



Mallacoota Community Health Infrastructure
& Resilience Fund Inc.
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[CHIRF is a tax-deductible charity](#)

Annual Report 2019-2020

This Financial year sees CHIRF move from a small charity supporting the day to day workings of the Medical Centre and assisting the community receive the support necessary to promote the prevention or the control of disease in human beings (or does both) to a major operation within the community. This year's employee component of nearly \$0.25 million is a milestone from May 2016, when we sought ways to save Mallacoota's resident medical service.

Two other charities in the District are PBI's A public benevolent institution (PBI) is a charity whose main purpose is to relieve poverty, sickness, suffering or disability. Examples of PBIs include:

- disability support services
- some not-for-profit homes for the aged
- housing bodies that provide low rental or subsidised accommodation to underprivileged persons affected by poverty, sickness or disabled

CHIRF as a Health Promotion Charity (HPC) fills a significant gap in the delivery of services to the Mallacoota Community and District. We are represented not just in Mallacoota but Albury, Brisbane and Canberra and have a very close relationship with Sapphire Coast Health Agencies particularly Bega Valley Medical Clinic.

Our work promotes the need for Doctors to work here and to grow services that manage mental health, chronic disease recovery and stress related to the availability of medical services to this remote community.

The Medical Centre is run by Dr Sara Renwick-Lau with the support of Dr Mubashar Sherazi and Practice Manager Marcus Renwick-Lau. The community is well supported by this committed team that have elevated the services offered to Mallacoota (and Cann River) to high standard.

Unlike some 300 communities struggling to find Doctors, Mallacoota with its own efforts using CHIRF's Dr Search program found Dr Mubashar. At the same time, we established a solid relationship with the Remote Vocational Training Scheme (RVTS) to ensure Dr Mubashar had a pathway towards Fellowship of the Royal Australian College of General Practitioners.

The work CHIRF did with Dr Sara moved the Medical Practice in this community from a tenuous financial base and outdated equipment to a viable practice with the equipment necessary to service this remote community and avoid unnecessary travel for minor procedures.

Teen Clinic

During the year we continue to grow the Teen Clinic, an innovative model developed in Bega by RACGP GP of the year, Dr Duncan McKinnon. The service is accessed by nearly half the youth of the town. This is due to the skills and capacities of RN Carla de la Rue and RN Helen Bryan. Both very committed people with community at heart.

Mental Health Program

We have ensured that face to face mental health services are provided to the community by a visiting psychologist and a mental health worker and in the post bushfire epoch, a second psychologist. We thank Monica Blayney, and Jo Heman for their committed service and in the last half of the year Prue Dawson. Our initial program was underpinned by funding from the Foundation for Regional and Rural Renewal (FRRR) a body with extraordinary vision and competence.

CHIRF addressed a meeting of 10x10 Philanthropy in Sydney on the effects of bushfires which resulted in a donation of over \$8000. This supported the initial employment of Prue Dawson.

Subsequent donations were welcomed from

- the Business for Doctors,
- Bendigo Bank,
- Tasman Net; and
- other sources
 - o the Essendon Square Dance Club,
 - o Morris Family Foundation
 - o **Peter and Anne Robinson Foundation**
 - o the Port Douglas Community
 - o ANZACATA (ANZACATA is the peak professional body representing creative arts therapists in Australia, New Zealand and the Asia/Pacific region.
 - o And many small donations from within the community. (note we do not disclose local donors to ensure we are consistent with principles identified in the Good Medical Practice Code of Conduct for Doctors)

Each of our staff work very closely with the GP's and that ensures their clients receive continuing attention when they are not available in the community. An issue that has been heightened during the pandemic where Telehealth has been used a lot but for many who have faced bushfire and now pandemic, face to face and back up support are critical.

Chronic Disease Rehabilitation Program

The Chronic Disease Program that we have been able to promote was up until the onset of the pandemic a very significant program assisting people with cardiovascular and other diseases back onto the road to recovery. To assist this program, we have been able to provide gym equipment and other support facilities. In the normal course of event, people would have to travel up the coast to receive this service. The Program run by Emma Anthony and Maddie Sands made a substantial difference in the lives of many people that had been incapacitated in many ways.

Donations through The Rug Establishment from the Community, The P Robinson Foundation and many individual small donations sustained the program and allowed it to be expanded. Base funding for the program is from Gippsland Primary Health Network (GPHN)

Service during the Bush Fires

Despite an attempt by the Health Commander to close the facility down, Dr April Armstrong remained resolute and refused to leave. So, the Medical Centre remained fully operational during the bushfires. Commanded by Dr April Armstrong, who was in town for locum duties at time. Dr April, apart from being a committed and outstanding GP is a first-class logistician. Dr April arranged replacement staff, private aircraft and medical supplies when it became apparent that the Medical Centre was not listed in the emergency services list of services for the community.

Dr Sara who had in accord with the bushfire plan that had been discussed with CHIRF had removed her family from Mallacoota. Dr Sara with Marcus returned immediately after the fire, as soon as we were able to achieve access through a private boat from Eden on 3 January after the Health Commander refused access to the Police Boat returning to Mallacoota on the basis Doctors were not needed. Immediate Representations to the Police and Ambulance Victoria by CHIRF established that was beyond power and Dr Sara was no longer impeded.

The Medical Practice became a small hospital and handled several hundred patients in the few days after the fires. The Practice received much volunteer support from Dr's holidaying here, Drs living here including Dr Appleton and Dr Schlager were employed by the centre and there was significant volunteer effort from allied health personnel. Dr April a supreme logistician arranged with a private pilot to fly in from all over Australia support workers and equipment and supplies. The Medical Practice was not listed in the Emergency System and was thus not strongly supported by the Emergency Services.

Ironically the Chemist trying to return found orange juice had a higher priority than medical supplies going to his chemist shop. CHIRF made submissions to the two Inquiries concerning the difficulties that developed as a result of a lack of planning and foresight for such a remote community.

CHIRFS role was to assist the onsite Drs and the many volunteers that stepped up obtain equipment and supplies and any other support necessary and continue support of our Doctor who was intensively studying for Fellowship exams that were pending and reasonably could not be put off. We learnt the medical centre was not on the priority list for protection from the fire. It was however well protected by CFA community members and Police who understood its place in our community. To them we give thanks.

Programs during the Pandemic

The pandemic created new priorities and mental health became a significant issue. Regrettably the government did not seek to support the existing mental health workers supporting Mallacoota and decided to provide their own from outside agencies and with trauma psychologists. Not a recipe for long term mental health support for the community. There is a concern that funding agencies do not see a need to grow a strong base of service support for remote communities such as Mallacoota and Cann River but are happy to play a catch as catch can game with casual services.

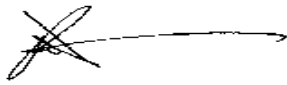
Programs for the future

Following the fires CHIRF reached out to a major aged care charity and developed a strong understanding of the way ahead towards an Assisted Care facility. The Pandemic slowed work, but the options remain to that end the thinking has been developing around variations on that theme that would assist our community and strengthen the basis of operations for the Medical Centre, both in terms of support for their community clients and workforce enhancement opportunities. Underlying all of this work is security of tenure of any property that we put our effort into. There are ongoing discussions with MIAC (Mallacoota Inlet Aged Care Inc) over prospective lease options into the future. An option of building a small Nursing facility remains very high on CHIRFs priority list.

CHIRF is underpinned by the overwhelming services of Stan Stavros and his Accounting firm SBM Stavros, provided pro bono. Stan, Simone Stavros, Colleen Severs and Helen Price have been unstinting on keeping us on the straight and narrow with our accounting system. As CHIRF has grown its salary complexities have compounded. We continue to work to ensure that those working with us are happy in their employment and that it is not just seen as another job. We work to not only keep the money rolling but the equipment they need to adequately deliver services is there when they need it. Stan is a very strong business adviser and assists our governance in very many ways.

And a very special thanks to Stan Stavros who is a very amazing person when it comes to being both a friend of CHIRF's and an adviser. Thanks also to Drs Sara and Mubashar for their ongoing thoughtfulness and patience in dealing with a rather unique and challenging environment and nurturing what we believe is quite a unique model of health care in Australia. GPHN has been both challenging and considerate and we extend our thanks to them for their patience particularly CEO Amanda Proposch and Marg Bogart.

And at the end of the page, very many thanks to Dr Cath Cosgrave who works for us under the FRRR grant and supports both our grant aspirations and administrations as well as mentoring our policy formulation and implementation. Cath during this period finalised a Churchill Fellowship at a remote community in Canada and is preparing a strong comparison of the communities' responses to primary health care shortages. I need also to mention Sharyn Bruce who worked conscientiously with us on administration for 9 months until the fires took out her residence. We have been as supportive of Sharyn as possible and wish her well into the future.



Robin Bryant
President/Secretary on behalf of the Board
Linda Bruce VP, Mick Dunne, John Hilvert, Josephine Wohler

14/11/2020