

# **Some problems of dog health and control in Aboriginal and Islander Communities in North Queensland**

**Jack Shield**

## **ABSTRACT**

The Aboriginal and Islander communities of Cape York Peninsula have dog populations averaging one dog per 5.26 people, not much higher than the Queensland average of one dog per six people. The community dogs however, are largely unrestrained and unfed. They therefore comprise a pariah population causing a range of nuisance problems. Because of bad environmental conditions and poor human health in the communities, there is much concern about some diseases being spread from dogs to people. The Queensland Department of Primary Industries is helping overcome these problems with dog health and contraception programmes. Dealing with Aboriginals living in these communities requires patience and understanding.

## **INTRODUCTION**

This paper refers to people and conditions in communities in North Queensland. While much of the information is probably relevant to Aboriginal communities in other isolated areas it may be entirely irrelevant to urban Aborigines. Throughout this paper I use the term Aborigine or Aboriginal to include both indigenous Australian Aborigines and the various Islander peoples living in the area. This is purely for convenience in presentation and does not deny the separate identities of the various groups. The communities described in this paper comprise various mixtures of races.

## **HISTORY**

The association between Aborigines and dogs is ancient and close. The hunter-gatherer has used dogs for various purposes for thousands of years. The modern community Aborigine keeps dogs for much the same reasons as does the white person, ie, as companions, hunting aids, sentries. In some communities eg. Aurukun, there are still beliefs in the supernatural, where "spirit" dogs embody the spirits of the deceased.

In most communities there is a general recognition of problems created by dogs. Individuals and community councils complain about dogs barking, biting, fighting and spreading disease.

Since the arrival of the white Australians, aboriginal dogs have been the target of some special attention, not all of which was welcome. It was once a practice for example, for white police and settlers to punish Aborigines by shooting their dogs and breaking their spears. While these were non-corporal punishments they were harsh treatments in depriving the owners of valued possessions.

White people have generally regarded Aboriginal dogs with some contempt, seeing them as starved, diseased and mangy, compared with their own dogs. In a typical community isolated from veterinary assistance, the dogs are indeed usually diseased and mangy.

The dogs of the Far North Queensland communities have long attracted official attention and not just because of their poor condition. These animals have a special significance because of their proximity to Australia's northern neighbours, Papua New Guinea and Indonesia. Rabies occurs in parts of Indonesia and the screw worm fly disease is endemic in both countries. Should either of these diseases enter Australia, the effects would be devastating. Australian Animal Quarantine authorities have therefore spent a good deal of effort in monitoring and reducing the risks. One of their approaches has been to control dog populations on Torres Straits islands by desexing programmes, dog identification and surveillance.

On Cape York itself, the Queensland Department of Primary Industries' (QDPI) Aboriginal Dog Health Programme was commenced in 1989 with the multiple aims of:

- improving the health of the dogs through parasite treatments;
- improving the health of the Aborigines by decreasing the risk of diseases spreading from dogs to humans;
- reducing dog populations to the levels required by the communities;
- providing a Quarantine Surveillance Service through regular veterinary visits and personal contacts.

The Dog Health Programme consists very simply of training community members in the technique of administering oral doses of the anti-parasitic drug, Avermectin. Doses are given to all community dogs every month for at least six consecutive months at a time.

The Programme has been very successful in its primary aim of improving the health of the dogs and fairly successful in the aims of reducing dog populations and establishing a surveillance service. Whether there has been an improvement in human health is difficult to determine, although there is anecdotal evidence that this is happening.

## **PROBLEMS**

In order to fulfil the promise of the title of this paper, I propose now to describe some of the specific problems that existed before the Programme started and the problems that persist. There are also problems created by the Programme and these cannot be hidden. I shall look at these problems under the general headings of dog problems and environmental problems: under the general (and misleading) heading of human problems I will try to describe some of the peculiarities of working in the community environment.

### **Dog problems**

Many community dogs are basically pariahs, that is, not truly domestic and not truly feral. They depend on the shelter provided by houses, and car bodies for protection from the elements. Few dogs are ever restrained in any way. For food they depend on scraps and on scavenging. Reproduction is usually uninhibited.

Most of the nuisance problems of barking, fighting, biting, chasing and scavenging are related in some way to the above. Food is taken wherever it can be found. Scraps left on the ground or dragged out of rubbish bins appear to comprise most of the diet. It is no coincidence also that most community stores attract many dogs; here they dine on food scraps left by shoppers. A particularly unattractive addition to the diet is provided by the disposable nappy. Soiled nappies are frequently discarded where they are torn apart by dogs which eat the contents.

Noise disturbances are often associated with the presence of oestrus females. Packs of males follow the oestrus bitches about and a lot of barking and fighting results. This activity results in many of the bites inflicted on both dogs and humans.

The Queensland Department of Primary Industries Dog Health Programme has had the unfortunate effect of increasing some of these nuisance problems. Before the Programme started, dogs were somewhat incapacitated through sickness and parasitism and this limited the energy available for fighting and biting.

After six months on the Programme, the same dogs were healthier and more vigorous. This has produced a greater level of nuisance problems, particularly bites on people. Some communities soon reported treating a couple of serious dog bite cases per week and there were reports of bite victims having to be evacuated out to hospital in Cairns.

## *Dog diseases*

The main diseases in the Cape York dogs appear to be:

- external parasites - mange, ticks, fleas and lice
- internal parasites - tapeworms, roundworms, hookworms, heartworms
- other diseases - viral epidemics (particularly parvovirus).

Hook worms kill many of the pups. Sarcoptic mange is perhaps the biggest disease problem with many of the juvenile dogs showing characteristic signs; before the Dog Health Programme, chronic mange created many hairless "leather" dogs.

Trauma is the biggest killer of dogs with many being run over by motor vehicles. Injuries inflicted by bites, pig rips, spears, bullets, burns and scalds account for a large proportion. Old dogs are rare in Aboriginal communities.

Many of the dog diseases are capable of infecting humans. These include hookworms, roundworms, tapeworms (hydatids and sparganosis), and mange. The presence of these diseases in the Aboriginal dogs must be considered even more seriously when one considers the poor health and living conditions of many of the Aborigines themselves and the close association between dogs and humans in an Aboriginal community. The health of many Aborigines is already badly compromised by alcoholism, diabetes and high levels of domestic violence. AIDS has appeared in some communities and there are fears of its further spread. In other societies affected by AIDS, the immunocompromised patients have succumbed to zoonotic diseases once thought to be rare and obscure.

## *The dog population*

It is a popular conception that Aboriginal communities have enormously high populations of dogs. This is largely an illusion based on the following:

- Dogs are not restrained therefore the same animal is frequently seen in a number of different places in the same day.
- Groups of dogs engaged in chasing cars, horses or bitches are very conspicuous.
- Dogs frequently congregate in very visible groups, sometimes in very public areas.

We have in fact made a number of dog counts (not an easy task) and the results are shown in Table 1.

It is interesting to note that the average figure for the Cape York communities is only one dog per five people. This is similar to the ratio in Mt Isa (1:5) and the estimated average for Queensland (1:6). (Dick Murray - pers comm). It is not then simply a matter of an overpopulation of dogs in the Aboriginal communities but rather the management of these dogs which makes them a problem.

It was mentioned earlier that the Dog Health Programme resulted in an increase in some of the nuisance problems. Through the same processes, it had the potential to cause a population explosion by increasing the fecundity and libido of the dogs.

From the inception of the Dog Health Programme, a contraception programme was commenced to counter the expected fertility increase and to stabilise the population generally. The contraception programme involves five-monthly visits to each community by the author. Dog owners are encouraged to present their bitches for injection with a medroxyprogesterone compound which prevents the animal cycling for a period of at least 5 months. Bitches are identified with numbered collars and with photographs and the dog's name and the owner's name are recorded.

**Table 1. Aboriginal Dog Health Programme - Details of cooperating communities**

Community	Number of People	Number of Houses	Number of Dogs	Dogs per Person	Persons per Dog	Dogs per House
Kowanyama	1050	180	200	0.19	5.26	1.1
Pormpuraaw	550	90	120	0.22	4.54	1.3
Aurukun	950	140	100	0.10	10.00	0.7
Napranum	800	120	100	0.12	8.33	0.8
Lockhart River	500	80	100	0.20	5.00	1.25
Hopevale	900	130	300	0.33	3.03	2.3
Wujal Wujal	370	55	70	0.19	5.26	1.3
TOTAL	5120	795	990	0.19	5.26	1.2

The contraception programme is beset with problems; the greatest problem is the difficulty in finding both the bitches and their owners on each veterinary visit. It is common to find an owner who cannot locate his/her bitch. It is also common to find an eligible bitch but no owner to authorise the injection and hold the animal. Animals are not treated (in any part of the Programme) without the owner's consent. For more practical reasons too, it is important for the owner to be present as it is often difficult, and dangerous, for anyone other than the owner to try to restrain some of the community dogs. In fact it is sometimes dangerous for the owner to try to restrain even his/her own dogs.

So it happens that some bitches do not get regular injections and some of these conceive and have pups. This, in turn, creates problems as the owners often do not recognize that injections must be given every five months. When a bitch has one injection but then misses the next one (eg because she could not be found) she is likely to conceive. The owner then remembers only that the animal had an injection and subsequently had pups. She/he concludes that this is a failure of the programme and is then less inclined to participate again.

The public response to the contraception programme varies from community to community. The most enthusiastic participation and understanding, I believe, occur in communities exposed to the most effective advice on human contraception from nurses and community health workers.

### **Environmental problems**

The physical environment of Aboriginal communities is often dreadful.

Lack of housing is a very critical factor compounded by vandalism and the fact that some houses are deliberately left vacant for periods. Hunter-gatherer peoples are congregated permanently in what is for them an alien situation. Roads have been until recently unsealed, resulting in dust in the dry season and mud in the wet. Plumbing is a constant problem with many houses having permanently leaking taps resulting in pondage areas under and around houses. Garbage disposal is frequently inadequate and facilities are vandalised.

In the midst of this we find a concentration of people who prefer to live much of their life out of doors, cooking, eating and rearing children in the open. They are surrounded by unrestrained dogs sharing the same space and food.

Of greater importance than the physical environment itself is the mental attitude which allows this situation to exist. One must realize that Aboriginal people have not had the conditioning, the tradition and training of western societies in urban sanitation and hygiene. Overriding all of the above there is often an even greater influence of apathy and despair which is beyond my scope to even comment on.

These environmental conditions contribute towards our Aboriginal population having the highest infant death rate and the lowest life expectancy of all Australians.

## Human problems

This is a misleading heading as what I am referring to mainly is human differences, that is, between the populations of an Aboriginal community and a white community. The attitudes and values of community Aborigines are quite different from those of most white people. The human problems occur mostly where an outsider approaches the community situation without appreciating these differences and with the expectation that community members will share his/her values and attitudes. It is this invalid expectation that so often leads to disappointment and to negative feelings about the Aborigine.

When working with community Aborigines one must be constantly aware of these differences in values, attitudes and expectations; not to be aware of and sensitive to these issues is to risk failure of whatever project is involved and possible alienation of the individual. At best, the outsider and his/her project may be tolerated as have been so many white-initiated projects in Aboriginal communities. Many "Aboriginal" projects fail because they are the creation of outsiders who determine what a particular community needs. The QDPI Dog Health Programme works because it is a response to appeals for help from the Aboriginal communities themselves.

White people dealing with Aborigines are often troubled by the obvious differences in behaviour in interpersonal communications, for example, the lack of eye contact and the apparent inattention when being addressed. It is important to realize when working with Aborigines that their lives are influenced by a complex system of rules and inhibitions. There are, for example, restrictions on whom one may look at or communicate with inside the community. The solid direct eye contact and firm handshake of a western society are foreign and even disrespectful in an Aboriginal community.

An Aborigine accompanying a white person around a community will sometimes refuse to enter a particular dwelling or even a street. It is important for the visitor to appreciate that this is possibly because of cultural taboos and to make other arrangements for doing whatever duty calls him to that dwelling or street.

The implications of these cultural restrictions and avoidance behaviours are widespread and complex. I do not try to understand them all. I do, however, recommend that anyone working in Aboriginal communities should be sensitive to their existence.

The Mungkan people of Aurukun believe that the spirits of deceased people can occupy the bodies of dogs. Anyone who kills one of these "spirit" dogs risks the wrath of the spirit. This belief has obvious implications for anyone killing dogs at Aurukun or who may be perceived to be killing dogs. A veterinarian walking around with a syringe full of dog contraceptive has to be careful to make his intentions clear.

The question of deliberate euthanasias is contentious. I refuse to kill community dogs even when requested to. This is to remove any possible confusion about the role of the vet in the Dog Health Programme. In a community there is always a background level of mortalities, especially among puppies. If, in this environment, a vet is going about injecting some bitches with contraceptive and injecting some dogs to kill them, there is always some possibility of confusion: she/he can be blamed for accidentally killing dogs or killing the wrong dogs. I avoid this risk by making my role clear as the person who helps the dogs. Euthanasia requests are referred back to the community council. This is not a completely satisfactory answer either as the council does not want to be responsible for killing dogs and individual employees do not want the job.

Some of the most frustrating of human problems in an Aboriginal community revolve around communication procedures: someone from a city office environment quickly gets frustrated with the inoperative fax machines, unanswered telephones and unpaid accounts of some Aboriginal communities. It takes a considerable amount of mental adjustment and patience to cope with this system. The key to survival is in the point made earlier that Aborigines are people with different values and expectations. These things are not about to be changed by the provision of state-of-the-art technology. In many ways the Cape York Peninsula communities are as isolated now as they were in the days of the pedal radio. To deal successfully with these places is to appreciate this isolation and to approach it with compassion and understanding.

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I have been working in Aboriginal communities only since 1985 when I came to Cairns as part of the Queensland Department of Primary Industries' stepped-up fight against bovine tuberculosis. During the next four years I spent quite a bit of time in the Cape York Peninsula communities, particularly Kowanyama and Pormpuraaw.

Because of the hectic pace of the TB eradication campaign I had little opportunity in those days to do more than remark on the poor health and conditions of the community dogs.

Nineteen eighty nine (1989) saw a slowing of the pace of the TB campaign. This provided the opportunity to look at the health of these animals and to offer the communities some help in improving the lot of the dogs. Since then I have been spending a considerable portion of my time in guiding the QDPI's Aboriginal Dog Health Programme.

My other areas of special interest include feral animal control, farming of crocodiles, ostriches and emus, and the study of zoonoses (diseases spread from animals to man).

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