

CHAPTER 13

I was attending a conference in Townsville in May of 1971, convened by the then Office of Aboriginal Affairs. It was a large conference and I was very busy working among the Aboriginal and Island people. One morning I woke up and I could not see more than five yards in front of me. I was feeling very weak and faint but I did not think anything was wrong. I thought I needed a good sleep because I was overtired. I dressed and went down to breakfast in the Conference Room. Dr Coombes was standing right there in front of me and I could not even see him. I was as blind as a bat.

I had to say, 'Dr Coombes, is that you standing there?' I could hardly make him out. I could see the framework of him but I could not pick out his face. I became very panicky then. 'Something is wrong,' I thought. The people on each side of the room were blurs. I excused myself and took off out of the building and hailed a cab. I asked the driver to take me to the nearest doctor and when I saw him I told him about my kidneys. 'Look,' he said alarmed, 'I'm not touching you! You're beyond my help! You've got problems and you'd better get back to your doctor in Canberra quickly. My advice to you is to catch the first jet out of Townsville. The sooner you go the better!'

I stumbled out of the surgery. I could not even see the gate a yard in front of me. I was in trouble then. I went out on to the road trying to hail a cab and the two cabs I hailed turned out to be police cars. When they pulled up I said 'Look, I'm sorry, constable, I thought you were a cab.'

'Well, wake up to yourself next time, and keep your eyes on the road,' he said.

I got hold of a bloke to get me a cab and I went straight back to the university. There I booked on a flight to Canberra and the next morning, caught a plane and arrived home that afternoon. I went straight to bed and called a doctor.

The doctor came down and said, 'I'm afraid you'll have to go to hospital now—this is an emergency.'

Well, that frightened me. I was really panicking. I suppose I was thinking about my family. I was taken by taxi to the hospital and put in the Intensive Care Unit, in a special section on my own. I was vomiting all the time and shivering. The doctor came in, had another look at me and gave me a couple of injections, then a blood transfusion. I knew I was in a pretty bad state. The next minute in came Dr Faunce, one of the top specialists in Australia and a very nice bloke. He looked me over and went outside and he and the other doctor came back together. I knew I was a goner then. They stood quietly at the end of the bed as doctors do, frightening hell out of you. They did not say anything for about five minutes and then in their very ordinary tone, just like they are giving you a million dollars or telling you that you are going to die in two minutes' time, without changing the level of their voices or facial expression, they told me that my kidneys had collapsed completely. I was history.

I remembered the boy in hospital in Adelaide years before who suffered terribly and eventually died when his kidneys collapsed. I knew that I was in serious trouble. The tears started to well up in my eyes. They told me that I would be taken by ambulance the next morning to Sydney Hospital and the famous Ward 17. The Kidney Ward.

Like all kidney patients I pretended to myself that I was OK with a minor problem. Just like some alcoholics I kept thinking, 'I can beat this if I want to. The doctors have made a mistake. I'm as right as rain. I'll be out of here in a week and that will be that.'

A succession of doctors examined me. They punched holes in me and slapped my back, looked at my tongue and into my eyes. I was lying there wondering what was going on. I was surrounded by people with kidney complaints of one sort or another. Some were more advanced and others at the same stage as myself and this tended to build up tension. Then the big gun came along: Dr John Stewart.

He is probably one of the greatest gentlemen I have ever met in my life. He was the head man, a humble person and wonderful to talk to. Doctor Stewart pulled the curtain around and examined me with a couple of other doctors. 'You do have a serious problem and we will have to make arrangements to have you put on a kidney machine.' He added, 'Your kidneys have collapsed completely.'

Well, that was it. That was really the clincher and I knew then I was history. It cut me up for about two days and I just could not face anybody. My cousin Gordon Briscoe and my nephew Neville Perkins came down to see me. I asked them to look after my family in case anything went wrong, which they would have done anyhow. Other close friends of mine like Roy Carroll and Chicka Dixon and Elsa Dixon also called to see me. I was kidding myself all along the line as much as I could, to keep my spirits up. But the inevitable was just around the corner and I did not want to face it. I withdrew inside myself. I had a couple of cries and a few sobs. I was a grown man I know, but if you don't let anybody see you it does not really matter. I suppose everybody breaks down at some time or other.

I was in a state of severe depression. My world had collapsed around me. Then strangely, suddenly, I got over that. I went to sleep one night and woke up next morning and looked around and said, 'Well, that's that. You've had it. So what?'

I suppose that is not a brave decision to make but when you have been fit most of your life and have been brought up pretty tough, an illness like that is a real blow to your pride and the value you place upon your independence. Also, my personality is not one to be restricted. I have a particular temperament that does not take kindly to any restrictions of any sort. Especially physical ones. I can discipline myself if there is an objective in sight, but when it comes to things I do not agree with or cannot change I am a difficult person.

I overcame the depression and began to look at myself a little more seriously. What were the good things, what were the bad things? It was a blow in many ways from an economic point of view and for my family. They had suddenly lost the breadwinner of the family. I had left them in a precarious position with all sorts of debts hanging over their heads. The kids were so young, Rachel the baby was only a

little over a year old. That was the worst part about it. The thought of my children was what really hurt me most. We had three children. My wife Eileen was my great anchor and strength. I knew she could cope. This feeling about her helped me tremendously.

We had to get them all to Sydney. I had to undergo this training programme together with Eileen so I could get myself connected to the machine. That was really something hard. A couple of small operations in my left arm were necessary to bring an artery to the surface so I could utilize it for drawing the blood out quickly. The blood would then run through the machine and back into my body again. That is a painful process . . . more in the mind, I suppose. You never get used to needles being shoved into you, no matter how small or how big they are. These needles, however, were particularly horrible, two and a half inches long. I hated them. I have had about six or seven hundred needles stuck into me in my lifetime and I have never watched one of them go in. I will never get used to needles. The only ones who say they get used to needles are the ones who never have them.

Sisters and nurses keep telling you, 'Oh, you'll get used to it.' But you never see them jabbing needles into themselves, just for fun.

At this time Ted Noffs came to see me often and boosted my morale when I needed it most. He is always around when you really need him, it seems.

At the outset it was necessary to conduct a stomach pump type process to save me. The new operation on my artery was not healed sufficiently in the first few days for me to be connected to the machine. With the stomach pump process a small cut was made in my stomach and a tube inserted. A tube hangs around your stomach where your bladder is and so on. It is filled up with about a gallon of this warm liquid that has a lot of salt in it. Through this process of osmosis it draws out, through the tissues of the stomach and surrounding areas, the toxic fluids in the blood. After a couple of hours it is drained out and another lot run in. In this way they keep the blood clean. It is run for a period of seventy-two hours. It is horrible. You have to lie there with a big bloated stomach, on your back for all that time.

If I ever suffered pain in my life, I suffered it with

that stomach pump process. A tremendous amount depends on how fast it is administered. I used to lie in the ward on my back. If they run the warm water too quickly it runs straight through to your intestines. It hits you with a tremendous *bang!* It is really painful as it strikes the delicate tissue. One sister would run it straight in and she could not care less. Sometimes I would virtually scream. She would not take any notice. She would simply say, 'Oh be quiet!' So I took a couple of grabs at her but she kept her distance and I missed. If she had waited another three seconds it could have been done with no problems, nice and slowly. She used to be the same with other kidney patients too.

I spoke to the ward sister and doctor one day and said, 'That sister is operating the equipment the wrong way and she is inflicting pain unnecessarily on other people. If you don't do something about it, I'm going to report this hospital to the authorities. I'm going to report her, and you, and I'm going to smash something around here! I'll throw everything that's on my table at you all!'

Of course, they said, 'Oh, this bloke's a maniac.' I was really upset. She got me so stirred up. I would be frightened every time she came on duty during the night. She had us all uptight. I was on the verge of doing something silly. I did not care what anybody thought of me. I suppose this is how this kidney complaint makes you feel. It makes you go off the handle very quickly. You get confused and you think all sorts of things. It is a shock to the system. When you get too many toxic fluids in your blood-it affects your brain and I am sure it affected mine on occasions when I was ill and in hospital. But there certainly was a great stimulus to go silly from this sister. I complained quite a few times in one way or another and she was removed from or left that ward.

Sydney Hospital is good and they have the best treatment in the world for people but it has a real accommodation problem and the sick and dying are not separated in the wards. Patients are too close to each other. Next to me were people who were dying. I was trying to survive and the person next to me, in the morning, was not there. I thought, 'Well this is great. Here am I fighting the disease and they are just carting him off to bury him. What hope is there for me?' I would see blokes who were vegetables, lying there, a soggy mass of

flesh. One fellow could not even scratch himself. All he could do was go, 'Oh, food. Water. Nurse.' There was no hair on his body. He was wasted flesh. In cases like this they should do something. They should kill the man for his own benefit or allow him to kill himself. This is the stupid part about society today. They do not allow you to die with dignity. They want you to die with everybody getting upset and causing all sorts of heartaches. If someone decides it is time to go, then he should be allowed to go, with a little bit of dignity. But no, you have to blow your brains out or jump off a cliff or something. This bloke could have been given a pill and died quietly. Why have him lingering on for six months or so? Every time his mother and sister and other people came to visit him they would cry all the time.

Across the room from me was a young Aboriginal lad. He was a tribal bloke from the Walibri people. He did not know where he was. Nobody could speak his language (and neither could I). I used to go across to him, when I was able to, and try to talk to him. He had never seen a television set and it never dawned on people to give him one. So I asked him 'TV . . . square box . . . see it before? Like one over there?' (I pointed to mine.) I brought it across to him and I think it must have given him some happiness. I would go over and watch it with him. We would watch the Bugs Bunny Show. No words need explain that sort of thing. I love Bugs Bunny. There is a real Aboriginal type of humour in that show. The tribal bloke would laugh and I would get happiness out of him being so happy.

There are quite a few tribal Aborigines in hospitals around Australia and there is often little consideration in their treatment. Many of them cannot speak English. I would watch this lad across in his bed and he would be in dreadful agony. He must have been a courageous boy. I would have needles stuck into me and I went through my share of moanings and groanings. But I could release myself with someone around me who was in sympathy with me. But he could not. He could not speak to anybody. I felt sorry for him.

I learnt later on that he was told he could go back to his people north of Alice Springs. He was really going back to die. I am pleased that he did. He was told to go back for a week. He stayed there two weeks and then died. He wanted it that way and that is the way he

should have gone too. Because he died in his own country. It would have been a tragedy for him to die in Sydney where there was no dreaming for him, no religion, none of his people. Absolutely nothing. The tribal boy was under the Department of Welfare Branch of the Northern Territory. To my knowledge not once did they send a man or woman down to see him. These government officials were sitting on their bums in Darwin and Canberra while this young boy was dying, just fading away to nothing, in dreadful agony. Not once did they send anyone to see him or to ask how he was going. I know because all that time he was in the hospital I was watching him. They never helped him out at all. They are really hypocrites on Aboriginal affairs. They say all the good things but don't really mean them. Country Party ministers were in charge at that time. They had no soul or heart. Anyway, he went back and died in his own country. I am pleased he did not linger on in agony.

During my training schedule I suppose I made a mistake once in talking to one particular person. They used to put people in our ward who had serious blood complaints. I did not realize that one bloke had such a complaint. I thought he was trying to boost his ego up, and his morale. He was on about how he was a big gun in selling a certain product. That day I was feeling very cynical and low so I attacked his business proposals. I tried to make a monkey out of him. I regret my stupidity. I found out later on that he had a fatal blood disease. I was really ashamed of myself because I should not have done that. What I should have done was to encourage him, but I thought he was just someone out for an argument. I have never seen him since and do not know what has happened to him.

I met some nice fellows in there, people whom I would not meet in other circumstances. Some were in tragic circumstances. A kidney complaint does things to you and when it gets to the chronic stage it can cause disaster in the lives of lots of people. The patient has to come to Sydney for treatment. Where are their families going to live with the rents being so high? Where will the children go to school? They live on sickness benefits of a few dollars a week and expenses are terribly high. The trauma often causes breakdowns in marriages.

I had to go on a programme to learn how to use a kidney machine. What I had was called an 'internal shunt' with needles that are put

into the veins to draw the blood out. Connections to the kidney machine prior to this were external in terms of having tubes attached to the leg or the arm whereby you were connected from this tube to the kidney machine without inserting needles. With this method the doctors had problems of blood clots in their patients and they wanted to try me out on the machine with the new internal shunt, so that I could eventually use the machine at home and in Canberra as well. They all thought I was very courageous to go on the new machine and to take such a machine home. It was not really that at all. It was just pure ignorance on my part. If I had known that I was the first one on a home machine using the 'internal shunt' in Australia, I would have freaked out. I would have become a nice sort of sagging vegetable. I just do not know how I would have coped.

They did not tell me and I started to experiment in being connected to the machine. When I first saw the machine I said, 'Strike a light! All those dials!' There was blood running here and there, pumps going left, right and centre with pipes somewhere else. I thought, 'If I press the wrong button the bloody thing will take off! It looks like an aeroplane control panel!'

'Oh,' said the doctor, 'you'll get used to it. All you have to do is this.' He began to press various buttons.

I said, 'I'll do my best.'

'Well, if you don't do your best you'll be dead, so you can please yourself!' was the purely realistic reply.

I said, 'Yes, that's the way to put it, I suppose. Fair enough.'

Sister Jones and Dr Stewart started to teach me how to use the machine. It really was hard. Doctors are very clinical about things: there are no arguments about the machine. You operate it the right way, or else. Probably this is a good way to be but the emotions of people, the psychology, is not always taken into consideration by every doctor.

Dr Stewart is an absolute exception and is very humane. He has a wonderful psychological approach to his patients. In fact, he saved my life. I often thought about killing myself, if I could have found a way to do it—provided my family was cared for. But he is the sort of person who puts you in a position where he encourages you, despite the difficulties, the pain and the hardship. He gets you to think that

life is worthwhile and to persist is a good thing to do. You eventually get around to agreeing with him. I am not saying that there are not people who suffer more, but you think of your own suffering more than that of others.

The savage sister I have previously described would say to me, 'Look, there are people in this hospital who are twice as badly off as you.'

I would reply, 'Listen, I'm not interested in how somebody is suffering twice as much as me. If I can take consolation from that, what sort of animal am I? I'm not interested in that sort of comparison. I pity the poor person suffering twice as much as me. That's a bad way to put it.'

'That's one way of looking at it,' she said.

I said, 'That's your opinion.'

I started on this kidney machine programme with the help of Sister Thelma Jones who was really tough and hard, but great. She was very efficient and very clean which is most important as far as kidney machines are concerned. She taught me how to use it. Dr Stewart came along and added further advice. Between the two of them they trained both me and Eileen to use the machine. They are a great team. These are the kind of people who deserve knighthoods for their sincere and long service to people in need.

We had to be there at seven every morning for two months. We would finish up at about six in the evening and go home. I will always be most grateful to Ruth and Herb Simms who helped us at this desperate time of our lives. They helped in every way they could with accommodation and caring for our children. Nothing was too much trouble. They were hard times. Sometimes the machine would break down and my arm would swell. Needles would get jammed in the flesh. We would put the wrong ones in and they would have to pull them out and put them in again. Big blue marks appeared all over my arm from putting the needles into the vein. Nurses deadened the pain with local anaesthetic before they used the scalpel. It was no fun at all.

This was to be Eileen's job. She had previously had no nursing training whatsoever. Before Dr Stewart could allow us to have a machine at home, he had to assess if we were capable of carrying out

the entire process, from the insertion of the needles right through to the cleaning up and preparation of the machine. To test Eileen's competence and resilience he asked her to put her very first needle into his own vein. I thought that was really going beyond the call of duty but it showed what a dedicated type of person he was. Eileen was very cool and he was personally convinced that she could cope.

One day some ladies came in to see one of the patients. I was lying there with these tubes all about with blood surging through them. The machine was pumping away. The needles in my arm were covered with bandages and my sleeve covered the lot so that visitors didn't really know what was happening. I would sit there reading or eating. The ladies were saying, 'Oh, this is nice, what a lovely new machine.' They were going on like this. 'And by the way, what are those red tubes running around the outside there?' one asked.

And then I said, 'That's my blood. It's getting pumped out of me.'

One lady nearly fainted and the others went pale. They never came again. I do not know what they thought. They must have thought the red tubes were red plastic or something. They did not realize it was my blood.

Funny things like that happened. But it is always a scary old sight when you sit there and look at your blood coming out of you. The machine goes from seven to ten hours. For ten hours you have to be alert. If the machine jams somewhere it can swell your arm up and you would have an arm full of blood under your flesh. There are all sorts of problems associated with it. The blood has to be kept the right pressure. The temperature could get too high and boil your blood and kill you. All you would have coming back into your system would be pink water. If the blood is too cold it will clot and one little bit can come back and kill you. If too much air gets in, it just goes straight into your system and you die almost instantly. The fact that such things seldom happen is a tribute to the perseverance of doctors and the perfection of the machines—with a little help from the patients themselves, of course.

Most people just do not realize what a kidney patient goes through. It is really tough and demanding. It must be much harder for women than for men I suppose, with their fine veins. People think being on a kidney machine is like riding on a tram—it's not.

Because the patients can be kept alive until such time as a matching kidney is donated and because the percentage of successful transplants is getting higher all the time, kidney disease is being referred to nowadays as the 'glamour disease'. Believe me, there is no glamour.

For the first month I was watching every drop of blood that came out. I was paralysed with fear most of the time. My wife was really terrific. She would put these two and a half inches of needle into my arm. She learnt real quick. I had to cop the results of her learning but that was all right. We learnt together. This brought us even closer together and made me appreciate her and the qualities she has. Perhaps that happened vice versa too, although I do not have many qualities. I just had to accept it and that was it. She faced a difficult task and went on and did a really good job. That is something that I will always admire in her. That must have been one of the most difficult times of her life, learning to use that machine.

About a month later they told me that I was the first one in Australia on it at home. This was halfway through the training programme and I did not quite understand what the doctor was talking about, all the medical words, equipment, tablets made it like having to learn a new language.

I commented, 'It's good to know that there are other blokes out in the field with these machines. It is good to know that people have them in their own homes and that kidney patients are getting the right treatment.'

'No, there is nobody else,' the doctor said. 'You're the first.'

I thought to myself, 'Goodness me, the first again! First Aborigine out of university. First Aborigine in a professional soccer team. First Aborigine to work overseas in a coalmine. First Aborigine to lead the Freedom Rides and now . . . first on the kidney machine!' I said, 'That's one "first" I wanted to miss out on! I copped the lot.'

And the doctor said, 'Yes! We've got to learn from you what is best to be done with this type of machine.'

'You mean to say I'm just a type of guinea-pig?'

'Yes,' he said, 'that's right. You're the first. You're an ice-breaker.'

I said, 'Don't use that term, please. I've had that term used for me too many times. Can we use something else? Say I'm in an

experimental situation, or something.' The doctors laughed.

During my training in Sydney the New South Wales State Minister for Aboriginal Affairs, Mr Hewitt, was very good to me in providing me with the use of a house. My family lived there and my eldest daughter Hetti went to school at Bexley. Eileen used to come into the city early and put me on to the machine and go back home to the children. Sometimes she would stay all day at the hospital and disconnect me from the machine. They were hard times.

After the doctors felt I could operate the machine they suggested that if I wanted to return to Canberra I could go. What an offer!

I said, 'All right, I'll go.'

Going away in that situation is a really hard decision. I did not have much confidence in myself to make a judgement like that but I thought, 'What the heck? If it's got to happen, it's got to happen, come what may.' I tried to be brave and all that jazz.

With these machines, if all goes well it's OK. However, if for some reason there are difficulties—one of a hundred details could be overlooked or done incorrectly—then you are really in trouble. And the only help is over a hundred miles away and can only be given over the phone (which I had installed right next to my bed!) The blood has to be washed three times a week, ten hours each time. You have to lie down there for ten hours with the needles inserted and pump the blood through for ten solid hours. Get off it, clean the machine and set it up for the next time. It was hard work, time consuming and a strain on the nerves—for all the family as well.

Anyhow we moved to Canberra. We had to drive with the machine and all the accessories in the boot of my car, set it up as quickly as possible and then get me connected to it. I asked Sister Jones to come up for the first time I was put on in my own home. There were no experienced doctors or nurses in Canberra at all. It was comforting to have her there with us. She stood by in case something went wrong, but there were no problems. We went on from there by ourselves.

Sometimes I was not cleaning my blood properly. I became lazy or tired and tried to cut back the time I spent on the machine. If you do not wash the blood properly you have all sorts of problems. I used to get off the machine so weak that I used to get dressed in the morning

and Eileen had to put on my socks, dress me and even do up my shoe laces. Even halfway through shaving I had to rest. I became exhausted very easily. My arm had the scalpel cuts all over it and I had to watch that the fresh openings did not start bleeding all the time. But I was determined to keep going. Determined to keep going to work. Getting from my front door to my car was an ordeal and left me out of breath, and I had to take a rest on the way. I struggled through this ordeal for nearly two years.

I never let the Department of Aboriginal Affairs know how bad things were at that time. Barrie Dexter probably knew and I am grateful for his help during that time. We were great friends then and deep down probably still are.

It was a most depressing time in many ways. My wife and I, with the agreement of the Department, had decided to move to Adelaide in December 1971. I was pleased to be back in Adelaide and I was pleased to be back with Eileen's family. But what I was really returning for was to die in Adelaide and to get buried in the Alice. This is what I was going back for. I think Eileen knew that too.

Her family was there and the children were with their grandparents. And I was nearer to my country up in the Alice. There would not be much finance involved in my burial. Also, there would not be any excessive heartache with all of Eileen's family there to support her and the children. The kids would go to school in Adelaide and people would look after them.

In early 1972 I was pretty well finished. I was having difficulty getting on the machine. I was frightened of catching hepatitis. Some of the girls in the Adelaide Renal Section who operated the machines in the hospital terrified me the way they handled the machines and equipment. Eileen was much more competent. A lot of girls in the hospital had contracted hepatitis and one had died.

One of the last nights I was full of drugs and depressed and couldn't sleep. I was writing all sorts of senseless things on a newspaper: 'I'm finished now . . . I can't carry on any more.' After I had come off the machine I would wallow in the luxury of being able to sit around as a whole person for a couple of days and not be part of a machine. I had a very restricted diet at this time—no salt, limited fruit, and so on. Home made pea soup and curry laced with

home made Worcestershire sauce were my regular foods. That night I was eating my pea soup and I felt beaten. I was thinking 'Have I got to carry on like this all my life, sitting up until midnight reading the newspaper, all alone?' Eileen would stay with me until the dialysis was finished and help me clean up the machine but by that time she was absolutely exhausted and I could see the strain was having its affect on her too.

'This is not living . . . this is being like a vegetable.' I had had a few tablets and I was pretty high. I took a few more and nearly went off the deep end. I was floating. Why I was writing on the newspaper I don't know. I came to a little around one or two o'clock in the morning and quietened down a bit then. I got over things and started to feel sleepy. I nearly gave up.

I was expecting to out with Dr Coombes to Point Pearce Aboriginal Reserve that morning. The phone rang about six-thirty. I thought, 'Here's Dr Coombes I suppose, dragging me out of bed to tell me we are going earlier than planned!'

The lady on the end of the line said, 'It's the Theatre Sister from the Queen Elizabeth Hospital here. I just want to tell you to be ready for a transplant today. You'll be on the operating table in a few hours. Would you please come straight to the hospital?'

With that news I nearly fainted. It was just the right time for me. I was becoming more and more depressed as the weeks went by. In fact I was ready to commit suicide. I was about at the end of my tether and could not have lasted another month. I would have given myself away completely.

Soon after, the car came around to pick me up and take me to the hospital for the operation. I got a bit frightened just before the event. They gave me some tablets to calm me down and to prepare me for the operation. I had to have a real scrub-up shower which made me even more nervous. I put on one of those horrible gowns they give you for operations and lay in bed waiting the final word to go into the operating theatre. The bloke who came in and shaved me was very nonchalant and calmed me down. I don't know if it was his usual manner, but he was very comforting.

Eileen and the kids had to leave me and I was on my own. Waiting. Then the word came through. The doctor who gives the

anaesthetic came. He nearly frightened hell out of me because he walked straight into the room, banged the doors open, took one look at me and said, 'Well, this is the man.' He walked straight over to me. With three big strides he was at my bedside and said, 'Right . . . how ya feelin'?' He grabbed my arm, looked at my neck and a few other places and then I knew that he was a real good doctor and I was in the hands of someone who knew what he was doing. From then on I was relaxed. No troubles. A piece of cake.

They wheeled me down to the operating table . . . I lay there in the room. I felt I was being stared at from all directions. Someone came and gave me some sort of injection. I turned around and there was this big window pane. And all the people were looking at me. I got the fright of my life. 'They are all watching!'

Then *bang!* In went another needle and I never thought of anything after that until I woke up later that night or early the next morning, feeling really groggy.

I felt around and I sensed this kidney lying near my stomach. I thought, 'Blow me down, here's a new kidney and it's operating.' I felt good right from the word go. When I woke up I felt a completely well person. As soon as they put that kidney in it must have had the immediate effect of clearing the toxic fluids out of my blood.

The next night I was sitting up in bed writing notes. I felt so good. They gave me heavy tablets and injections to keep the blood pressure down, and to stop the new kidney being rejected by my body. Everything coming into my room had to undergo some sort of ultra-violet ray to kill all germs. I was in an isolation room. The facilities were good. The nurses were excellent. The doctors were kind. Adelaide people are always kind. The world was great.

In the next couple of days I was reading and writing profusely. In fact my brain was racing. I could not sit still. I was alive again. I had to get up and write, think about things and read about things. This new feeling from my brain was like a reincarnation in many ways. I was stimulated quite considerably and I was just about going mad with ideas that I had to put down on paper.

Previously, with the sickness, I used to lose my temper very easily. I suppose it was not my illness alone but my temperament as well. I

am a dissatisfied person in lots of ways. This quality has made me go into new fields and break new ground. It has its disadvantages for people around me and makes me hard to live with at times. Nevertheless, the illness broadened my outlook on life and made me appreciate new values, and look at life with a completely new perspective. It made a man out of me. It made me appreciate some of the smaller things that people take for granted. Being able to go to a movie and to walk out and say, 'Well, I have the rest of the night. I will go home and have a nice sleep. I can eat a decent meal.' The simple things.

With this rebirth I realized that I had been given an opportunity and I should do the best I could in Aboriginal affairs, in the shortest possible time. Whatever time is left to me, I decided to utilize for the benefit of Aboriginal people. I had thought about this when I was ill over a number of years, so it was not a frivolous decision. It had been thought out over months and months of pain and agony. So, when I finally did receive a kidney, it was as if somebody said, 'Right, you made all those promises. Here it is. You have your second chance. See what you can do with it.' Some might say God or others fate. Regardless—I was given another life. When I came out of hospital after ten days, I felt like a new man with a determination to make the very best of my second chance.

I carried on working in Adelaide. There was no thought of my going back to Canberra. I had to stay close to the hospital anyhow. As the Department of Aboriginal Affairs had opened this office, I would carry on working from Adelaide as a central position to the Northern Territory, Western Australia and South Australia.

The Department was good to me at this time in allowing my hours to be reasonably flexible. My health began to improve daily. So I carried on working. It was convenient for me to do so. I had to look after myself and go into hospital for check-ups. Each day, however, I felt a little better and I became more determined to change the Department for the benefit of Aborigines and get it to bring about more urgent and necessary reforms in Aboriginal affairs.