIONAL STORY

MICHAEL VEASEY

An inspiration to me to become interested in a role as a Health Worker was when I was witnessing the impact of substance abuse on a family member and friends. Also, the desire to contribute towards making a difference for individuals in our community.

I was employed with the Toowoomba Aboriginal and Torres Strait Islander Health Service. I mainly worked in the Toowoomba area although I did provide support to Health Workers across the Darling Downs and South-West as well as running health workshops for workers and community members where I held an Indigenous Health Leadership role in Toowoomba Team for many years.

My most humbling moment was when I came across a gentleman, who appeared to be in pretty good health, active and abstinent from alcohol. I had first met him about 15 years earlier when I was the health worker within the Drug & Alcohol Health program. During his earlier years, I recalled that this gentleman, who was a client of the AODS service, had a letter from his GP telling him he had less than 6 months to live if he continued using alcohol. Following my time working within the program, I have reflected on the support I could provide to people in these circumstances, and I witnessed him improve himself and his situation first handed. I remain proud to have played an important role in providing support from the beginning of his journey towards sobriety and a longer life.

The Health Worker role has helped to empower individuals and families in our community by, increasing awareness of and access to available health services, improving health knowledge through health screening and monitoring, and the provision of understandable information and resources; supporting individuals when accessing health services and improving cultural understanding and safety in mainstream services.

I do recall specific moments in history which changed the Aboriginal and Torres Strait Islander world:

1967 – Referendum

1971 – Establishment of Aboriginal Medical Service – Redfern

1971 – 1983 – Senator Neville Bonner. First Indigenous Senator in Parliament

1972-75 – Prime Minister Gough Whitlam – set up Aboriginal Land Rights Commission. Handed Wave Hill station back to the traditional owners

- Established first Department of Aboriginal Affairs in Canberra
- Set up the National Aboriginal Consultative Council (NACC) and elected advisory body to the Minister for Indigenous Affairs in matters affecting Aboriginal and Torres Strait Islander people
- Funded Legal Services for Aboriginal people
- Legislated the Racial Discrimination Act to override racist state laws and prohibit racial discrimination
- Supported self-determination for Indigenous people

1989 – National Aboriginal Health Strategy

1991 – Report of Royal Commission into Aboriginal Deaths in Custody

1992 – Mabo Vs Qld. High Court decision establishing native title rights overturning idea of terra nullius

Early 1990's – Research project conducted by Lynette Nixon, Dr. Anne Eckerman and Toni Dowd led to the establishment of Goolburri Regions First Aboriginal Medical Services – Cherbourg, Charleville and Dalby with Toowoomba to follow in 2003.

Mid – Late 1990's – Establishment of formal TAFE level Health Worker training. Cert 3, Cert 4 & Diploma.

Establishment of Health Worker Career Structure.

HISTORY OF HEALTH WORKER PROFESSIONAL STORY

MARGARET WAGG

Basically, after many health issues with family members, a “seed was planted” for me. I decided that I would like to know more about different health issues. During my career in the Department of Education, Employment and Workplace Relations and with the change of Government and new portfolios for departmental Ministers in 2010, I weighed up my options of how I could better deliver services to our cohort of clients in terms of health.

I decided in 2010 to undertake a Certificate III of Aboriginal and Torres Strait Islander Primary Health Care to give me the skills to speak with authority regarding health and how it impacts on a child’s growth and learning. I have since completed study in Cert IV. PHC, Diploma PHC and Graduate Diploma Health Promotion.

I have worked for Queensland Health in Rockhampton, Charters Towers and Townsville in various areas such as, Mums and Bubs - Rockhampton, Charters Towers – Hospital Health Worker. Townsville - Hearing Health Screening, Palm Island – COVID-19 testing and Bidgerdii Community Health as Clinic Manager. I currently work with Queensland Health in the Offender Health & Wellbeing Team, Rockhampton.

My proudest moments are:

- Completing Certificates III & IV – Aboriginal and Torres Strait Islander Primary Health Care
- Graduated in 2021 - Diploma of Aboriginal and Torres Strait Islander Primary Health Care
- Graduated in 2022 - Graduate Diploma in Aboriginal and Torres Strait Islander Health Promotion
- Receiving positive feedback from clients in terms of their/their child’s health journey.

Most individuals and families I worked with in different aspects of my role were happy to have an Indigenous person as their point of call and I felt they offered a great deal more information on their health issues than they would have if they were talking to a non-Indigenous health worker. It was particularly intense on Palm Island working during COVID-19 but overall, the community were welcoming to “new faces” delivering services on the ground.

I believe the following moments were defining moments in history, although without the Aboriginal and Torres Strait Islander people being recognised in the Australian Constitution the path forward to achieving equity and outcomes are unclear.

- Referendum allowing Aboriginal and Torres Strait Islander peoples to vote
- Cathy Freeman winning Gold at the 2000 Olympics
- National Apology by Kevin Rudd
- Native Title
- Closing the Gap Legislation
- National First Nations Research Network



HISTORY OF HEALTH WORKER PROFESSIONAL STORY

KAREN WEST

My inspiration came from my sister, who talked me into this role. At that time, it took about 6 months to employ me. Once I was in the job, I worked very hard but so did the other team members. We covered Dajarra, Boulia, Camooweal and Urandangie. Some people asked if I wanted to be a nurse. I just wanted to work with my mob.

I have worked on Mornington Island for 4 years and Normanton for 6 months. I travelled to Doomadgee on a regular basis, when I worked on Mornington Island I was required to go out and ask the perineal patients to count their own boxes, it looked like no one had asked before, they were excited about counting their own boxes.

The Health Worker role at that time required us to go out and teach our Mob about their health. The Community listened to Health Workers because we were well known and respected. We would go to Yallambie each week on Monday. Because we were well known they trusted us. I recall we had to provide reports to the Commonwealth and at that time the Commonwealth paid the State Government for Health Worker positions.

I was one of main advocates for the Health Practitioner role. I was the first Health Practitioner for Qld and the first Health Practitioner to sit on the Aboriginal and/or Torres Strait Islander Health Practitioner Board.

Development of National Aboriginal and Torres Strait Islander Health Worker Association and then Health Practitioner mid 2010's.



JUDITH WICKES (NEE FINLAY)

After returning to Australia from Northern Ireland, I was looking for work. As I was interested in the health sector, I thought the role of a Health Worker within the Aboriginal community was something that would suit me and my family.

I worked at Health Promotion in 'Special Projects', Queensland Health – located in Costin Street, Fortitude Valley. It was primarily an education unit, where the team would go out and deliver health programs in the Aboriginal and Torres Strait Islander community. Then with the Valley team with Aunty Jesse Budby and Pam Lenroy. I did weekly visits to, Women's Prison at Boggo Road, Dutton Park; visit Indigenous patients in Royal Women's Hospital, and see clients in their different groups at Musgrave Park, South Brisbane.

My proudest moment, a doctor asked me to visit a patient who was not eating, she was an elderly patient from the Gulf district. I went home and made her a damper; she just ate it all up. Remember, this was the 1970s, she had just flown all that way and then served western food – she was frightened and scared of what was happening to her. As an Aboriginal health worker, I understood. One success story.

Back then, our role impacted on our clients more than we ever realised. The biggest impact was the ability to communicate well with the individual/families; so that they could fully understand what was happening in their lives. Also working in the community, clients trusted you to do the best for them.

In 1982, the Freedom of Information Act of Qld came in. This allowed those clients who were 'Stolen Generations' to access their files held in Queensland Government Archives. They could search for their records and hopefully, begin their healing process.

In Brisbane during the 1970s, I recall attending protest marches: we were marching for Aboriginal people rights to better health, education, housing and employment. It was a time our clients could believe in hope for a better future for themselves, families and community.

HISTORY OF HEALTH WORKER PROFESSIONAL STORY

EDGAR WILLIAMS

I saw an advert for Health Workers in 1976/1977 and wrote to Dr. Musgrave regarding Health Worker positions in the Torres Straits. I applied for a position of a Health Worker on Thursday Island and was accepted but had to wait until a Health Team was established on Thursday Island/Torres Strait. I was the first Health Worker for Health Team 9 when it was established in February 1978 on Thursday Island. Tassie McDonald was transferred to Health Team 9 shortly after the commencement of the Team.

I was trained as a Traditional healer from an early age and I saw working as a Health Worker as an “extension” of healing and helping my people.

Where I have worked:

- Health Worker (HW), Health Team 9, Thursday Island **1978-1981**
- Liaison Officer (HW), Health Promotions, Brisbane **1981-1982**
- Liaison Officer (HW), Health Promotions, Cairns **1983-1988**
- Secretary, Aboriginal & Islander Health Advisory Council, Brisbane **1988-1990**
- Regional Health Worker, Peninsula & Torres Strait Region, Cairns **1991**
- Staff Development Co-ordinator (HW) Rural Health Training, Cairns **1999**
- Chief Executive Officer, Q.A.T.S.I.H,W.E.P.A.C, Cairns **1999-2001**
- Chief Executive Officer, FNQ Indigenous Consortium for Social, Emotional Health & Well Being Ltd. Cairns **2001-2002**

In 1989, while working as Secretary for Aboriginal & Islander Health Advisory Council in Brisbane and in collaboration with the Health Minister and Premier of the day, I formulated and developed the structure of the Tripartite Forum. The Forum was implemented in Cairns and chaired by Mick Millar. I even received a Christmas card from the Health Minister, Peter Beattie, thanking me.

There was a noted high incident of STD infections in the Torres Straits so a STD prevention and education program was implemented with collaboration from the Senior Medical officer, Antenatal Nurse and Health Worker (myself). We identified infections, did contact tracing and treated infections successfully and provided education. The program was highly successful in reducing the STD infection rates in the Torres Strait.

I am also very proud that two of my sisters followed in my footsteps and became Health Workers in the Torres Straits. I found that the people were very happy to have Health Workers visit and help them in their homes. Some Islanders found visiting the hospital to see doctor was a very daunting experience but with the assistance from Health Workers the “cultural chasm” was diminished.

The health worker was able to work with doctors and nurses to educate and help them understand cultural and language issues. For example, a doctor asked a male Torres Strait Islander “if he passed water this morning (meaning had he peed) The man looked at the doctor as if he was a crazy man and answered with a smile “Doctor, I live on the north side of this island and to come to see you, I pass a lot of water. Lots of water as the tide was coming in this morning”.

Some key moments in History:

1989-1990 - Implementation of Tripartite Forum

1995 – Certificate of Incorporation of Queensland Aboriginal & Torres Strait Islander Health Workers Association Aboriginal Corporation



Queensland
Government

