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### **Stateline Northern Territory**

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Transcript

## **Renal Dialysis unit for Kintore**

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Reporter: Murray McLaughlin

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MICHAEL COGGAN: The remote Aboriginal community of Kintore yesterday celebrated the opening of, what must be, the world's most remote dialysis unit.

It was four years exactly after an art auction in Sydney raised over \$1 million to help Western Desert communities establish the unit.

Murray McLaughlin reports.

MURRAY MCLAUGHLIN: Ivan Butler came home on Thursday.

Home is Kintore, an Aboriginal community in the Gibson Desert, close to the NT border with Western Australia.

For the past year Mr Butler has had to live in Alice Springs, 500km away, in order to receive dialysis treatment for acute kidney failure.

Now he can be treated at home.

ROGER HOLLOWAY, RENAL NURSE: He's very excited about coming out here.

'Cause he's a much older man his roots are more in the community than they are in town.

He likes a quite life he'd rather be back out in the community with his family.

MURRAY MCLAUGHLIN: On Thursday the community of Kintore celebrated the opening of their own dialysis unit.

It'll enable the 16 renal patients from this area whose lives have been wrecked by kidney disease to be treated at Kintore for three weeks every quarter.

Till now, they've languished in Alice Springs, far away from family and country.

**JULIE MARFAN, RENAL NURSE:** They have a lot of social issues, financial issues, as anybody does from a rural community who has to move into town for dialysis.

But in NT it hasn't been dialysis as a home option as there are in other places.

**MURRAY MCLAUGHLIN:** Mrs Kumanjayi Tolson has just finished her 3-week spell of dialysis treatment at home in Kintore and is about to return to Alice Springs.

**JULIE MARFAN:** She was just so quietly excited.

It was lovely to see her come home to her family.

**MURRAY MCLAUGHLIN:** The story of how this dialysis unit came to be established at Kintore has a long history.

Over four years ago, the Aboriginal people decided to ignore government indifference and pay their own way.

At Kintore, and at Kiwikurra over the border, painters of the famous Papunya Tula School collaborated to create art works which were then sold at auction with other Western Desert paintings donated by wealthy philanthropists.

The auction house Sothebys gave Tim Klingender, its director of Aboriginal art, six months leave to organise the auction.

**TIM KLINGENDER, SOTHEBYS:** We had an enormous dinner at Art Gallery of NSW where people came and paid \$150 to attend the function and we auctioned the paintings.

Our intention was to raise \$400,000 and we raised \$1.1 million.

So that was the first hurdle crossed and it was a fantastic nest egg from which this whole project could build.

**MURRAY MCLAUGHLIN:** But the process was thwarted by NT and Federal governments at every turn.

It took four years after the art auction to get to the occasion of this week's opening.

Dr Paul Rivalland was engaged to provide professional advice and help conquer the sceptics.

**DR PAUL RIVALLAND, ADVISOR KINTORE KIDNEY COMMITTEE:** The idea that you could possibly do dialysis in a place like Kintore, people would think, "Kintore, anarchy, rubbish, dust and there's a kneejerk response".

Whereas in fact if you want to filter water, get a bigger filter, if you want to have power that's smooth, you smooth it.

MURRAY MCLAUGHLIN: Peter Toyne is now the NT's Health Minister.

Over four years ago, when he joined the network of lobbyists for a dialysis unit at Kintore, he was in the Labor Party opposition.

PETER TOYNE, NT HEALTH MINISTER: In the year 2000, when I tackled this issue with the health minister at the time, the door was slammed in our face.

MARLENE ROSS SPENSER, CHAIRPERSON KINTORE KIDNEY COMMITTEE: We write them a letter, tell them story, write letter to every place, Canberra, Darwin, Sydney everywhere, letter go everywhere.

Our story, we try really hard.

We lucky now.

MURRAY MCLAUGHLIN: The people of Kintore and the neighbouring desert communities may have their dialysis unit, but they still don't have good health.

They continue to suffer kidney disease at a rate among the worst in the world.

DR PAUL RIVALLAND: We're playing catch-up here.

There are increasing numbers.

We have from a population of 2,500, since we've been working, we've had about 30 people on haemo-dialysis of which about half have passed away.

Now in a town of 2,500 anywhere else in Australia, you wouldn't have 30 people on haemodialysis, you might have one.

MURRAY MCLAUGHLIN: The million dollars raised four years ago is dwindling and the Kintore Kidney Committee is appealing for more help.

Already there are plans for a second dialysis machine.

Peter Toyne hopes the community zeal that brought about the first one can be tapped to tackle the underlying cause of chronic kidney disease.

PETER TOYNE: Pintabe people are the trailblazers.

They've shown that not only can it be done, but with the community support that's provided here, we can even aspire to going beyond critical care to looking at preventative work with the young kids here.

We don't want another generation coming through and adding to the enormous

numbers of patients that we're having to care for.

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