

The top of the page features several decorative circular patterns. On the left, there are three overlapping circles of varying sizes, each with a radial, sunburst-like internal structure. On the right, there are three smaller circles, also with radial internal structures, arranged in a small cluster.

Beyond Sandy Blight



Five Aboriginal experiences as staff on the
National Trachoma and Eye Health Program

Jilpia Jones, Trevor Buzzacott, Gordon Briscoe,
Reg Murray and Rose Murray



AIATSIS
Australian Institute of Aboriginal
and Torres Strait Islander Studies

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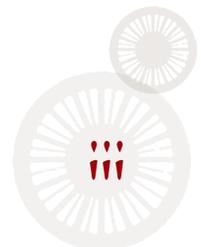
The National Trachoma and Eye Health Program symbol

The Aboriginal flag represents the black people moving over the red sands of Australia, under a golden sun. It symbolises for Aboriginal people their aspirations for national unity and improved status and health. The National Trachoma and Eye Health Program (NTEHP) adopted this symbol as its masthead, modifying the 'sun' into an eye (RACO, 1980).

The trachoma flag on the cover reflects the political moods we faced every place we travelled to between 1976 to 1979. It always gave me the biggest confidence boost raising that flag. I remember a time in Laverton, when Fred Hollows and I were reflecting about the Skull Creek incidents when the Blacks were crucified by police. That old tjilpi walking alongside me put the trachoma flag up in his community (between Derby and Fitzroy Crossing). It gave meaning to what we were about, not only kuru-ngukintjuku but it oozed with unity: old people, adults, children ... everyone loved the flag.

The flag carries the same message today. It reflects our thoughts, our views, and our attitude of what we went through and shared during those times. The flag represents the people and its origins with Mr Harold Thomas, who designed the Aboriginal flag.

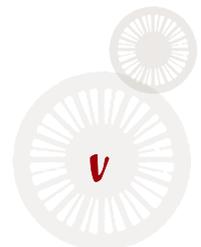
Trevor Buzzacott, 2007





Contents

Acknowledgments	vi
Abbreviations	vi
Foreword Gabi Hollows	vii
Preamble Trevor Buzzacott	ix
Map	xiii
Introduction Jilpia Jones and Leila Smith	1
Chapter 1. Gordon Briscoe	7
Chapter 2. Trevor Buzzacott	20
Chapter 3. Rose Murray	27
Chapter 4. Reg Murray	40
Chapter 5. Jilpia Jones	53
Afterword Leila Smith	84
Bibliography	87



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We thank Professor Anne Curthoys, Dr Geoff Gray and Dr Anthea Taylor for their valuable comments, suggestions and words of encouragement that helped to complete and raise the quality of this history.

Abbreviations

AHW	Aboriginal Health Worker
AMS	Aboriginal Medical Service
APY	Anangu Pitantjatjara & Yankunytjatjara Lands Council
CAP	Community Affairs Panel
DAA	Department of Aboriginal Affairs
NTEHP	National Trachoma and Eye Health Program
RACO	Royal Australian College of Ophthalmologists (now known as Royal Australian and New Zealand College of Ophthalmologists)



Foreword

'Hello Prof, I'm off to Paris on Wednesday!' announces Jilpia as she walks into Fred's very busy Eye Clinic at Prince of Wales Hospital in Randwick. That was our 'Princess', as we all affectionately called her; 'the Princess of Christmas Creek'.

Yes, Jilpia has a great way and is full of airs and graces as many would describe her; so strong and proud of her Aboriginality and very confident of who she is and where she comes from. Sadly this is not so easy for many of her fellow kin. Jilpia's story is one of the many that evolved and emerged as we, the NTEHP mob stuck together, travelling and working in over 465 Indigenous communities in the mid-1970's. I am very grateful for Jilpia and Gordon Briscoe ('Big O') for urging myself and Trevor, Reg and Rose to put pen to paper and open up our hearts.

I must say that I have suffered very seriously from writer's block because theirs is such a huge and important story. It is with a heavy heart that I am writing this introduction, which isn't about the cold, hard facts and history of the NTEHP, as I so naively misunderstood. This story is about those wonderful Aboriginal people and their experiences and amazing contributions working with the NTEHP. Without these people, the NTEHP would have had a much harder time getting to the people and the communities throughout Australia, let alone giving us the gift of being welcomed and befriended by so many. This is an opportunity to read their perspective, because they felt their experiences had been excluded from the original NTEHP report that was submitted to Federal Parliament in 1980 (RACO, 1980). Heavy hearted, yes, because I am embarrassed that my special friends and colleagues felt forgotten by this original document.

In hindsight, I do not think this was intended, especially if you read the original report and its preface by the late Dr Geoffrey Harley, the then President of the Royal Australian College of Ophthalmologists (RACO), or Trevor Buzzacott's Liaison Report (RACO, 1980, pp. 10-13), or the Recommendations (RACO, 1980, pp. 180-83). I know that all the team felt very proud of this historic and scientific document.





My hardest problem was penning this introduction without Fred. It feels so strange writing about the most special and formative years of my younger self without having Fred alongside me giving his inner thoughts. I wonder what Fred would have written if he were still with us.

As many people have heard me say some 30 years later, I feel tremendously proud and privileged to have had this fantastic opportunity as a very young non-Indigenous white Australian female travelling in such special country and working with so many of our beautiful Aboriginal countrymen and women. I would like a \$5 donation for every time that I have been asked, 'Did I/we, me and Fred, and the Trachoma mob, keep a travel diary?' 'No', but 'sorta kinda'. I did keep one in my head and my heart, and I don't need to go very far into my memories to rekindle our fantastic experiences. There are so many!

For me, one of the strongest and most painful events was when we had been working for only a couple of weeks. The team was at Indulkana, South Australia. We had been trying very hard to get accurate information on the status of the visual health of a few hundred people and it was especially hard with some of the very old individuals. I had finished my day's work and afterwards took myself away from the mob and burst into tears. I felt so angry and upset. I felt cheated that my own education has been so culturally insensitive and unaware of the plight of our Indigenous people in this country. I had learnt French at school and we are taught other foreign languages too. I just couldn't believe that I would not be able to speak English to someone in my own country and not be understood. I felt so terrible not knowing that there were so many people without English as their first language. I just sobbed and sobbed.

Finally, I feel very honoured to have been asked to introduce this book, but I cannot do so without reminding everyone how elated Fred was to have shared these experiences with more than eighty of his fellow eye doctor mates from RACO who volunteered to come out of their comfort zones and spend time in the bush with our dedicated and fantastic team of people. There are so many people who I would like to mention. One of our saddest memories is of the tragic death of Patricia O'Shaugnessy who travelled so far with us. So, this story from Gordon, Jilpia, Trevor, Reg and Rose is their story about all the other unsung heroes who shared this remarkable journey.

Gabi Hollows





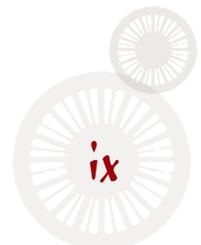
Preamble

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Trevor Buzzacott

The NTEHP provided a strengthening episode in my life as it did with other Aboriginal people who allowed the NTEHP to come into their lives. The personal impact and the knowledge gained about Aboriginal community politics was a one-time only opportunity that could never be achieved or enhanced in any other setting. Being on the road and meeting community mob allowed us to be part of a historical era that changed Aboriginal health in rural and remote Australia forever. We were offered a challenge, and after 30 years I now have an opportunity to express my thoughts and feelings about one of the most important health programs I have been involved with. Through these reflections I can also demonstrate the importance of Aboriginal health in rural Australia. We didn't know the distances we would cover over 18 months; we could not anticipate the hardships and the struggles, and nor did we expect blatant practices of racism toward Aboriginal people in remote areas.

The very first meeting in Adelaide had enticed a group of people who not only barely knew each other, but came from different social backgrounds. Most had not worked in remote Aboriginal communities before, and had probably never travelled outside their state before. Some had very little skills, knowledge and experiences about Aboriginal people. Even in these early stages of the NTEHP there were signs that we were embarking on something special. While there was a sense of not being sure of what was around the corner, excitement was in the air. It was time to unlock the pathways and linkages to remote and rural areas where Aboriginal people lived, and become a catalyst in encouraging attitudinal change, and gather the important information to be used for sustainable resources and ongoing programs.





It was as if fate had played a part in the trachoma program's funding negotiations with the Commonwealth government in 1975. It was a critical time: the Whitlam government was ousted and it was the beginning of the Fraser era yet the NTEHP proposal was still supported. By March 1976 I was contacted about a liaison officer role in the NTEHP. I accepted the job. I had little knowledge of this new initiative. I knew no members of the team and had very little idea about where I was going to be over the next 12 months. For me it was a time to look at my aptitude and the knowledge I had that would need to be put into practice quickly and effectively for the NTEHP. This knowledge could be critical to improving Aboriginal health in rural and remote regions.

I met many individuals and characters who somehow left a memory, a recollection or a special message that I still carry nowadays. I still carry with me two special times. The first was when Fred Hollows and I were invited to attend a two day meeting with Elders at Cave Hill in northern South Australia. The second memory is from Halls Creek where we all tried to come to grips with the death of the most kind, young and innocent person who had given so much of her time to changing the direction for Aboriginal people.

Over a two-year period, the NTEHP covered mega miles and was allowed entry to 100 per cent of all the communities in rural and remote areas in Western Australia, South Australia, Northern Territory, Queensland, New South Wales and Victoria.

My time with the NTEHP ended abruptly in Cairns in November 1977 when the Program was stopped by Queensland's Bjelke Peterson government and I was given 24 hours notice to leave the state.

Today, I am working for the South Australia government in housing and by coincidence much of my time is spent on the Anangu Pitjantjatjara Yungkuntjajara (APY) Lands. I keep in contact with Aboriginal co-workers from the NTEHP but not as often as I should. It hasn't been easy to recall the times, places and people who made a significant contribution to my work with the NTEHP.

The NTEHP provided work for Aboriginal NTEHP staff and contract liaison workers in key regions such as the APY Lands, Central Australia, the western goldfields, the Pilbara, Kimberleys, and Darwin including larger offshore communities such as Bathurst Island, Melville Island, Groot Eyland, and Torres Strait Islands.





Members of the National Trachoma and Eye Health Project team (L-R): Mr Bob Liddle, Jack Waterford, Fred Hollows, David Moran, Gabi Hollows, Reg Murray, Larry Tedesco, Gordon Briscoe, Rosie Denham, Trevor Buzzacott and Jilpia Jones, kneeling.

We first started the NTEHP in South Australia in 1976. Respectfully, I have named persons who I have had the privilege to work with and ask that no offence to be taken in giving their names. Those Aboriginal workers who contributed to the NTEHP include John Mallard, Bill Wesley, Donald Ferguson, Donald Fraser, Kunnanara Kenneth Ken, Mick Miller, John Budby, Clarrie Grogan, Elsta Foy, Eva Lawford, Sheryl Osborne, and Grace Ware from the Torres Strait Islands and all the other local health workers that came on board.

Some events have been difficult to forget: such as the team arriving at Aboriginal campsites where the dwellings were utterly deplorable, sanitation at the lowest level, no water and, overall, the essential infrastructure service was nil. We saw this many times and it soon became instinctive for us to put aside immediate feelings and emotions and get on with our job. I learnt that when you have very passionate people working in remote Aboriginal communities, you must put time and effort aside to deal with complex and sensitive issues. Otherwise the inevitable scenario down the track is that these experiences come back to haunt you.

Late October 2002, I attended the National Emergency Management Australia Institute workshop at Mt Macedon as representative of the South Australian Department of Justice in South Australia. The workshop was over two days and by coincidence I had some discussions with Graham Henderson, a health research

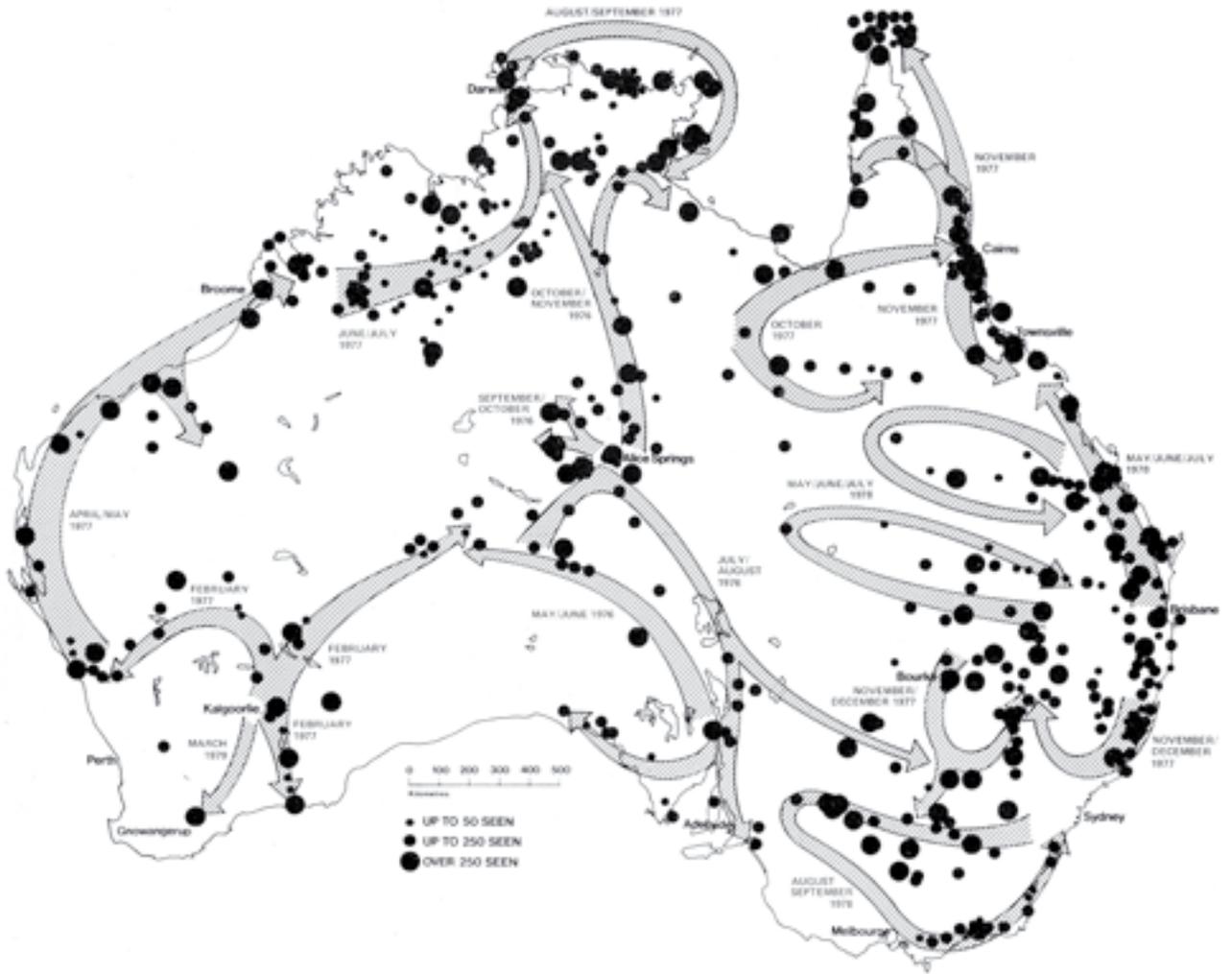




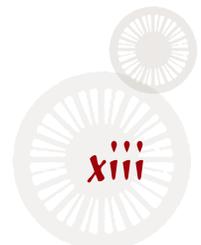
fellow from AIATSIS. These talks re-ignited long lost memories. After 28 years, these unattended and emotional memories came back to remind me of unfinished business.

So here we are again; Jilpia, Rose, Reggo and I, the four longest-standing Aboriginal people on the NTEHP staff, back to complete an incredible chapter in our lives. With our group's personal commitment and Gordon Briscoe's ('Big O') continuous driving force, we achieved extraordinary outcomes. The 'Big O' provided us with strong leadership, direction and guidance. There was a need for the NTEHP to employ Aboriginal workers at every place we visited. Working side-by-side with local Aboriginal men and women, these experiences captured the names and faces of countless Aboriginal people. The experiences and events resulted in an unbelievable impact that changed us forever. Many Aboriginal communities and individuals were part of this program. The engagement and contribution of Aboriginal workers resulted in significant epidemiology data collection and opportunities to construct better programs and services on the ground.





A map of the routes taken by various teams of the National Trachoma and Eye Health Project © RANZCO.





Introduction

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Jilpia Jones and Leila Smith

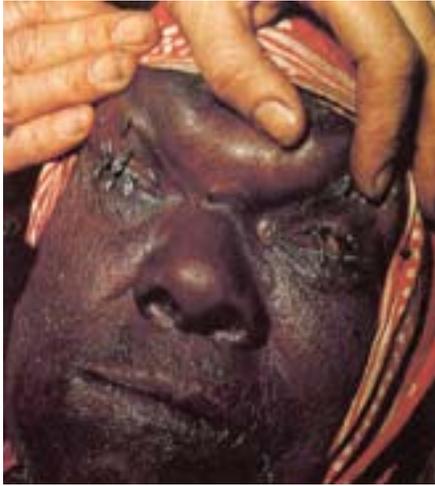
Trachoma has been an enduring problem for Aboriginal Australians. Possibly the first mention of trachoma in Australia was made by the Englishman William Dampier who visited the coast of north-western Australia in 1688 and wrote in his diary, 'They have great heads, round foreheads and great brows ... their eyelids are always half-closed to keep the flies out of their eyes' (Mann, 1966). A century later, the British invasion of the continent truly began with the establishment of the convict settlement at Sydney Cove in January 1788. Since then, trachoma has been recorded widely in Australia and has affected both whites and blacks. The disease was endemic and related to the harsh and unhygienic living conditions which frequently led to serious eye disease and visual loss. The early white invaders called the disease 'Sandy Blight'. Indeed, it is inscribed on various landscapes. In the Central Desert of the Northern Territory, there is a place called Sandy Blight Junction, and Ernest Giles, one of the early white explorers, called a range in the desert area of Western Australia, the Ophthalmia Ranges.

Trachoma was a common eye problem elsewhere, not just in Australia. Troops returning to Britain from the Napoleonic wars and later colonial conquests were often heavily infected by trachoma. So wide-spread was this eye disease in British travellers that Moorfields Eye Hospital was set up in London in 1804 to treat patients with trachoma and other eye problems and to train eye health professionals including, much later, Jilpia Jones, Fred Hollows, Father Frank Flynn and Ida Mann.

Dr Ida Mann, a young English doctor who was later to have an impact in Australia, became a senior consultant at Moorfields Eye Hospital in 1922, after doing basic medical training at the Royal Free Hospital London in 1914 (Mann, 1986). In 1950 she migrated to Perth where she was appointed to the Honorary Staff of the Royal



An Aboriginal woman blinded by trachoma.



Perth Hospital as an Ophthalmic Surgeon and in 1957 became a Consultant Ophthalmic Surgeon. Dr Mann was a pioneer in her quest for compiling records on eye diseases as well as being a trail blazer for feminism. In her inexhaustible drive she researched trachoma not only in the Kimberley and goldfields in Australia but also overseas. She also learnt more about the condition in the north of Australia from Father Frank Flynn, a Catholic priest who at the time was working in the field in the Northern Territory. He had trained at Moorfields in

1933 (Allen, 1995). During World War II he was working in the Northern Territory both as ophthalmologist and padre for the Army. However, the Church insisted that he spend more time doing pastoral work than being an eye doctor. Father Flynn was later to become guide and mentor to Fred Hollows, who when training at Moorfields, received the Moorfields Junior Prize. This was an award for the top candidate in the Diploma of Ophthalmology examinations. He later studied epidemiology at Cardiff in Wales under the famous Archie Cochrane, and this experience was to be invaluable for him when he came to design the NTEHP.

Fred came to Australia from New Zealand, where he was born in 1929 (Corris and Hollows, 1991). In 1965 he was appointed to the New South Wales University as Associate Professor of Ophthalmology. At the Prince of Wales Hospital he began his work seeking the improvement of eye health for all Australians through clinical practice and advocacy. He was aware of Ida Mann's work in Western Australia. In 1968 he was invited by the Lions Eye Club to fly to the Northern Territory where he saw his first Gurindji trachoma patient at Wave Hill. Later, he met Father Frank Flynn and began to work with him.

It would be fair to say that the years between 1970 and 1971 was the time when Fred's connection with Aboriginal ill health really took off. His regular visits to Bourke and Enngonia have to be seen in the context of the culture that had developed among many of the newly appointed medical academics at the new University of New South Wales. Their awareness of the poor state of Aboriginal health saw them travel to western NSW in particular, to see patients. Some like Max Kamien were psychiatrists, others were paediatricians, and others were physicians.





Many eventually took advantage of the NSW Health Commission's scheme where they could fly on a daily basis to remote or rural towns. But not Fred! He would often drive through the night to get to Bourke and stay there, getting to know the Aboriginal inhabitants there and at Enngonia. This was outreach medicine in the true sense of the term. Ironically, these medical academics were able to travel because in those early years there was a shortage of patients prepared to visit the main teaching hospital of Prince Henry at Little Bay. Through Fred, some of the doctors from the University of NSW worked as volunteers and were later inspired to be ophthalmologists.

Aboriginal society was, up to the mid-1980s, a rural-based society largely dominated by state legislation and management. The control of Aboriginal health care was carried out mostly by individual state governments who operated 'protection boards' or commissions to service the needs of Aborigines. This meant providing rudimentary essential services to Aboriginal communities across Australia.

As the Aboriginal population grew, securing funding for Aboriginal welfare became even more difficult, and Aboriginal health profiles became increasingly worse. Following the 1967 Referendum, health funding flowed to the states but due to their service structures, there was little impact made on Aboriginal health profiles. Infant mortality, in the late 1960s, increased uncontrollably, camp health in almost all states suffered from third world circumstances including poor adult health, high levels of malnutrition, and high levels of infections like trachoma and other blinding eye diseases. Although some improvements occurred in the early 1970s, localised health care was poor and central health services either did not exist or were reliant only on those who cared or who could find funding to improve services.

The then unnamed 'eye health' program manifested itself through early persistent critics like Labor politician Bill Hayden and Dr Archie Kalokerinos who talked in general terms of poor Aboriginal health. One year later, Fred Hollows and Archie Kalokerinos were working together to specify more clearly what the eye health problems were, how they were affecting the poor health of Aborigines, and how Aborigines and the government should cooperate to correct these long term eye health problems.

In 1975 Fred successfully persuaded the RACO, of which he was a Fellow, to approach the Federal Labor government for money to tackle the issue of trachoma in a systematic way. The Coalition government came to power in 1975 and fortunately





they maintained the NTEHP to its end. In 2004 Jilpia thanked the former Liberal Prime Minister, Malcolm Fraser for his commitment to the project.

The money allocated to the eye project was to provide an infrastructure whereby teams could be employed to look for and treat eye diseases in remote and rural Australia. With Fred's connection with the first community-controlled Aboriginal Medical Service and advice from an Aboriginal activist from Central Australia, Gordon Briscoe (a Mardunjara/Pitjantjatjara man, then working in Sydney) Fred realised that where Indigenous people had the necessary skills, it was important that they should be employed in the Program. Thus, the NTEHP was established with Fred as Director and Gordon as the Assistant Director. It is no exaggeration to say that of all the Indigenous men Fred came in contact with, Gordon Briscoe was the person whose advice he paid the most attention to.

There were five aims for the NTEHP to achieve:

1. The elimination of trachomatous blindness in Australia
2. Presentations of the ocular health status of persons in rural Australia to interested agencies
3. Provision of immediate eye care to persons in rural Australia. In the light of the above and experience gained, that consideration is given to
4. Establishment of ongoing eye care programs for rural Australia
5. Training of medical, paramedical and interested lay persons in skills necessary to provide eye care in rural Australia.

Three other important factors were a consideration:

1. The work should be carried out within two years, so that the assessment of the situation and the delivery of treatments should not be blurred by time and change
2. That we should not be seen to be making money out of the work
3. If possible treatment must be given soon after diagnosis. No survey without service.

This final condition was an important consideration because for many years 'whitefellas' had been surveying the health of us 'blackfellas' but not providing a service to correct the ill-health they found. This unequal power relationship didn't get us anywhere.





The eighty ophthalmologists who worked at different times for the NTEHP donated their services to work in some of the roughest terrain throughout Australia. It was very different from their usual clean city environments. What was important was that they came with an open mind and learnt about the poor health and saw for themselves the conditions under which Aboriginal Australians were living. No one got rich in those years!

Although the NTEHP was initially developed to improve rural Aboriginal eye health, those developing the Program saw no great need to limit their services to Aboriginal patients. This was because remote communities already had majority Aboriginal populations and servicing white rural dwellers posed few if any problems for the program. When seeking government funding, this non-racially exclusive service factor probably increased chances of securing funding due to Coalition ministers perceiving the NTEHP as merely a rural health initiative. The rural whites were also satisfied because, for the first time in their lives, they were about to receive a completely free eye health service from a 'specialist ophthalmologist', an occurrence they could not have previously imagined.

The survey results were published in a report in 1980 and were later submitted to Parliament. The report, prepared and sanctioned by Professor Fred Cossom Hollows, revealed significant levels of treatable eye infections, eye defects and blindness among the Australian rural and remote population, but predominantly in Indigenous Australians. It followed that Aboriginal ocular health was the result of not only their social and historical circumstances of oppressive colonial policies, but also their economic and medical inability to treat their eye defects and correct the long standing eye infections of trachoma. This lack of attention exacerbated and guaranteed the prospect of long-term blindness.

The report submitted to the Australian parliament was a general account of the NTEHP's operation (how it spent the government funding) and a report of its findings and treatment regimen. However, the report did not include the contribution of many Indigenous people across Australia, nor did it include those events in which they were involved, that made the NTEHP function the way it did. This history attempts to redress that exclusion, and explore the successes of the NTEHP through the eyes of the Aboriginal workers on the team.

The Aboriginal team members on the NTEHP included Gordon Briscoe, Assistant Director and long-time black activist. Trevor Buzzacott was the first and longest serving liaison officer, who visited communities before the team arrived and



explained what the NTEHP was all about. Also on the team was Jilpia Jones a registered nurse, Rose Murray the receptionist who transcribed the information about each person, and her husband at the time, Reg Murray who made sure our vehicles were in running order as well as keeping us well fed.

From the early 1980s and late 1990s discussion between Indigenous staff from the NTEHP and AIATSIS led to suggestions that there be a reconstruction from an Indigenous perspective of the NTEHP's history. This history portrays Indigenous people not as shadowy figures but as a significant component of a program that could never have been created without their involvement in its planning, management, operation, follow-up and overall presence.





Chapter 1

.....

Dr Gordon Briscoe

In the mid-1960s few, if any, Australian medically trained professionals thought about Aboriginal health (or worked outside of state and Federal government systems). Professor Fred Hollows, a New Zealander, was a unique health worker who trained in ophthalmology and epidemiology in Britain, and was head of the Division of Ophthalmology at the University of New South Wales (Corris and Hollows, 1991). At this time, few Australians knew who Aborigines were, how they had lost their heritage, where they lived and, most importantly, what their historic past was, and their brutalisation by white British and Australian nationalism. Fred made it his duty to contribute to the politics of Aboriginal health and to know something about Aboriginal eye health, and, in doing so, gravitated to those familiar with Aboriginal poverty and colonial oppression.

This chapter is about those issues and how I came to understand Fred's political perception. These perceptions allowed Fred to grasp an understanding of what Aborigines thought about their own political and cultural health circumstances. This chapter is also about my own personal contribution to the largest and most comprehensive national eye health survey and treatment programs ever conducted on rural eye health in Australia.

When the NTEHP submitted its report to Parliament it was largely a clinical and scientific report, together with a factual representation of what had occurred. The report, however, favoured an acknowledgement of the contribution made by ophthalmologists and Commonwealth and state governments. Some acknowledgment of the importance of Aborigines in general occurred but in hindsight the NTEHP could never have gone ahead without the historic role that Aboriginal members of the survey team, and the contribution Aboriginal community



leaders played in conducting the NTEHP. Aboriginal people do make history, but history is constructed more by writing about how such events occur rather than people simply talking and telling a good yarn. As a historian I have endeavoured to produce a written account, so that Aboriginal students can appreciate the idea that their own people are both culture- and history-makers.

My first contact with Fred was at a meeting I called that dealt with the problems confronting poor Aborigines in Sydney. It took place at the South Sydney Community Aid office in Regent Street Redfern in mid-1971. Shirley Smith, 'Mum Shirl', together with Dulcie Flowers, John Russell, Fred, and Paul Beaumont, an ophthalmologist colleague of Fred's. I was working as a field officer for the Aboriginal Legal Service in Redfern and could see only too well the poor health profiles of the Legal Services Aboriginal clients. Ill-health was one of the root causes of crime and also prevented people from taking advantage of their civil and political rights. Initially Fred impatiently resisted the idea that there was any need to encourage separate health services for Aborigines. Soon, however, he joined with me in seeing the argument that medical doctors only worked in the pay of government or they serviced 'the paying and wealthy sick'. From that point onward Fred and I became close friends and confidants. I left Redfern to return to my home country, Mbartuwarintja (Central Australia) in August 1972, and by early 1974, I joined the Commonwealth Public Service.

At this time Archie Kalokerinos was campaigning about the state of Aboriginal primary and public health. In particular he was critical of the Whitlam government's interests in advancing their 'Ten Year' Aboriginal health plan (Kalokerinos, 2000). Bound up in Archie's critique was the idea that poor access to primary health came from a lack of interest in understanding the provision of public health services. This, in turn, contributed to the poor health of infants and resulted in abnormally high infant mortality, along with the highest rates of blindness of any peoples in the world. Archie was first and foremost a general practitioner, not a research scholar. He knew, however, that disease in humans follows an overwhelming inability to stave off powerful pathogens. More than this, when people were separated from their families, their children removed, their economies gone and their land and self-respect is crushed, they become sick. These factors are the root cause of poverty which are as much precursors to ill-health as parasitic infection (Goldsmid, 1988). The Labor government reacted to Kalokerinos' statements on Aboriginal blindness rates in September 1975.





Minister Everingham, the Minister for Health in the Whitlam Labor government, asked for a briefing on Aboriginal blindness in late September 1975. One of his questions was: 'Is Kalokerinos right about Aboriginal blindness?' The general response by senior Commonwealth officials was that Kalokerinos was wrong and that other groups around the world had higher blindness rates. Fred Hollows, however, agreed with Archie and indicated that in such a wealthy country it was a disgrace that a government tolerated such effects of dispossession on the Aboriginal population. Everingham phoned Fred and asked him to suggest a plan for 'the elimination of trachomatous blindness in Australia'. From his Prince of Wales Eye Clinic Fred rang me and asked if a national survey and treatment program to eliminate trachoma was something Aborigines would support? My simple answer was, 'Yes'. My longer answer was, 'Make sure that you are in control of The College (the Royal Australian College of Ophthalmology) and the College members.' I also asked Fred to make sure that the various state governments' Aboriginal health branches support the program, and to make sure that detailed requirements were properly costed and checked by Department of Aboriginal Affairs prior to approval being granted by the Commonwealth Department of Health. Fred agreed, and Dr Pip Ivlil and I were appointed by Dr Spike Langsford to assist The College in putting together a budget conforming to both a rural health policy and the Aboriginal Health 'Ten Year Plan'.

By October of 1975 a broad ranging proposal was approved by the Labor Cabinet but had not been processed through the Department of Prime Minister and Cabinet in spite of Everingham's personal interests in Aboriginal health. The delay was exacerbated by the fall of the Whitlam Labor Government in 1975 to the Liberal National Party's political 'coup' (d'Alpuget, 1982). This meant that Everingham's support for the program proposal was in danger of lapsing if a new government chose to let it do so. The political machinations took their course and it was not until early 1976 that we learned the fate of the proposal. Luckily people in the Commonwealth Health Department had the gumption to leach a form of conservatism into the proposal in the shape of the 'Rural Health' segment. I wondered at the time why I personally had any grace towards the Liberal-Nationals and their rural white population. There was a well supported argument that poor rural white families would benefit from this program, and it should not be forgotten that there were many white families doing great work in making life for remote and rural Aboriginal people more bearable. I supported the general thrust of servicing any rural dweller who presented for an eye health service.



Malcolm Fraser won government and, in spite of his 'old property' credentials, I thought in early 1976 that he was a 'humanitarian', and I was later to be proved right. The proposal was approved and, strangely enough, Ralph Hunt of the National Party gave the NTEHP his blessing, to his great credit. Soon after the Minister's letter hit Fred's office at the Prince of Wales Eye Clinic he rang asking me what the general processes should be. Fred had this way of always asking my views on the politics of any situation. In part, Fred was a political theorist stemming from his Christian Socialist and medical background. However, he feared making political errors of judgement. For example, he had a general faith in all men hoping that, in the end people would act humanely rather than with pragmatism. In this way Fred trusted conservatives of all kinds, and I did not. My personal background told me to ideologically distrust Liberal-Nationalists as they distrusted me. As soon as I heard that Eric Willis, an ex-Liberal politician, was the College Administrator I wanted to withdraw my support because he would oversight the proposed trachoma survey and treatment program. I balked at the prospect. Fred, on the other hand, was very cool that all would be well, and showed this coolness at the first meeting early in 1976. In Redfern in the early 1970s, he knew little about my background in Aboriginal local or national politics. In 1970 when I first met Fred I was a young man of nearly 33 years of age. By 1976, Fred had learned quite a bit about Aboriginal politics and the components of Aboriginal identity. Equally, I had come to trust Fred and share my political experiences, dating back to my youth in Aboriginal politics in Adelaide as an 'Aboriginal Ward of the State' (Read, 2001). In addition, I was very heavily involved in national Aboriginal politics, and the ongoing conflicts between Aboriginal radicalism and conservatism. This resulted in the split that occurred between the National Tribal Council and the Federal Council for the Advancement of Aborigines and Torres Strait Islanders (Taffe, 2005). Fred, I suppose, saw qualities in me that he valued. I, on the other hand, retained much scepticism of him, never fully overcoming the idea that Fred wanted something from Aboriginal affairs and that when he had finished with us 'Aborigines' he would 'move on' and ultimately we would have to fend for ourselves! I was to be proven wrong.

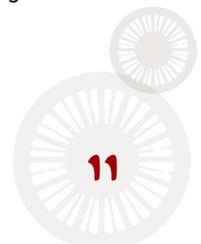
At the first meeting at The College head office, changes had already occurred. First, the basement of The College had been transformed into an office and as early as March 1976 equipment was flowing into the storeroom. Fred was a mountaineer and The College looked like a base camp, with staff employed who looked and acted like sherpas. It was at this meeting that Fred began calling me his Assistant Director, and I felt at the time that he was trying to draw me into more of a management





role that I resisted and was unwilling to adopt. My responsibilities then, and since we last worked together, had broadened. I was deeply involved in a power struggle in the Commonwealth Department of Health in the Northern Territory. My role was to introduce 'self-determination' to a colonial outpost of imperial Australia. The Menzies–Hasluck ambivalent race policies remained in a contradictory kind of permanent 'inert stasis' (Stevens 1974). Aborigines were the sick, and white health workers considered that they were the Aborigines' benefactors. The economic struggle was that whites controlled every facet of Aboriginal peoples' lives, and health was delivered to Aborigines not as an essential service but out of the goodness of white society's heart (Tatz, 2003). Added to this was the historic administrative struggle between the Darwin-based Commonwealth Public Service controlling native welfare on the one hand and on the other, senior health officials servicing only citizens — all people of Aboriginal descent were 'wards' (Stevens, 1980). My basic job in 1976 was to wrest the power of administration out of the hands of nurses who controlled the quality of primary health to church missions and reserves which were centrally supervised by the Northern Territory Medical Service. One or two doctors in the field saw the cruelty of the system but could do little. It was my aim to bring Aborigines into the frontline of primary healthcare and at the same time raise the priority of public health.

Fred wanted me in the field but I had other problems to deal with: Aboriginal poverty and health, breakdown of culture, doctor-patient relationships in urban areas, and widespread alcohol abuse. The economic barriers meant that Aborigines could not get access to general practitioners; they had to be content with white nurses who had little knowledge of Aboriginal culture or their language. Under these circumstances, the doctor-patient relationship, the corner-stone of primary healthcare in Australia, meant absolutely nothing, and represented an upper-class illusion. Changes, therefore, had to come on a wider scale and that had to be done while the survey was in play. Other problems in Aboriginal health were festering, such as the Aboriginal drinking problem, and had to be dealt with alongside widespread Aboriginal blindness. Today we still see problems of addiction in remote places around Australia. In the 1970s and 80s the same issues were dogging places like inner Sydney, and Aboriginal population centres like Wilcannia, Moree, Walgett, Casino Robinvale and Nowra. Each of these places today have solved many of the Aboriginal alcohol problems but in more remote places there are the new scrouges such as distilling spirits in outstations, sniffing petrol and using illicit drugs.





As a public servant I also had international responsibilities. Aboriginal people travelled the world; their health had to be cared for. Early in 1975 Nugget Coombs in the company of the Nigerian Ambassador and the Prime Minister Gough Whitlam, discussed and agreed that funds be set aside for an exhibition of Aboriginal art and antiquity to travel to African countries. I was appointed to a committee to plan for the exhibition and for a troupe of Aboriginal traditional dancers to attend the 1977 Black and African Festival of Arts and Culture (FESTAC). My responsibilities extended to attending meetings in Africa and the United Nations on Indigenous health. The other aspect of this role was to oversight the living conditions and health of the dance troupe and other Aboriginal participants who attended FESTAC. Two civil wars delayed the proceedings, and FESTAC and the exhibition tour was postponed until 1978. These activities overlaid the commencement and progress of the trachoma survey.

Back to the NTEHP! Establishing a pattern of consultation in the way the teams communicated with Aboriginal communities was my most important task and I drew up a plan. My first point of contact with Aborigines was with those I knew from South Australia and the Northern Territory. Since I came from Central Australia and had lived in South Australia it gave me the capacity to know the customs and to be able to deal through relatives wherever possible. I had also had dealings with the South Australian Health Department and other government departments. At early meetings Fred and I were able to gain the cooperation and material support of the Aboriginal Health Branch. I dealt with an Aboriginal woman, Margaret Smith (née Sultan), who was the partner of Ken Hampton, an inmate of mine from a number of 'native institutions' we had lived in as wards. I travelled with Dr David Moran, a College member, and graduate of Fred's University eye department. We travelled to South Australia through the central industrial regions of Port Augusta, Whyalla and Leigh Creek. We continued through Pitjantjatjara country, working from Yunguntjatjara country, south to Aprawataja, west to Warburton and north to Docker River, then back through Armata, Kuta Tjuta, and on through Larapinta and Mbartuwa.

On my return to Sydney, Fred was tending to formalise his notion that I was his 'Assistant Director', but I sensed that this was having repercussions in Canberra — not to mention The College. Nevertheless, I convinced Fred that we had to appoint a senior Aboriginal person to be in charge of liaison, and we left it at that. In Fred's mind I was his 'Assistant Director', and that never really changed. At about this time, I recommended that he appoint Trevor Buzzacott. This was perhaps my





Gordon Briscoe (2nd from right) the NTEHP's Assistant Director, in Central Australia with senior liaison officers.

greatest contribution for many reasons. Trev was a close personal friend and was related to my life-long friend John Moriarty (Moriarty, 2000).*

Trev was born at the Finnis Springs Aboriginal ration depot (later a South Australian government reserve) near Oodnatta. He was Arabunna by birth but his father was Arrernte, and he was familiar with bush life, and had been industrially trained. He moved with his family to Port Augusta, was a prominent footballer there and played league football in Adelaide for the central districts, and was a member of several national Aboriginal football teams. Trev was a serious Aboriginal politician and loved working close to his people.

Similarly, he worked very well with white professional medical people. Fred came to know and admire him more than I ever anticipated, and Trev helped make the NTEHP a success.

So, in spite of Fred's illusion that he needed me around him, the NTEHP demanded that he delegate some responsibilities in his own department and take control of managing the Program without my presence. He complained to me that I had left him 'in the lurch' and he had had to take a massive cut in personal income to manage the Program. 'Fred,' I said, 'You are the colonial and we are the colonised. You have all the management and medical skills, and you and yours have kept us from knowing how these things work and, like the British and Australian (Fred was a New Zealander) barbarians, you have not learned to speak to us in our language, and you have committed the genocide which we are currently suffering'.

* In 1942, many people from Church mission stations across the north were evacuated from areas under attack by the Japanese. These Aborigines came south and in doing so were billeted at the Old Telegraph Station 'Bungalow', a native institution. That was where I was born, and where John Moriarty and I became inmates. We were both sent to a Church of England refugee camp at Mulgoa near Penrith, NSW, and later to St Francis House in Semaphore, SA. John Kundereri Moriarty AM with his wife Roz, are both prominent business people.



Fred never raised the point again, and his reliance on Buzzacott intensified. Nevertheless, Fred kept in constant touch with me. Four important questions of significance to everyone on the NTEHP remain etched in my mind:

1. What to do about the problem of cooperation with Pitjantjatjara peoples?
2. What to do about primary health and the Catholics in Broome and Derby?
3. What to do about the overburden of eye operations, and how to cope with the number of blind people in Pitja Pitja lands?
4. What was to be done about the final report?

At one point during the NTEHP, in about late November 1978 (most likely a Thursday), Fred rang from Pipulatjara complaining that, with a great deal of zeal and effort he'd set up a survey camp and nobody came! What was he to do? He demanded that I get on a plane and meet him at his 'base-camp' in Alice Springs (using his mountaineering language again) and help him sort out the mess. I arrived on a Saturday morning. Fred met me at the airport red dust caked in his beard and circle of sweat below his dirty old blue bandana, like some film star out of *Lawrence of Arabia*. He was in a totally distressed state and he said: 'I can't tell you how upset I am'. Trevor Buzzacott was with him and we jumped in his Toyota and headed for the town centre. Fred thought I wanted to go straight to a meeting with the other medicos, but to his dismay I went to the local Alice Springs betting shop. Saturdays is racing day for most people in town and around the nearby cattle stations. This is where I would meet relatives and older people who would know what to do. I asked Fred to leave me there and I'd see him at our evening meal at a restaurant of his choice.

That night he outlined further disappointments and frustrations about working with and for Aboriginal eye patients. One problem was that everybody, both black and white, either had full-blown trachoma or signs of previous infection. Why, he asked, was it possible for Aborigines to have been offered both a survey and a treatment program and yet nobody turned-up. My response to Fred was that he was sounding like a 'barbarian'. How could he expect Indigenous peoples to put the interests of the medical profession, bureaucrats and dominant white culture first, when their own Indigenous cultural and spiritual interests were always threatened. I told Fred that I would be speaking to some of my family and other people that night, and that I would meet him in Leretupa the next morning. Fred asked where and I said, 'We'll meet at Olive Pink's causeway.'





The first meeting of the Pitjantjara Council at Cave Hill, © Reg Murray.

On that Sunday morning the sun shone brightly and Fred had the whole team assembled. I asked everyone to sit because I had something to say to Fred that may resolve the Anangu Pitjanku problem. I had spoken to my own family and others from the region over night and their answer to me was through a story, which I told to Fred,

Once some people from the South Australian government came to them, telling Anangu Pitjanku munu tjilpi tjuta that they were going to build a big technical school. The assumption was that the Anangu were overjoyed and would embrace progress and assimilation. As the story went, the Tjilpis [Aboriginal male elders] refused to talk and gathered up the white 'Boss' men. They blindfolded them and took them out from Armata towards Puntu Tjapa a special place, stopping in a small dry river-bed. They took the white-men off the truck, stripped them and covered them with red ochre. Having done that the old men said their culture, sacred objects and language was being eroded by white people and they wanted these men to help them defend their way of life and their sacred beliefs and objects.



Then I said, 'Fred, if you make a commitment to go out and learn what is important to the holders of the Law you will get their respect and support.' Fred went out and listened to the Tjilpis, old men that are law makers, winning their respect and, in turn, people came in great numbers to be surveyed and treated.

The NTEHP acted as a health catalyst and, as people were drawn into primary healthcare they wanted a permanent health system of their own. Fred attempted to create the circumstances to do so, and sometimes I was there to offer direct help. In 1979 I was Acting Director of the Central Australian Aboriginal Congress (CAAC). Charles Kumantjay Perkins asked me to go to Alice Springs to help Neville Perkins. Neville had been elected to the Northern Territory Parliament and was the Opposition leader. Many of the town's conservative Aborigines protested this, and attempted to take over the CAAC. Neville wanted me to help transfer the control Congress had over the Utopia Aboriginal Community Health Clinic, to the health clinic. He also wanted me to advertise for a permanent manager who would embrace 'self-determination' as a principle.

While in Alice, Dr Trevor Cutter (now deceased) asked me to go with him to Broome because Fred wanted me to attend a meeting of Broome and Derby Aborigines. I agreed and left Alice Springs arriving at Broome the same evening. I'd been to Broome before. Broome is located on a huge gulf and first reached by William Dampier some distance south, and is the town created by colonial pearlers that have exploited local Aboriginal groups for over a century (Clark, 1962). In more recent times, Broome and Derby are places dominated by the Roman Catholic Church. In fact, the largest population in this region is made up of people of Aboriginal and Asian descent, and 90 per cent of the Roman Catholics were Aborigines. When I arrived, the NTEHP team was encamped in the grounds of the Catholic Church. Trevor Cutter and I were driven to a hall at the rear of the Catholic Church where Fred and Gabi took us in to meet the team.

At the meeting, I recall that Jack Waterford was prominent, as was Susie Bennett, his future wife, together with Buzzacott, Rose and Reg Murray, Fred and Gabi, and some prominent local Aboriginal health workers. Significant among them was Kevin Cox, the person most responsible for wanting an Aboriginal medical service. In fact Kevin spoke first, 'The health department has a hospital run by whites for whites and we have to either have a road accident or be flown in from an outlying Catholic Mission, to get in there.' He waved a form showing the local Aboriginal resolve. The form was an application for funding from the World Council of Churches asking





for money to operate a primary health service. His final words were, 'If you are a pregnant woman the only place to find a government doctor is at the bar in the local golf course.'

Fred, Gabi, Susie Bennett and Jack Waterford all came forward with offers of money and support. Fred said hospital medical personnel at the Prince of Wales hospital wanted to give money and Gabi endorsed his words. Jack Waterford indicated that he had spoken to people in Geneva and he relayed the message that funds for an Indigenous project were forthcoming, and Trevor Cutter indicated that the Central Australian Aboriginal Congress had sent a cheque. The Catholic nuns offered space at the rear of the Church, but the great problem was how they could get Church approval. I suggested that they make the Bishop the Patron of the new Broome and Derby Aboriginal medical service. Jack Waterford, a Catholic himself seconded the idea and volunteered to deliver the good news to him!

Following the survey throughout the Western Desert, Fred confronted me with the next important conundrum which was what to do about the large amount of surgery needed to correct peoples' eye defects. These eye defects resulted from long periods of neglect from endemic trachoma or the damage to peoples' eyes from previous trauma gone undetected. There were two possibilities to dealing with both the costs and the large numbers of people requiring service. First, there was the option of taking people down to capital cities where the best eye surgeons were located; but billeting bush people in unfamiliar surroundings was an oppressive option and costly. The second option was to bring bush people to a central point. This meant that a form of mobile surgery would have to be brought in for the purpose as well as experienced staff to deal with such numbers. I said to Fred, 'What about bringing in a Central Australian Aboriginal Congress clinic?' and his reply was, 'We'd need an army of people and an air strip nearby.' I snapped back at him, 'Fred if these were white people they'd bring in a mobile army team.' Fred's reply was swift and decisive, 'That's it, Briscoe. I'll get in touch with this RSL bloke I know, Major Wilson.' Major Wilson put Fred in touch with the Air Force Chief who said they had a mobile surgery unit and a medical team at their airfield near Blacktown, but wanted to know who would pay for the use of material and personnel.

Fred rang me the following day with this message and I put the proposition to Dr Spike Langsford. Spike delegated the job of working out costs and logistics to Dr Pip Ivel. The upshot was that, as a training exercise, Defence would pay for the logistics out of its own training funds and the Health department would pick up the



Aboriginal Health Workers and Army personnel after a surgical exercise at Utopia, Northern Territory.



costs of operation in the field. Health would also pay the added costs of bringing people in to a central point that was to be decided by the new Pitjantjatjara Council. Fred took responsibility for getting the eye surgeons, briefing the trachoma team and the army personnel. To Fred this was his crowning glory. The NTEHP Report suggests that the success of this exercise in Amata was very encouraging and consequently 'the Program slowly also sought the assistance of the army in organising a similar exercise in Utopia about 250 km north-east of Alice Springs in May 1977. During this exercise, 73 surgical procedures were performed on 47 patients with similar success in the Amata exercise' (RACO, 1980). Fred was able to take the unit to Amata and Utopia, and counted the process a total success in that many could now see and no further ocular damage was recorded.

When Fred returned to his clinic at the Prince of Wales University hospital he still had to oversight the final report. He used Archie Cochrane's system of quantitative and qualitative analysis. Archie was Professor of Respiratory Medicine at the Welsh National School of Medicine, and head of the Medical Research Council Epidemiology Unit in Cardiff. He was also a world leader in creating data bases for medical classifications. Fred rang me to come to listen to his lecture on the findings, at the Eye Department. I knew very little about these things and asked my friend Dr Leonard Smith to come with me. Len was most impressed, and I asked Len to help with writing the final report. Len went over the maths, and together





with Jack Waterford, oversaw the final report. Fred presented the report to the Government in the early 1980s.

To some Indigenous critics and their friends I appeared as a figment of Fred's imagination. To others, I should never have been involved with the NTEHP. To still more I was a ghost who dropped in and out of the Program on an irregular basis. But whatever way you look at my involvement the overriding issue was that blindness in Aboriginal society had been neglected for decades, and so had other problems. Some of the above events demonstrate that while I acknowledge Fred's sacrifice in that he gave up his clinic at the Prince of Wales Hospital and his new home in Randwick, it was impossible for me to be his 'assistant director' in the field. Paradoxically, I wanted to be there, but had to come and go. But I did make a contribution, to which Fred himself attested.

Whatever the NTEHP achieved, it also did a lot to fight chronic bronchitis, upper respiratory diseases and nasal discharges, problems that produced sick kids and threatened to produce sick adults. The scientific work proved that systemic drugs could be given with safety and effectiveness. Trachoma infection and trachomatous blindness could be defeated, and eye trauma could be lessened if greater access to better housing, provision of potable water, and removal of human and other polluting waste from living areas was provided. Some work has been done to continue Fred's work, but Indigenous peoples across Australia still have the highest rate of trachoma infection in the world. The NTEHP went to every Aboriginal camp and community, treating both white and black persons, thereby lighting a fuse that promoted Indigenous self-determination and, to some degree, by their involvement put Aboriginal health in the hands of Indigenous people themselves (RACO, 1980).





Chapter 2

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Trevor Buzzacott

My first experience of NTEHP work was at Port Augusta in 1976 where the NTEHP hosted our first eye clinic in the middle of the township. I spent my high school days at Port Augusta and finished my apprenticeship at the local Sir Thomas Playford Power Station. On returning to Port Augusta for the launch I found the township itself had not changed, it remained just another country town. Minds and attitudes hadn't changed and racism towards the advancement of Aboriginal people was still blooming.

Aboriginal policy and programs were being set up in Port Augusta through the new Department of Aboriginal Affairs Area Office to help deal with on going Aboriginal social issues. The rolling out of programs and services was a confidence builder for the Aboriginal population and the arrival of the NTEHP probably added to the growing optimism.

Audrey Kinnear,
now Ningali
Cullen, with two
Aboriginal babies,
© Ningali Cullen.



We held the first meeting at Port Augusta in the Community Affairs Panel (CAP) offices on 25 May 1976. There Brian Butler, the Chairperson of the CAP, assured us that staff would be made available to assist our first eye clinic. In addition, Audrey Kinnear, staff from South Australian Aboriginal Health, Veronica Milera, the late Lance Coulthard and other Aboriginal people made sure we screened as many Aboriginal people as we could.

The NTEHP team felt very comfortable with the Aboriginal population on side and gave us confidence about what we were doing. The respect from the community was almost





unconditional. It was certainly a moment to remember with the Aboriginal community of Port Augusta putting aside personal differences and walking alongside the NTEHP staff in making sure this program was a winner.

The most significant event that occurred in Port Augusta was that in a very short time after the NTEHP team arrived in Port Augusta, this community established the first Aboriginal Medical Service at Davenport with guidance and support from the Aboriginal Medical Service in Redfern. As a result of this and 30 years down the track, Pika Wiya Health Services provides health services to Aboriginal people in the Iron Triangle Region, Flinders Region and the remote Aboriginal Homelands in and around the region.

The clinic in Port Augusta gave us an opportunity to learn how to establish clinics in Aboriginal local organisations, schools and other Aboriginal communities on the outskirts of large regional towns. This clinic also taught us the importance of liaison, employment of Aboriginal workers and the proper use of local knowledge. This new-found knowledge was almost immediately useful when we later co-ordinated another clinic at the Davenport Reserve, 4 km east of the municipality boundary.

The Aboriginal Liaison Officer role was pivotal to ensure that all necessary liaisons were completed, and that the team had direct access and entry without any fuss. He was the igniter of the NTEHP. He was the first to the community and had to deal with all the negotiations. This role encompassed day-to-day routine communication, a responsibility that you cannot walk away from, or leave until tomorrow, or leave for another team member to do. I had to speak to the community leaders, organise clinic settings, accommodation, alert on-the-ground health worker staff, speak to all government employees, obtain clearances at schools for children to get eye tests done and be aware of any issues that may affect the presence and business of the NTEHP. Altogether, our achievements were many. But in the very early stages it was testing to be a stranger entering an Aboriginal community you have never been to before and where you don't know anyone. In the far north areas of South Australia there are 20 different languages spoken. In Western Australia from the Goldfields, to the Gascoyne/Murchinson Region, Pilbara and Kimberley there are over 30 spoken languages. Still, we had to speak to every community, no exceptions.

One of the main issues was in learning and understanding the community protocols of how you enter and exit their community. In a very short time the NTEHP team had to learn about the different protocols for each separate Aboriginal community, and



it was quite an achievement to teach this to visiting ophthalmologists, journalists, doctors and other eye health workers and how they welcomed Aboriginal workers into the team.

In the initial stages, there were countless negotiations at Commonwealth, state and regional levels. Eventually these filtered to the community level where all the action was. To me, the most significant liaison negotiation was with the Anangu leaders of the Pitjantjarra nation at Cave Hill. This was a very prominent location north of Amata, chosen by Anangu custodians because this was about their whole future. To me it was about Anangu introducing us to their corporate protocols and, across boundary responsibilities, to show us the way, and approve clear passage for entry and exit to their communities.

And show us the way they did! After this meeting, the NTEHP was allowed entry into every Aboriginal community through out the Pitjantjarra Lands, across the Western Gold Fields, Gascoyne Murchinson Region, Pilbara and throughout all Aboriginal communities in the Kimberly Region. The unconditional friendship and willingness to work with us and help us through language barriers, cultural differences, and confronting emotionally sensitive issues gave strength to every member of the Team. At all times Team members conducted themselves respectfully and learnt a lot about Anangu protocol and how to do business in remote areas.

In the Western Goldfields the NTEHP was scheduled to visit small townships and remote Aboriginal communities such as Menzies, Leonora, Laverton, Warburton, Wiluna and Meekathara. As we continued our visits we became more confident and the community mob loved us. It was a pleasure to visit such towns in remote areas because they received very few, if any, visits by health specialists. We were soon able to identify the critical health problems Aboriginal people suffered because of the lack of specialist care in remote areas. It was the same story in the Pilbara, Kimberley, Top End, and Aboriginal communities in Central Australia, northern New South Wales and North Queensland.

In North Queensland while conducting our normal field liaison in the Cairns region, the NTEHP field operations were put on hold by the state government due to elections. Consequently, the NTEHP workers were given 24 hours to leave the State.





Western Australia

In Warburton the local hospital was a monstrous building. It was structurally designed with 12-inch RSJ girders, the strongest reinforcing I have ever seen in the desert and a 7-foot barbed wire fence around the perimeter. There was some merit in staff safety I guess, but our Team conducted our eye clinics quite openly, not hiding, nor feared any reprisal from anyone and it worked for us everywhere we went. In contrast to our usual work environment the hospital in a remote Aboriginal community was a Cyclone Category 5 classified structure, well below the 25th Parallel and in the eyes of a blind man, was put there for the protection of white government workers.

I thought then, maybe they should go and work somewhere else. Maybe this building was originally to be located in the Kimberley region somewhere above the 25th Parallel. I felt very strongly that a number of Aboriginal Elders were about to start questioning the establishment about the treatment of Aboriginal people in remote areas.

In Wiluna I was not at all shocked but mildly taken by surprise by the fact that in the local pub, under the bottom of the schooner glass, there was a painted black dot, used exclusively for serving Aboriginal people. I subtly pointed this out to the Manager and suggest that there may be a better way to exercise better health and hygiene — beer to all customers.

Meekathara was a key regional centre and had a large Aboriginal population but the down side of this place was that it was one of the most racist towns I have visited and the Bundy Club then had more than its work cut out to progress Aboriginal issues.

So along the way it was bloody hard work, but we always made time for a breather, a bit of R&R. I remember the time we left Kalgoorlie and three weeks later arrive at Geraldton, where we spoilt ourselves on fresh seafood and Mateuse. During one evening of this ritual interaction, Reggo and I cleaned up Fred and Hugh Taylor in a game of chess.

In each community we visited there was an event or moment that reinforced the hope we were doing the right thing to improve Aboriginal health in remote areas. I just wished we could have done something extra at Wittenoom.





Trevor Buzzacott
(left), the Program's
Senior Liaison
Officer with Peter
Coffin (centre) and
Old Dooley (right) at
Yandeyarra, Western
Australia.



At Jigalong, Gabi and Fred were captivated while checking the poor vision of a 21-year-old mother of six children, all who had almost perfect vision.

The NTEHP team initiated the first meeting for the Aboriginal Medical Service at Carnarvon. It was here that Fred Hollows bogged Blue Bird on the Blow Hole Beach and needed a tractor to pull him out before the incoming tide.

I was just never able to negotiate entry for the Field Team to visit Strelley. So, Plan B was put into action: enter Fred Hollows; problem solved. This proved to be a very important community to visit. It was important for us to conduct eye clinics at the Aboriginal Reserve at Port Hedland and to encourage the WA Community Health Regional Staff to be part of the process with follow up.

Yandiyarra, was not only a remarkable community but an absolute pleasure to visit. I have never felt so humble to meet Elders who have since passed on, but their presence remains.

Elsta Foy made Broome such an important place to service and the Aboriginal community gave us confidence and the opportunity to develop mainstream health services and programs.





Dr Randy Spargo showed us another way in which regional health services are conducted and when Professor Ian Constable was enticed to conduct field case studies at Nookoonbar, Jamieson and Christmas Creek Station, we were on a winner.

At a cattle station on the WA and NT border the NTEHP could not have scripted a better arrival time. We found many old folks suffering appalling living conditions. Two old people suffering severe glaucoma were immediately transported to Perth.

Northern Territory

I reckon the most frightening event was at Barrow Creek, in the Northern Territory. The Team had just completed two weeks on the road and we were on the way back to Alice Springs so we over-nighted at Barrow Creek. Everyone washed up and headed to the outside garden area for supper. We just happened to pass by this little window around the side, about 2 by 2 feet, just enough to pass a slab of beer through. As we thought, this is where The Blacks were served grog.

We continued around to the garden area and ordered the evening meal. As time passed we put aside the business of the grog window. As we dined we began to unwind and enjoy the evening. The manager thought otherwise. He targetted me and said I was becoming too boisterous and asked me to leave. Naturally I reacted, as did all of the Team, so he walked over, got his rifle, returned, put it to my head and asked me again to leave. I don't know if the gun was loaded or not, but I just pushed it away and said, 'Take that pop gun away from me.' This freaked him out because sitting in the same garden area was the local constabulary who did not move an inch, so the poor old manager was checkmated. We gave him a mouthful, and drove through to Alice Springs. It was a pity that this happened when local police were present and that no action was taken by them. Apparently in that neck of the woods, it was okay to take a rifle to a black.

My worst fears were never on Aboriginal land, but on open roads or small towns where NTEHP team members became targets for people to have a go at. It was no wonder that when our team arrived at yet another Aboriginal Community, I could see the immediate relief that they were again on safe land.

Once in your lifetime you become part of something special. At the Amata Field Surgery Fred operated on an old man who was blinded by cataracts for decades





and was there at the coming of the motor vehicle and cocoa cola, but he had never actually seen these things. After the successful operation, the look in that old man's eyes said everything; it reinforced to me how strong, and committed the NTEHP was in making remote and rural areas a better place to live in.

The employment of Aboriginal workers was one of the most successful strategies that linked all the field operations together. Without the Aboriginal workers, we would not have been able to get to all the remote communities and see everyone. Not only were these workers familiar with health and eye problems, but they were interpreters, negotiators, peacemakers, travel officers, cultural awareness officers and, importantly, role models in representing Aboriginal people.

As we travelled across all the remote areas, we realised how each location was different to the last: language barriers were different, cultural protocols were different, community politics were different, attitudes to the team differed, and depending on the infrastructure, health hygiene was different.

I often wonder how we travelled to places and were able to communicate and negotiate a clear passage to every Aboriginal community in four of the largest states in Australia. We were able to fly to random locations with visiting specialist personnel, and give them a snapshot of cultural introductions that guaranteed proper code and conduct during their stay. With most of our travel in four-wheel drive cars on dirt and dusty roads, and some air transport, we actually achieved some of the most remarkable outcomes. I still often sit and think: was the language barrier the hardest task to handle? Was it the long corrugated roads and the dust in your face? Was it trying to tutor the visiting ophthalmologists in Aboriginal culture? Was it the remoteness and loneliness, or was it being a stranger entering someone else's land? Was it the white backlash? Or was it just getting space from living in each others swag?

Overall it was a testing time and the positive outcomes came later. Losses were inevitable. On recollection of the mileage we covered, it had to have had a negative affect, and whilst the NTEHP provided the true establishment of health infrastructure in the early days, the loss of any life is not replaceable. The challenge to eradicate trachoma still remains and the attitudes to remote area health programs must change to meet this challenge.





Chapter 3

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Rose Murray (née Osborne)

I was born at Moore River Settlement, a place made famous by Doris Pilkington in the book and subsequent film *Rabbit Proof Fence*. My Native Welfare file explains that my mother was at Moore River Settlement to help with a chickenpox outbreak when I was born prematurely and weighed 3 1/2 pounds. My mum was single at the time. In 1953 low birth weight babies didn't have much of a chance, but I was a fighter. I also think my mum wouldn't allow me to die. I think she was desperate to love someone of her own and her love could move mountains. It was a miracle that I wasn't taken off her and placed in Sister Kate's, which was an orphanage for 'fair' children and the ones that may be able to 'pass'.

In 1938 mum had been kidnapped by a tracker and policeman at Warrawagine Station up north in the Pilbara. After a brief stay at Moore River she had been raised in Roeland's Mission a place that accepted mixed descent Aboriginal children. The Western Australian government had the drafting of children down to a fine art and designated people as 'quadroons', 'octoroons', 'half-castes', etc. Roelands was cold and harsh.

The children worked hard on the farm but at least they had each other to bring some comfort. No wonder my mum was determined to keep me. A letter from a kind missionary offering support had influenced Native Welfare. Mum and I slipped back to Perth not long after my birth.

When I was old enough to ask where my nanna and the rest of the family was, I was shocked that children could be taken away from their mums. I was stunned that there were laws that controlled our lives, movements and employment. The connection with the north remained with mum all her life. When the wind blew from



the northwest it would easily disturb my mum. I could hear her scrubbing floors in the early hours of the morning and she hinted that she was being called back.

By the time mum's history had sunk in for me we had already lived in two states, four towns and I'd known two dads. I learnt to adapt to different environments and to trust only my relationship with my mum. We had amazing experiences in Perth. In the 1950s we lived near the city and lots of Aboriginal people from around the state walked past our door and camped in the park. There were huge card games at George and Eilleen Harwood's house where I lived. When I was 2 years old, I was spotted by a photographer and became a child model on the catwalk for David Jones. Press clippings read 'quarter caste native Rose Marie' and there was even a photo of me sitting on Albert Namatjira's lap alongside young Phillip Harwood.

I was raised to think I was beautiful and smart, that with education and hard work I could achieve everything! Later I finally met up with the Koori community in Melbourne and I began to realise that maybe this was an unusual upbringing for an Aboriginal child. When there was any hint of racism at school my mum would fly off like a mad woman to sort them out. She had done her nurse's aide training with a confidence that came from being respected in her workplace, this added to her sense of never lying down to injustice. My mum's history and my upbringing taught me that you can make change, and actions do speak louder than words.

After finishing school at Year 12, I joined the public service. In a multi-story government office building in Melbourne I came across an advertisement for staff for a team that was about to tour Australia. My then-husband Reg and I had had a small taste for travel when we drove around Australia in our trusty panel van. So we were up for adventure and we applied with hearts in our mouths. We had no idea how many people had applied but we thought we had a lot to offer.

Reg had grown up on the riverbanks in camps and tents, sometimes on his Country. So he was a step ahead. I, on the other hand, had moved around from WA to Melbourne, living in state houses mainly and sometimes a bit isolated from the Koori community. I made up for this as I grew up and worked in Koori-focussed government and community jobs.

The NTEHP wanted people with some social justice commitment. Reg's family had gone through some hard times and they knew what it was like to live on the edge of red neck country. My mother was one of the stolen generations. She had to apply for Citizenships Rights to have some freedom in Perth during the 1950s. We then





moved to Melbourne where Doug and Gladys Nicholl's kindly took us in. I grew up desperate to find my grandmother and take mum home.

Reading between the lines, I figured that they needed community people with a background that could cope with the sad living situations of our people out bush. No flash blacks I was thinking. But then I met Jilpia, 'the Princess', and that totally blew all my stereotypes out the window!

I had been involved as a teenager in the 1967 Referendum, the Koori reclaiming of the Aborigines Advancement League, the Springbok and the Wattie Creek demonstrations. Koori elders, in particular Bill Onus, the social scientist Colin Tatz and other reformers had talked with us young people. I attended FCAATSI conferences and stayed a couple of nights at the Black Panther house in Brisbane. So my heart and thinking were fertile ground for action.

They wanted people with skills and the ability to learn. Reg was a deadly bush mechanic. I had basic office skills and could talk with anyone. I had a love for words and mixed freely in multicultural Melbourne. Working out how to communicate with multilingual people sounded exciting to me. The job was about Aboriginal health, so I made sure I made the most of my mum's nursing background and how she had passed down her knowledge to us kids.

We got word back that Fred was very interested in meeting us. So we were over the moon. Fred and others came down to Melbourne to check us out. I can't remember much about the interview, it was more of a yarn. Fred was a springy, energetic, gruff-voiced bloke with twinkly eyes, a pipe always in his hand. We had done our research about him, he sure didn't sound like a Professor. He was straight talking, so that really appealed to me. Mum had long warned me about bossy doctors who didn't really understand the value of less qualified people. So I felt prepared.

Learning that we would go to the Pilbara was a great incentive, if there was a slim chance that I could find my family. I was prepared to work with a mad man if necessary. We joined as a couple, so that was an automatic support if things got too tough.

Within a few short weeks we had told our families, packed up and arrived in Sydney. We met the team; the people we would travel thousands of miles with, eat with, drink with, laugh with, cry with and occasionally get pissed off with. Camping out and sharing small spaces made sure we occasionally learnt too much about each



Rose Murray (left)
setting up camp with
the Program team,
© Reg Murray.



other and our relationships. We grew as people, we grew as social justice warriors, we grew as health advocates. A life was lost. My heart still goes out to Trish's family. Our marriage got rocky. Every moment of those three and a half years contributed to me personally and politically. I wouldn't have missed it for quids.

We put glasses on people who wanted to make boomerangs and sew skirts. We arranged operations for people in need. We did the background for massive treatment of trachoma. We educated Aboriginal health workers and health professionals such as eye doctors and politicians. We saw ourselves as a strong well-oiled machine, each person's role very important. When the ophthalmologists came off the plane we didn't know what to expect yet somehow the team was big enough and solid enough to take on these people and encourage them to work in our own way. We all took on different roles to look after them and raise their cultural awareness.

One of the strange things about Aboriginal Australia is naming people. So when Aboriginal people are born into a family, that family will give the person a name, then they might have a positional name amongst their siblings and a skin name about their place in the society. Then they might have a nickname, or a secret name, and somewhere along the line a white person might give them a name. So when you ask people's names, it's not a simple question.





In Victoria and New South Wales, Koori people tended to have quite European sounding names, so it was a bit of a change for us. When we got to some of these communities, people would come up and we'd say, 'What's your name?' 'Potato.' 'Oh, yeah?' And the next person, 'And what's your name?' 'Chips. I'm his son'. There were also many racist and degrading names that we recorded.

There was this guy, I think we met him in Yalata, Aeroplane George was his name. One of the things about Aeroplane George was that you'd see him one day at one spot and then the next day he'd be at another spot. The only way that he could get there was by astral flying. So Aeroplane George would turn up everywhere in South Australia. People had all these stories. He was just so famous.

I was not a leader in the team, I had no medical or other tertiary qualifications at the time. My job was to register people and do the reports. I had no real experience of the bush or strong cultured people.

I had always worked in a mixed team of Koori and non-Koori people so I was prepared to stand back and see how the team sorted itself out. There is always a big settling-in period when a team starts up. There were already close bonds between some so they were better off. At the beginning I was very aware of being a non-health professional and not part of the original Sydney to Bourke gang. But after a time my confidence grew and this became not much of an issue.

As Koori people, we were very aware of any racism, prejudice or paternalism shown by the team or the visiting ophthalmologists and those rare instances were dealt with. I felt, as the team grew in experience and trust, that we were very valued. Everyone worked hard and it sure didn't hurt the city doctors to pick up a tea towel sometimes.

Naturally the Aboriginal members of the core team formed a united front. For Jilpia, Reg, Buzz and myself this was an important safety valve. We would use body language to communicate our thoughts across the clinic or camp and knew exactly what



Rose Murray
(right) with Jeff Birk
and Vicki Elliott,
© Reg Murray.



the others were thinking. We had a lot of laughs through the tiredness, dust, flies and never-ending road.

Gordon was like the Black Phantom appearing from time to time. You could see Fred valued his counsel highly and as the years progressed I could see why.

What the locals thought of us is anybody's guess: a carnival of cars from over east? Blackfellas and whitefellas working and living together as equals? A giant swag with green hearts on the sheets? Knickers drying in a Range Rover window? One driver estimating miles by the cans he could drink? Our party boys running amuck with locals? Our fearless leader cursing and screaming his way to get certain governments to actually do something about Aboriginal eye health? A hard working bunch of people gathering evidence to make real change? After 30 years I went to Mungullah Village in Carnarvon and Maureen Dodd recognised me from the NTEHP team. So we must have made some impact

I just loved it when health workers would come into the clinic and we could add to their knowledge and skills. We made every effort to carefully explain about what trachoma was and to encourage treatment. The Northern Territory Top End health workers at that time stood out as very well-trained and empowered professionals. In most other states, the nurses and Health departments undervalued the Aboriginal Health workers.

In South Australia Audrey Kinnear, Lois O'Donohue and Faith Thomas were the first Aboriginal nurses that came through. There was a solid underlying base of strong Aboriginal women. I just remember thinking that, you know, without these sort of people that were knowledgeable and respected in their own area, there is no way that we could have done the job that we did.

One liaison officer was going out a couple of weeks before us, often into unknown communities. If you didn't have the solid backing of Aboriginal people from the community you were stuffed. I was surprised at the number of times that we went there and people were ready and waiting. I reckon that's amazing and today it would be a very different story

Most Aboriginal Health Workers (AHWs) during the mid-1970s were women. Aboriginal women have always had a very senior decision-making role, with the help of family. Yet the senior members of the NTEHP had a health meeting, with no women. There is no way that you would get away with that these days: a meeting





just with men, on Aboriginal health. It makes a very interesting statement about Aboriginal women's roles in health and family, and how this was perceived by some non-Indigenous people. There were many different ways in which the State Health departments operated and the extent to which they valued the AHWs. Certain personalities get attracted to some of these isolated nursing positions because they hold a lot of power. In some desert areas, AHWs were treated with great disdain as some underwent little or no training and therefore could only be drivers and cleaners. Yet at other places they were treated with more respect and were given the opportunity to get more skills

We assisted in the growth of community-based Aboriginal Medical services on our journey. We played slides and told stories about the NTEHP wherever we could. Meanwhile our experiences and data were being fed to the government and public through Gordon, Fred, the RACO, and some journalists. We worked in some very bleak places and saw some terrible living conditions: tin sheds in the middle of the flat with only one tap to share amongst many families; maya maya's made of branches, tarps and tin a couple of hundred metres from the rich cocky's house with his manicured lawn and sprinklers. There was no help to cart rubbish from camps, so people were living amongst it. As a city girl I was deeply shocked.

It was Fred's role to encourage and challenge senior health professionals to make the change. He used to get very frustrated, angry and almost despairing at the attitudes he came across. Gabi put up with a lot. But I do remember thinking that the non-Aboriginal members of the team can always go home and live a quiet life after this enormous contribution. The AHWs all across the nation and the Aboriginal members of the team will go on living it forever.

We arrived at the Pit. Lands in South Australia. For some of my early childhood I was in Kalgoorlie in Western Australia, I had some memories of desert people coming in to Kalgoorlie and giving them cups of tea. But going into the Pit. Lands was like going into wildest Africa for me because I had spent most of my life until then in Melbourne. Being in the Pit. Lands I saw hardly anybody of mixed Aboriginal descent, and heard people use language all the time. I also saw the first stockman that I had ever seen (except for in the movies). It was really an amazing experience and the country was just beautiful.

As a Melbourne girl I had a pretty romantic idea of what Aboriginal culture and bush life was all about. I am so grateful for those Ernabella ladies who took us into





the bush and let us witness a women's dance. It was a magical experience and a clear reminder of what I had missed out on through my mum's Stolen Generations experience. The use of controlled and uncontrolled violence, the role alcohol played, and analysing the difference between the empowered and disempowered communities we visited, became huge lessons for me.

I was also excited about going to the Pilbara, because I knew that my family had come from there. All I knew was that my mum had a brother called Bob, and that some old mission sister of mum had come to the Pilbara in the 1950s and had met some of the family. When we finally made it to the Pilbara I saw some hills by the highway and they hit me in the guts. I felt that there was some connection; I really didn't understand it at all. We drove to Yandeyarra and were waiting for Peter Coppin, the Aboriginal manager of the station there, to come back from mustering. Yandeyarra is a Pilbara reserve that invested in the Aboriginal community. In all our travels I rarely came across any Aboriginal-owned stations. We all just could not believe this place: it was immaculate — you could have eaten off the dirt.

We were near the old station homestead and I saw this girl whose name I later learned was Patricia. Patricia was standing with another lady when she saw me. She looked back then came up to me and said, 'You Rose?'

I said, 'Yeah, We came to do this eye program.'

I thought that this was my chance to find my family, so I asked, 'Do you know, I've got family here somewhere.'

As I said this, the lady standing next to her (her sister-in-law) came walking up closer and said, 'Who's your family?'

I told them the story. I said, 'I'm looking for my mum's brother. His name's Bob.' And this lady said, 'I think you're talking about my husband.' So that was that.

A few hours later, when mustering was over and people had finished work for the day, three handsome men with white shirts on came walking over to see us visitors. They were introduced as my mum's two brothers and cousin. Later the Aboriginal manager, Peter Coppin, said to me, 'Oh, I thought you were somebody. I didn't know you were family'. Years later this Aboriginal English way of saying you were somebody else, remains my favourite.





Rose Murray and her mob in the Pilbara,
© Reg Murray.

It was very sad finding my nanna had died in an accident five years before. We went on to meet my mother's sister and two brothers and many other family members and because of the kinship system, I was able to finally meet some of our nannas. I always wondered where my mum got her spirit from, and it was from all this family I learnt of our peoples struggle.

On 1 May 1946, Aboriginal stockmen, 'house-girls' and other families walked off the Pilbara station. They were on strike for better wages and conditions. They were locked up, chained, and threatened with guns yet they got the support of up to a hundred people who also joined the strike. To survive this strike, people hunted goats and kangaroos, gathered grass seed and sold pearl shells.

I didn't know much about the strike before I arrived at Yandeyarra but I knew that something had happened. Now I know that Yandeyarra people were split, and one mob followed Mitchell and another mob followed McLeod. Most of our family went with Mitchell and the rest went with McLeod creating the Strelley communities.

The housing was a bit rough and the community had decided that they'd put all the school kids in this thing called a 'hostel'. My mum's brother and sister-in-law ran the hostel and looked after the kids from Monday to Friday. Then the kids could go out with their own families on the weekend. We'd never seen that before either, because we saw everybody running from missions and they had a really different set-up. We were seeing some other different models of the way you had community meetings. So it was a good experience.



So that was how our family got back together again, and we discovered that we'd actually screened my mum's sister at Tjalka Warra. Later on we got to meet them too. We hadn't really seen an Aboriginal-owned station, it was run like a showcase and was really amazing.

So when I went to Strelley the word had started to spread that there was a family member in the group and this time I could say, 'I understand I have some family here,' and I got introduced as a family member and was told where I fitted into the family. Of course I was very overcome with all these introductions. People were lovely to me, and it was so special that I could share that with my trachoma family. I thought 'Finally I've made it home'. I was so happy but became a crying wreck for days after. And it was very difficult for me to leave the Pilbara — really, really hard, because I knew that I had come home now. I knew that now I'd be able to bring mum back after 40 years,

Reg and I were beginning to think we weren't going to have babies, but the really strange and beautiful thing was that once we hit Yandeyarra country I fell pregnant. So I thought that there was something very spiritual about coming home. That was a special gift for us. Eventually the three of us went back and lived close to the family in the Pilbara for a while. I didn't find out I was pregnant until we were flying out from Darwin in a light plane. That was quite scary because some of us had never been in a light plane before. I was flying out to Milingimbi one day and I started feeling sick and wondered what was going on. I talked to the nurse and she said, 'Oh, come on, let's do a pregnancy test.' And she did, and it said that I was pregnant. So we went back into town and got it confirmed in Darwin hospital. I remember me, Buzz and my sister Sheryl Osborne, waiting for the news to tell Reg. Reg had gone out to the islands with the rest of the team. We all had a big party when he came back. And that was a really lovely and special time for us. It was like a special gift for the NTEHP, we were going to have a 'trachoma' baby. And that was really something, because it joined the team more as a family.

Sometimes we would be around the fire and Fred would talk about Freire and the role of education in empowerment. Other times he would quote poetry. It was a rich time. I soaked it all up. Everyone had a chance to tell his or her stories, and we were good listeners: one minute we'd be riding horses in a show, or working in a labour ward, or drinking in the Oodnadatta pub or climbing New Zealand mountains. We were never bored; boredom didn't come into it.





I remember feeling really frustrated that we could not make immediate changes because we would just hit a town running. We'd come in, do the right thing, make sure that the right people had the report, and hit the road again. It was frustrating. There were a few times I wanted to bail and actually sit down and work with the community, even just for tucker. I thought 'Nuh, this is wrong. I'm sure I can do some of this stuff and I want to sit down here'. But you couldn't, because you had a national agenda. And for blackfellas to have a national agenda, that's a really rare thing. We come from a certain place, or we've been raised in a certain place, and this Program was really amazing because all of a sudden you felt like the 'national Aborigine'. I experienced so many different ways of life, and that was really mind-blowing.

As our reputation grew and we combed the states, Queensland was the last to really tackle. We employed Clarrie Grogan and Mick Miller and they prepared the Cape and the Islands for our arrival. Joh Bjelke-Peterson and his party got wind of it and accused Clarrie and Mick of electioneering for the state elections. I didn't know what was going on, but I did receive my termination notice and it really rocked me. I was absolutely stunned to think the FACO or the Federal Health Department did not have the courage to stand by us. It was a big shock. I had never been sacked before or since. My political naiveté went out the window.

When I think back on what the Aboriginal team members brought to the NTEHP, it's a combination of health knowledge, bush and mechanical skills, respect for other Aboriginal people's ways, the ability to speak out when you have to, to finish what you start, and amazing senses of humour. We would play act all the funny things that had happen. Teasing and making fun of ourselves was a great relaxer ... the odd bit of whisky also helped.

Somehow we brought our families' spirit along with us, and for some of the time my sister Sheryl actually joined us on the team. Jilpia's mum had found her at Fitzroy Crossing; we had Buzz's mob from Finnis Springs and Adelaide; Murray's in Balranald, and mine in Preston. Everyone was affected in some way. They lived every moment with us; we were like explorers returning back home! Everyone wanted to know the stories.

I moved back to the Pilbara and have gone away for breaks. Since those days I have raised mum's brother's grandchild, Kapula Jacob, and now she is 14 years old. Mum passed away in Hedland after 15 years of having her beloved family near her.





Rose Murray and her
uncle, in the Pilbara,
© Reg Murray.



I know now that I have inherited strength, intelligence and determination from my ancestors. I know my environment has skilled me in adapting to change, seeking social justice and working with all sorts of people. I have helped create many Aboriginal organisations and, unfortunately seen the demise of a couple. I still don't own anything. But I've never been bored or without something to do. So I think I'm a successful student of life and that's ok.

What's lasted for me is the knowledge that I am capable of really hard work over a long period of time, and I know what my strengths are in being with a team. It was really good as a young person, to learn that under harsh conditions. And even though we might be slack about keeping in touch, I would never have any problem if I really needed any of my friends from the Program —I know I could ask for help these thirty years later. They wouldn't judge me if I'd stuffed up or if I'm in a bad way. We have shared too much for that.

Those experiences taught me to greatly respect stamina and sticking at things. I learnt the value of teamwork, working across cultures. I learnt that all people react to stress and tiredness. I learnt that in the medical and political world academic qualifications and positions of power really don't count. I learnt to value the whole person not just the money they earned. I learnt to be very angry that my culture and





history had been denied me. I learnt I'd rather be stuck in the bush with a sometimes hung-over mechanic husband than 40 ophthalmologists who could hardly change a tyre. I learnt that you can create a new family without being related.

If we could harness that energy and vision that we had back in the trachoma days and had teams of skilled, hardworking people in each community, I would sleep much easier. I would know that my grandchildren and other children would have a healthier and safer life. I would know that access to appropriate and safe health education and medical treatment was happening to all.

Our daughter Jilalga was born at the end of our fieldwork. She is the NTEHP baby and a talented artist now with two beautiful kids, Allyra and Taj. Reg returned east. I have been a foundation member of the Wirrakamaya Aboriginal Health Service and have completed a Health Promotions qualification (plus teaching, and fine arts). I have been on many Aboriginal corporation committees, was a founding Council member for Aboriginal Reconciliation, and worked at Wangka Maya Link Up. The NTEHP experience taught me about hard work, valuing everyone's contribution whether rich or poor. Knowledge is power but taking action makes them jump.

This essay has given me a chance to reflect on my life as a community member, a worker and a volunteer. The NTEHP gave me access to my Pilbara family and created the 'trachoma' family. Fred introduced me to a bigger world and I learnt to work for that cranky genius who always challenged my thinking. I am very grateful for that. My team-mates and I played an important role in shining the spotlight on Indigenous eye health. The opportunity to share these experiences is much appreciated. Sometimes I think I'm a candidate for the Charcoal Institute of Burnt Out Blacks. But that's okay, I've earned it !





Chapter 4

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Reg Murray

I was born 28 July 1954 in a small town in northern Victoria called Mooroopna. My mother Merle Charles, named me after my father, Reg Murray. My mother, who is now 76 years old, is a descendant of the Yorta Yorta people and my father, now deceased, was a descendant of the Wamba Wamba people. I was born into a huge Murray family.

Throughout my life I worked in a range of occupations, including dry cleaning, mechanics, structural welding, and the building industry. My experiences took me all the way around Australia.

I first heard of the NTEHP when my first wife, Rose Osborne, who was working with the Commonwealth Employment Services (CES) in Melbourne, saw an advert for an Aboriginal field clerk and a person to take charge of vehicles and gear on a health program. After reading the job description and what it involved we thought it would be a good opportunity to see the country and help our people at the same time. We'd just come back from around Australia on a twelve month working holiday and saw first hand the living conditions our people had to contend with.

We sat and discussed the positions and decided to apply together. We applied for the positions and were fortunate enough to get an interview. Fred was in Melbourne at the time on other business, and he arranged to interview us in the CES office in Melbourne. We were only there for five or 10 minutes when Fred asked 'You know how to fix a car?' I said 'Yep'. Then he said 'Do you know how to kick-start it?'

I told him that we'd come back from a trip around Australia and if you were running a big program like the NTEHP, you'd really need a good mechanic, because you could get into a lot of trouble out there in the back country if you didn't know anything about vehicles. I'd been working round vehicles all my life, you know, all my younger years.





Reg Murray
dispensing glasses;
one of many skills
learnt on the road,
© Reg Murray.

So Fred never promised us anything then about a week later he rings up, 'We want you and Rose to be in Sydney to talk about the preparation and organising of the gear and equipment and stuff.' Both Rose and I had never been to Sydney. We had a week to give up our flat, put our stuff in storage, and calm our families down. Then we jumped on a plane to Sydney, and went to Farnham House where Gabi and Fred were, and that was it. Very, very short notice.

We weren't the only Aboriginal staff to join the NTEHP. Some key Aboriginal workers to join the Program included a nurse named Jilpia Jones and liaison officer named Trevor Buzzacott and the assistant director, Gordon Briscoe. Given that there weren't many Aboriginal staff around in those days, that wasn't a bad balance between Aboriginal and non-Aboriginal people working on the NTEHP.

I originally joined the NTEHP because I was interested in helping my people and working with them. I also wanted to travel and see more of Australia. The NTEHP looked like it was going to have good outcomes for Aboriginal people and their health. My family and friends were happy to know I was involved with the NTEHP and were very proud to know of the good cause that we were all working towards. Many people I knew were wishing they were in the position I was in. What started out as an adventure really opened my eyes to the struggle and plight of Aboriginal people.



Although we were experienced in our own fields, we continued to learn as the NTEHP progressed. One early lesson learnt in the Program's delivery was who should do the talking in communities and that made the team become more aware of the cultural divide between traditional blacks and the white people.

We were in Cundalee, about 200 km east of Kalgoorlie. We'd been working all day and Fred had just finished examining this lady's eyes. Then Fred came over to me and said, 'Murray, that last lady we examined, she got our Bugs Bunny. I want you to go and get it back.'

Now, this Bugs Bunny doll was taken all around Australia and used to entertain the kids and calm them down while they were being examined. If you pulled the string on the doll it would say, 'What's up, doc? Take me with you', amongst other things.

I said, 'Bloody hell, Fred, how do expect me to find this woman with Bugs Bunny?' He said, 'It's easy Murray, she's got it between her tits.' So here I am walking around all these women checking them out looking for this Bugs Bunny doll. I eventually found the woman that had the doll. There was about four or five of them all standing around talking and carrying on. I walked up to them and said to this lady, 'Can I have our Bugs Bunny back?' And she said, 'No, I haven't got it.' I said, 'Yes you have'. 'No, no', she said again. I said, 'Yes, you have' and I'm pointing at her boobs (how embarrassing!), 'There it is there', and there's Bugs Bunny's arm, with his carrot in his hand sticking out of the hole in her top as if to say, 'Here I am. Help, help!'. Fred really should have asked an Aboriginal woman on the team to go and do it, or speak to the Aboriginal female health worker. This was one of many things learnt concerning a sensitive nature.

Besides being the team's driver and mechanic I was also the cook. One of our first stops was in South Australia at a community called Indulkna. It was a large settlement of about 300–400 people. We would stay in some houses that were built for visiting health workers and staff for three to four days. For the first couple of days one of the community dogs would visit there during the night and knock over our bins and spread the rubbish all over the front yard looking for a feed. On the third night I was about to cook tea for everyone when we realised our meat was on the turn. What I decided to do was take a large chunk of this meat and cut a few slits into it with a very pointed knife. In each slit I then stuffed four to five very hot pickled chillies, then with a large bag, needle and some cotton I sewed up each of the holes, and then I threw it in the rubbish bin. An alternative meal had to be cooked that night.





Three Program vehicles carrying the team through dusty and arid conditions to isolated communities. The big yellow truck, 'Big Bertha', stayed the distance with the Program.

The next day when we got up, we looked outside and sure enough the rubbish bin was knocked over, with rubbish strewn everywhere. We had breakfast and got ready to go across the road to work. I and about two or three others were about halfway across the road when out of nowhere this skinny, mangy dog, came flying down the road flat out with it's arse dragging along the ground and its back legs tucked up under its front legs with gravel and dust flying everywhere. It was one of the funniest sights I have ever seen. To this day I haven't seen anything that would top it. Guess what? The bin was not touched the next night!

Another memory I have of camps dogs was at the mission in Warburton, Western Australia. Trevor Buzzacott and I were down at a big shed where they fixed vehicles and did other jobs. I had to remove the petrol tank out of our two-wheel drive Valiant stationwagon that had sprung a leak from the rough roads. The baffles inside the petrol tank had come adrift. Baffles are upright plates spot-welded inside the tanks to stop the fuel swilling from side to side. We had to get a new fuel tank flown in because we could not repair it. While Buzz and I were working on the tank we spied something that we still laugh about today. We looked about 20–30 yards away and noticed a pair of dogs mating. The funniest thing to see was when the situation had reached its climax, the male dog completely spent just hung his head and rested it on the back of the bitch.



The stationwagon wasn't the only vehicle to break down during the NTEHP and I often needed to use my mechanic's skills to fix the breakdowns. We had a yellow truck, also known as 'Big Bertha', that was used throughout the NTEHP. It was a big lemon and would chew the universal joint out every three weeks. I got sick of having to put a new one in all the time so I pulled the front drive shaft out altogether, so it became only a two-wheel drive instead of a four-wheel drive. I had fixed the problem. Another time the rear brakes seized up in Alice Springs, then it had more brake troubles in Broome.

Later in the Program we had a film crew join us up in the Gulf for a couple of weeks to do a documentary for the NTEHP. They hired a yellow XC Falcon stationwagon from Mt Isa. I think they travelled with us from Boorloola through to Burketown; all four-wheel drive country. We only got halfway when we had to stop to fix this Falcon wagon. Damage had been done from the rough road conditions. The sump on the motor had been dented so that the big-end bearings were hitting the sump and making a hell of a racket. If it hadn't been repaired it would have had holes worn in it which then would have been very difficult to fix in the middle of nowhere. I searched and found a tree with a fork in it about fifteen feet high. I threw the winch cable from my ute over the fork in the tree and winched the front of the car high enough to get under it. Fred and I were able to get the sump off and knock the dents back out. We put the sump back in, started the motor up, and after putting oil back in it, the wagon was like new again. The film crew safely made it back to Mt Isa.

I always did grease and oil changes to our vehicles when we were to be away from town for weeks at a time. I had a Toyota Land Cruiser four-wheel drive, and Fred had a Range Rover. When we arrived at any major town I would book all the vehicles in for a service and a general checkup. My Land Cruiser would always only need a grease and oil change. Fred's Range Rover would always need major works done to it. The Range Rover proved to be a very expensive vehicle to drive. One time in Kalgoorlie when he buggered the gearbox, it was in the garage for a week and it cost over four grand to fix. Another time we were at Mimili Aboriginal settlement in South Australia, when the fan broke a blade and did a lot of damage to the radiator and the fan shroud. The shroud is the guard that stops the fans from being open to hands getting caught in it while running, and also helps the air flow through the radiator for cooling the motor. We had to get a new radiator flown in by the mail plane from Adelaide.





Reg Murray and Fred Hollows fixing the film crew's stationwagon,
© Reg Murray.

In May or June 1977 I traded my short wheel-based cruiser in for a brand new Land Cruiser ute with a bull-bar and tow-bar. The cost of the new ute was \$7,400. It was the same day we were to head off to Broome from Port Hedland. We hurriedly bought our food supply for the team and packed it in the trailer. That night, 200km up the road, I had just overtaken a road train when all of sudden I could see it's headlights in the rear-view mirror. I knew I had just lost my trailer. So I put my foot on the brake but thought better because I didn't know whether the trailer was still moving and might run into the back of me. I had to slow down very carefully and as I pulled up the road train thundered past me. I was relieved because I knew that he had missed the trailer.

I went back about 200 yards to where the trailer had come to rest about 10–15 feet off the dirt road. It had cleaned up a few small bushes and a couple of little trees about six feet high. It had also gone over a very large windrow that a grader had left about a year before. A windrow is a mound of dirt sometimes 6 to 18 inches high that a grader leaves on the side of the road after grading. There was no damage to the trailer but some of the stuff inside it had a rough time. All I could find was two broken eggs and a squashed fresh tomato. The Toyota yard back in Port Hedland hadn't tightened the towbar on the vehicle.



When my first wife Rose and I initially started on the NTEHP we had a short wheel-based Land Cruiser with pack rack. Later we bought a tandem trailer with slipper springs. About a month or so later Fred decided to buy a trailer too. He got one with load-sharing shackle springs. It was good for a while until we really had a hard, rough trip out to Yuendumu, Papunya, Haasts Bluff and Areyonga in Central Australia. Really rough, corrugated dirt road, and very rocky in places. Fred's trailer just made it back with some help. The load-sharing shackle's spring fell apart. He got rid of it after that. Mine was still going well after the Program had finished.

As we drove from town to town we were exposed to a range of living conditions in Aboriginal communities, most of them appalling; worst than third-world conditions. A real eye opener! I had no idea how bad the situation was and how bad the Aboriginal living standards were. Some of the housing that the government provided for the Aboriginal people back then had no air-conditioning, just corrugated iron, no insulation, just very, very cheap and nasty homes. The government at that time never put a lot of money into Aboriginal housing or health. I had a small exposure to conditions and the hard lifestyle that my people had to contend with before I started on the NTEHP. A short time into the Program I realised the extent of the health problems that my people faced. I was very affected and that is why I stayed with the Program for so long. I only wished that the NTEHP could have continued on to this day.

The feedback that I got from talking to different local people was that they thought it was a very good and a much-needed service. Some people in the communities thought it may have been another fly-by program where white fellas would zoom through the area and never be heard of again, as other government programs had done. When the NTEHP first started, a lot of the communities were very hesitant. As the NTEHP went on, word spread quickly ahead of us and nearly all the communities were looking forward to our arrival. As Aboriginal people on the team, you know, we went through the usual 'Who are you?', 'Who's your mum and dad?', 'Where you fellas from?'. Everybody just was very welcoming, and really encouraged to us.

In 1977 I had the privilege of being part of an extraordinary moment. We were at Wiluna, north Western Australia, where most of the Aboriginal people lived and camped east of the town. The local Aboriginal people brought in the very last couple to have lived a nomadic lifestyle. The old couple must have been at least eighty years old. The old woman was totally blind and the old fellow wasn't much better. He was carrying a spear and leading his woman by way of her holding the other end





of his spear. The story was that when most of the Aboriginals were forced to move to Wiluna, this couple went away together as young teenagers in love. They fled because they were different skin types and weren't supposed to be together. So for the next sixty-odd years they lived off the land, never laying eyes on a white person. The old people at Wiluna knew they were out there somewhere so they went out to get them because they knew that they were getting old, and would be having trouble looking after themselves. They wanted us to check their eyes. It was a very special and emotional day for all of us on the NTEHP team. You couldn't help but be moved to see these two small, frail, old people shuffling along — one completely blind and the other, barely able to see himself, leading the way. Memories like these are a small example of how the NTEHP had an immediate impact on eye health of people living in rural and remote Australia. The NTEHP was able to administer medication and do minor surgery on the spot as needed. It also provided glasses to our people within weeks of being ordered.

Because the NTEHP was able to do hundreds of eye operations, it also had a lasting impact within Australia. Through the aims of the NTEHP, rural Australia would not have the health services and eye specialists that they have today.

All the team members were committed to the NTEHP one hundred per cent. They believed in the NTEHP and what it stood for. We were like one big family and looked after each other, during work and outside work.

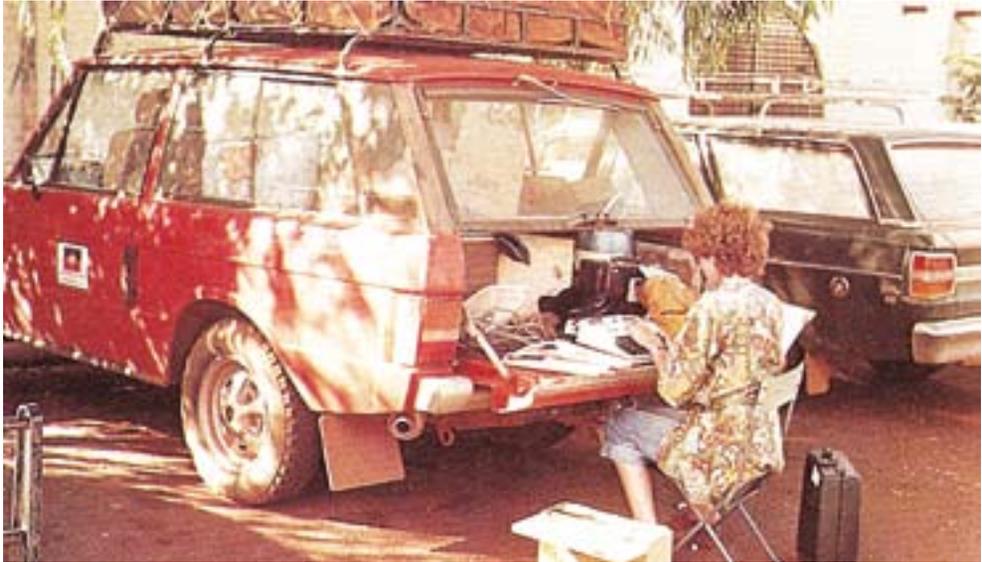
It was the close bond within the team that made Trish O'Shaunessy's death such a tragedy. Trish was our field secretary. We were only in Balgo for a day or so, when we got the news about Trish rolling the truck. That was a terrible shock to everybody, and a great sadness and a great loss. We went back to Halls Creek and sat for a while.

Fred blamed me for her death, because I was the mechanic on the Program but, unknown to me, someone else had booked the truck in at Broome to have the brakes repaired. I didn't know anything of this because Rose and I were working with Fred and Gabi on the Gibb River Road. We were always having trouble with the brakes in that truck. Because they couldn't get the parts for the truck in Broome, they had to be flown in from Perth and they were a couple of days late. So Trish and Fabio stayed behind in Broome to wait for the truck to be repaired. Trish was driving when they hit a rut in the dirt road. She wasn't used to driving a big heavy truck. She'd always driven in the city.





Patricia, 'Trish', O'Shaugnessy, the field secretary, hard at work in her office.



The steering wheel was pulled from her hands, rolling the truck. She was thrown out and the truck rolled on her. Fred thought it was my fault. I said 'Fred, it wasn't my fuckin' fault! I didn't even book the vehicle in to have repairs.' I was ready to resign. I said, 'Fuck you, I'm out of here.' Rose and I started packing our gear up. We removed all the gear belonging to the NTEHP from the ute and trailer, and had all our stuff ready to go.

Gabi said to Fred, 'Don't let 'em go, don't let 'em go.' So Fred sort of had to come over and ask us to stay. He apologised to me. It wasn't the exact apology that I wanted, but I thought, 'Fuck,' you know? 'If we go, the Program is going to bloody fold or it's going to be very hard for the rest of the team to continue on,' so I accepted his apology and we stayed. After that there was a bit of tension, but after a while all the tension went, because we got back into work and all that sort of stuff. That was the only time there was bad blood between Fred and I. But we became really close after that. He knew and he could see that I was a strong bloke, took no shit, same as him, so we sort of hit it off. He respected me more after that.

Although we respected each other in the team, some community members, like the publicans, refused to tolerate the Aboriginal people as equals. The first time I saw or had anything to do with racism was up in the Territory. Barrow Creek stood out particularly. There was a roadhouse bar that would not allow Aboriginal people to drink there. They were served through a small pigeon hole in the back wall, as did





a lot of pubs up north, having separate sections for black and white drinkers. There was no socialising between the two.

Fitzroy Crossing, Western Australia was another place where racism was pretty bad. The whites and the Aboriginal people each had their own bar. Our mob was served plastic cups as they weren't allowed to have glass. The white people were segregated in another section of the pub. That really made me very angry to see that. But we made the point. We would go into the white section and buy some of the local Aboriginal people a few beers. The publicans and the locals didn't know how to handle it. We always tried to put it in their face.

In 1978 I was doing liaison work in Deniliquin, New South Wales. I'd booked into the motel at the back of the pub, and I walked into the bar to have a drink. I was ignored for some time, and when I asked why the barmaid said, 'Oh sorry, we're not allowed to serve you people here.' I was booked into their bloody motel! I said, 'What?' and she said, 'Oh, we're not allowed to serve you here.' 'Why?' She said, 'I dunno,' But I kicked up that much of a row I made 'em serve me.

The NTEHP hit Geraldton after a long stint of about three weeks of travel and clinics in Western Australia. We were going to spend about a week in Geraldton and out-lying areas. So I decided to buy some fishing gear. I purchased a nine foot surf rod, a nice big reel to suit it, a tackle box, a hand-line or two, and heaps of hooks, lures and sinkers — the whole dice. So the first break we had, a few of us headed a little south of Geraldton to a popular fishing spot; a place where the sandstone rocks rose twenty feet up from the water. I was fishing away with my new rod for about 10–15 minutes when I decided to pull my line in to check the bait. As I reeled in, it felt like seaweed or something was on my line. When I lifted it up to where I was standing, what should be on my hook but a huge crayfish! The rest of the crew were very excited. Jeff Birk, our optical dispenser, was swimming and diving below where we were fishing. He was using a spear gun. After a while he also came up to us with a crayfish and was very excited too. That didn't last long because there was an off-duty fishing inspector in the crowd and he made Jeff throw it back. We didn't know that cray fishing with a spear gun was prohibited. I was allowed to keep mine. We all had a good feed of crayfish and other fish we caught that day. The next stop was Sturt Creek Station, Western Australia, where the team camped down the creek. We'd just started playing a game of chess and having nips of whiskey using the top from the bottle. Because I used to do a lot of the cooking, Fred reckons, 'Bloody Murray, I'm going to show you how to cook bloody damper.' Fred had bought



an aluminium camp oven. So he jumps up and gets his camp oven out of the box, it was so shiny and new. He'd carted it around for weeks. The first time he had been able to use it was here at Sturt Creek.

As we were sitting down there on the billabong we had the fire going. So he mixes up the dough, pulls the coals out, puts the damper in the camp oven, throws the coals back on, we go back to playing chess. We were sitting down and having a good time when about twenty minutes later Fred decides to get up and go and check his damper ... and here's the fuckin' aluminium camp oven all melted round the damper! 'What the fuck's going on here, Murray? What'd you do to my damper?'

His big flash camp oven had just melted. I said, 'I didn't know it was aluminium.' Fred said, 'I'll fuckin' fix you!' and he got more firewood, threw it on the fire, and he melted that oven down — he cooked it good and proper. We laughed and laughed. Fred didn't make a lot of mistakes, but that was a good one.

The community members weren't the only ones who needed treatment for their eyes. I also had a few close encounters with my own eye health. By July 1977, the team had reached Halls Creek, Western Australia. We'd just packed all the gear up in the back of the Land Cruiser ute, and I was stretching a few ockie straps across the back to hold all the gear in. I pulled it too hard and the bloody metal hook on the end of the ockie strap straightened out, it let go, and the hook sprang back and hit me just under the eye. It knocked me arse over head, and I got up shaking my head. It nearly knocked me out. I thought I'd knocked my bloody eye out. I couldn't see for a minute. Then I looked in the bloody side mirror on the ute and, shit, it'd got me just underneath my eye. That's one time I nearly lost my eye.

Another time was when we were fishing off the wharf at Wyndham, Western Australia. Luckily the tide was coming in and the water was thirty/thirty-five feet down. They have big high tides up in that area, up 'round the top of the Kimberleys. We caught this big, whiskery salmon fishing there. I held it out of the water because it was too big to lift straight up. I held it up in that position for too long, and then I said, 'Oh, bugger it!' I decided to try to pull it up. The line broke and went whoosh and whip-lashed straight back up and hit me right in the face and lacerated my eye. I was lucky that it never had the hook or the sinker still on it when it hit me in the eye.

Then that dead fish started floating inland, because the tide was coming in. I said, 'That fuckin' fish isn't going to get away from me!' So 'round the wharf I went, and





down into the mudflats, into the mangroves. This was where the cattle got loaded onto the boats for the meatworks. These mudflats were full of crocodiles and they wait for anything to fall into the water. The cattle can see land about a kilometre across the water, so sometimes they jump over the rails, hit the water and they start swimming. Next minute the cattle disappear, because the crocodiles get them. There I was walking in amongst all these bloody mangroves watching that fish just float down ... and looking behind me as I'm walking!



Reg Murray in Wyndham, Western Australia, with the fish that almost floated away, © Reg Murray.

If a crocodile had gone for me it would have been difficult to get away. He could've just come out of the mud and got me. I made it through the mangroves all right and it was about a kilometre walk back to town without my floating fish.

When I got back into town, there were a couple of blokes fishing near the boat ramp. I went over to them and asked, 'Fellas, can I borrow your little tinny? There's a fish out there floating.' 'Yeah, yeah, no worries, go for it,' they replied. I got in the little tinny and I rowed out, in the middle of this bloody water, got the fish and rowed back in. There was a local Aboriginal family we'd made really good friends with, and they invited us round for a barbecue that night, and we had these two nice big, whiskery salmon that we caught off the Wyndham jetty. That was a nice big feed of fish that night.

Under Fred Hollows's leadership and guidance the NTEHP overcame all obstacles, politically, socially and professionally. Through the experienced staff we were able to complete the Program and make it a success.

I can't praise the leadership, fellow workers and professionalism of the NTEHP enough. It was an absolute privilege to work in the NTEHP and alongside some very committed and like-minded people. I met some wonderful people and formed long-lasting friendships with them. My good friends that have similar values and attitudes as I do are Trevor Buzzacott, Jilpia Nappaljari Jones, Gordon Briscoe, Gabi Hollows, Micky Johnson, David Moran, Rose Osborne, Hugh Taylor and my



wife Jill Archer; as well as many more. It would take forever to mention them all but I'm sure they all know who they are.

Through Fred's media release of the plight of the Aborigines, the Government was embarrassed and forced to take action into providing funding for health and improving living standards for them. It made the politicians aware of the situation in rural and remote areas. The NTEHP was the best thing that could have happened to Aboriginal people of Australia, as it paved the way for all local, rural and remote communities to have sufficient and established health services.





Chapter 5

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Jilpia Nappaljari Jones

I first met Fred Hollows in 1971, when he interviewed me for a job as registered nurse at the Aboriginal Medical Service (AMS) in Redfern. I was wearing my best designer gear and he took one look at me and barked, 'Have yer ever been in a black's camp?' He probably expected this well-groomed and genteel creature to retreat from her application. Instead the creature barked back, 'I was born in a blacks' camp.' His jaw dropped. I got the job at the AMS and so began a strong and committed relationship towards the provision of community-controlled health care to my people.

Four years later, while I was on holidays in the United Kingdom and planning my overland trip back home, I received a telegram from Professor Hollows demanding that I come home and work on the NTEHP; asking wasn't in his vocabulary. After some minutes reflecting ruefully about missing out on my overland trip through those exotic countries on a package for which I had already paid for, I packed my bags and flew to Australia to undertake a very different overland journey.

The NTEHP was established to look for, and treat eye diseases in remote and rural Australia. It not only helped thousands of Australians with eye problems but on a personal level, helped me to connect with my mother, my people, and my land in the south Kimberley area of Western Australia. In this account, I shall elaborate on the formation of the teams which made up the NTEHP, the methods of travel, the physical and environmental health issues we encountered, racism, culture and traditions, housing, and my personal observations and experiences.



Jilpia at the Redfern Aboriginal Medical Service in Sydney, 1971, © Jilpia Jones.

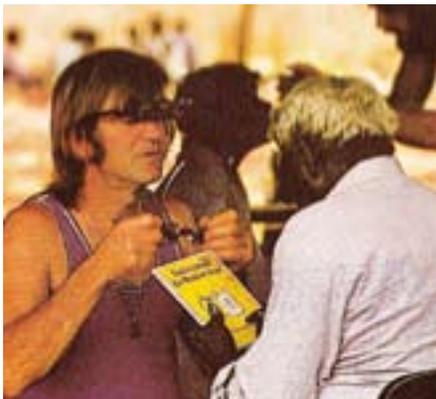


Forming the teams

The NTEHP began in May 1976 in South Australia. In October of that year I flew up from Sydney to Katherine and met the team that was involved in the first national eye health survey, a major medical assessment of eye health throughout rural and remote Australia. Although the NTEHP members broke up into a number of teams to cover more ground, my team travelled from Katherine to Queensland for the first of two trips to that state. By 1977 we had travelled to Western Australia, again to the Northern Territory including the Top End. Later that year we made our second trip to Queensland, then New South Wales, and on to parts of Victoria.

We all had very important roles that helped change the course of eye health. I was the registered nurse and a Walmadjari woman. The other Aboriginal members of our team consisted of Rose Murray, a Nyangumarta woman who, as well being a receptionist and clerk, was a strong and committed Indigenous person from the Pilbara. Reg Murray (husband to Rose) was a Yorta Yorta/Wamba Wamba man from Victoria. Reg was the mechanic who made sure our vehicles were in running order as well as keeping us well fed. Trevor Buzzacott, an Arabanna man, was the main liaison officer. He visited communities before the team arrived and explained what the NTEHP was all about. By this process we obtained the informed consent of individuals and the communities to bring the Program in. Along the way, we recruited other Indigenous liaison officers. Without exception, these officers proved their worth in mobilising the community to be present and surveyed. The full-time medical members were Professor Fred Hollows, Dr David Moran and Dr Hugh Taylor (later to become Professor of Ophthalmology at the University of Melbourne), and Fred's partner Gabrielle 'Gabi' O'Sullivan, was the orthoptist (vision tester).

Fred Hollows in the field testing near vision, Arnhem Land, Northern Territory.



The ophthalmologists were required to apply their ophthalmological skills as well as general medical skills if needed. Other eye doctors flew in and joined them in different states for short periods. We split up into three teams, with an ophthalmologist leading each team. We also had microbiologists on the ground: Dr Doris Graham who worked in Melbourne was their boss but I didn't get to meet her. Young men such as Roscoe Lunt





Orthoptist Gabi Hollows (née O’Sullivan), literally working on the road at an Arnhem Land outstation.

and Fabio Zudich, and from America, David French and Larry Tedesco, were also on the team. They took blood and tear samples from the school children on request from the eye doctors. These samples were then airlifted back to Melbourne to be analysed and collated. These young microbiologists — ‘blood suckers’ — certainly knew how to handle the kids during that process!

On loan from OPSM were optical dispensers too who provided whatever spectacles were thought to be needed, and a lot were. The optical dispensers included Brian Brown, Geoff Birk and Kerry Honey, who I did not meet, as he worked only in South Australia. Brian and Geoff not only carried their own equipment but were expected to learn other skills. I can remember Geoff packing his dusty Land Rover very neatly, not a thing out of place. Although the Program was not designed to be a matrimonial bureau, Geoff met a Bandjalung nurse, Lois Randall, during this time and they subsequently married. In 2005, I went to their 20th wedding anniversary.

We worked at the hospitals and small clinics, or in tents that the army provided for us. At other times, people would have to be examined under bough shelters. If they worked in the cattle industry, some of the workers would be examined on the roads while droving or mustering. We had the assistance of some local Aboriginal people to guide us and, as interpreters, the local health workers were invaluable, in particular my cousin Eva Lawford, in the Kimberley. Fred made sure that an effort was made to transfer skills in eye health to the local health workers, although the number of people to be seen were so large, as to make effective teaching difficult, if not impossible. Throughout the campaign Fred Hollows, a Maoist, made sure all team members were equal. I don’t know if the invitations to come to dinner included all of us, rather than just the ophthalmologists, but Fred made sure we all came along!



On the Road

We saw and examined many black and white people in remote areas of this country, with needs varying between relief from a crippling trachoma to loss of close vision requiring glasses. In fact, I could say that at every waterhole in this country there was a need to check on eye health problems. At that time, the state of health in Aboriginal communities was very bad, with eye diseases as well as other infections such as Aboriginal kids covered in impetigo and discharging pus from their ears. Renal diseases and rheumatic heart conditions were common, but there were no resources to do anything about those diseases then.

We carried our swags, food and water in order to be self-sufficient and did not expect the communities to feed and accommodate us. We went to very remote communities like the Pitjantjatjara country, and the Victoria, Gibson, and the Great Sandy deserts and even to the cattle stations. When we met up with drovers along the road, they were happy to have their eyes examined. In the outer Torres Strait Islands, we found people living there with no access to eye health services at all. One has to pay tribute to the Medical Superintendent of Thursday Island, Dr Peter Holt, who bent over backwards to help us. He was assisted by some splendid Islander workers like Grace Ware.

Although four-wheel drive vehicles were most commonly used, sometimes we could only reach our destination by plane or boat. We also carried our own tools of trade like power generators to power the slit lamps, which were a necessary equipment to detect eye abnormalities such as cataracts, glaucoma or other major ocular diseases. In some places there was no power or internal water. A medical team is meant to observe scrupulous cleanliness, but with the facilities available we found it very difficult at times. However, we always abided by strict medical practice, and learnt to become resourceful and resilient. When we occasionally meet up now, we think back and talk about those trips and feel like old veterans of the NTEHP campaigns.

The teams's movements were influenced by many factors including the weather. After rain some dirt tracks will bog even the strongest four-wheel drive. Deaths within the communities often halted our schedule. A sorrow camp in remote communities must last until the funeral rites are completed, and they are not finished until relatives from other parts of the country have arrived to pay their respects. This may take many weeks. Traditional communities were often on the move for ceremonial purposes in order to follow the dreaming tracks of ancestral





spirits. There were secular activities too, where card playing tournaments saw people staying away for a week or two at a time. Despite all these influences, the team kept to the schedules as much as possible. The NTEHP did not interfere with the oldest culture of the world. But, of course, non-Aboriginal people in the team found it sometimes confusing and confronting.

I and the other Aboriginal team members experienced racism and negative reactions, from white Australia and we expected racism to follow us on this journey. But the non-Aboriginal workers were shocked about this, as many were seeing and experiencing racism first-hand for the first time. Some station managers had a culture of oppression and racism. We came to realise racism was also a tool of power and control used by the white bureaucrats such as health department staff, and in some remote Aboriginal communities there were nursing staff who made sure that Aboriginal health workers were confined to mopping floors only. On one occasion a health bureaucrat told Fred that having an Aboriginal liaison officer was too time-consuming. I wonder whether the bureaucrats would use that language if it was a white employee. On another occasion we had done surgery at the Papunya community to correct eyelid deformities, which is one of the effects of lasting trachoma. I was going down to the camp to do the eye dressing for the old people each day. On this occasion I was confronted by a nursing sister who said, 'Why are you going down there? Aren't you worried that you might be raped?' With that comment I spun around and said to the sister, 'It's not the blacks that I worry about, it's the white bastards.' Language can mask many derogatory attitudes and views.

Living conditions in Aboriginal communities

In the NTEHP Report (1983) housing was graded on a one to five scale. There was a clear relationship between the grade of house and the likelihood of Aboriginal people with follicular trachoma.

A No. 1 graded house was a wiltja dwelling. These had dirt floors and were constructed by having spinifex grass on the roof and around the walls. Others were made of old car bodies and old torn canvas also with dirt floors, and the furniture was made out of packing boxes.

A No. 2 type house also had dirt floors and looked similar to the wiltja; except they had large boards around the dwelling, but it was home. Most of the occupants were



Beyond Sandy Blight

Aboriginal housing in Western Australia, just a few hundred metres from the station manager's residence.



The station manager's residence.





tribal and did not know about electricity or taps, but they lived by their customs and tribal laws and believed they had ownership of their land.

A No. 3 type of house was constructed on cattle stations. They were built like one-room boxes with no room for furniture, and certainly did not have internal power or water. They were built largely for families of the workers and were very hot in the outback summer.

Number 4 graded houses had one room but were large enough for a bed and some furniture. They had a verandah in which a bed, as well as chairs and a table, could be placed. However, they also had no internal water or power. Some had roof solar power which always seemed to be unconnected.

Numer 5 houses were constructed by the various states as well as the Commonwealth government. They came in different styles, and were only available for rent. These houses had several rooms with internal water and power, as well as room for furniture. They had a veranda for coolness and sleeping, and seemed comfortable. The people who lived in them appeared satisfied as long as the design did not differ too radically from what people saw as the norm, which was like the housing for white people.

Other houses on missions and in communities that we visited, had adequate facilities such as internal power and water. However, these people still lived under the control of white authorities and were disconnected from their extended families within their tribal lands. One such place I can remember was Kalumburu on the far north-west coast of Australia. It was a mission run by Spanish Benedictine priests and the Spanish nuns only spoke their Spanish language. Some of the local people became Christians but the tribal Aboriginal people who lived on the land refused to become Christians, so segregation was installed.

I can remember one cold night we visited the old people who were sitting around their fires, entirely naked. Some had their dogs with them but they all appeared very happy and cheerful. They were called the 'river blacks' by the mission people, and they seemed to be very comfortable living on their land. The next day, I asked where the dogs were on the mission. The reply was, 'This is a mission, not a camp'. I felt the mission blacks's isolation from their brothers and sisters on the river bank.

On the Saturday morning of our stay, I witnessed the ration system. The Aboriginal people carried their billy cans up to the mission and stood in line to be given their





meagre ration of tea, flour and sugar. Yet in the mission staff quarters, there was an abundance of food with home-grown vegetables and fruit from the garden which was tilled by the mission blacks as well as the priests.

Even when adequate housing was provided, my people were rarely able to afford or even access the furniture needed for hygienic and comfortable living. It wasn't exactly conducive to good health having to sleep on the floor on a worn-out mattress, covered by blankets that could not be washed and dried for the next night.

My personal experiences and observations of the places visited

Cattle stations in Western Australia, 1977

These areas that I speak of are in the Kimberley, where land had been stolen from the Aboriginal people to make way for the squatters during the European invasion of the late 1880s. Pastoralists needed labour and those dispossessed still had to eat as their hunting game became scarce. A compromise developed whereby my people camped by the homestead and worked for the new bosses. In return my people received rations for themselves and their families. When we speared the white man's cattle and were picked up by the police some were dumped in the station camp, instead of being shot or carted away to prison in chains. This arrangement suited the pastoralists for it represented a free supply of labour.

The families lived in shacks with no internal amenities and their diet consisted of off-cut fresh meat from the killing day and tin food from the station store. But they seemed comfortable as they were sleeping under the sky on their own land away from the station house. The added advantage was being able to travel to their country for ceremony after the mustering finished. Then they would trade-in their stockman's or housemaid's 'uniforms' and head out to the freedom of the bush. An enlightened manager would provide them with enough tucker for the trip.

The male workers on stations were discriminated against according to their skin colour. If you had light skin (half-caste) you might aspire to be head stockman, but rarely if ever, become a manager. In this case you might be allowed to eat at the big table with the boss and his family, and you lived in the stockmen's barracks. If you had black skin you were to eat with other black-skinned workers in the stock camps. They were away from their families for weeks on end. Most of the Aboriginal stockmen were paid in food from the station store plus smoking or chewing tobacco.





The 'half caste' Aboriginal may have been paid wages but never equal to white workers's wages.

One cattle station we visited called Gordon Downs (near the border of Western Australia and the Northern Territory), had the sprinklers going profusely on the 'big house' garden, while the camp had only one tap. Up at the big house the manager had refused to tell us the whereabouts of the stock camp workers who we wanted to examine to see if they had eye problems. I suggested to Fred that we ignore him, go down to the camp near the homestead, and ask who would like to visit their kin out in the stock camps. Not only were we successful in getting a local to show us the way to the stock camp, but the team was rewarded with damper, beef and tea around the campfire. There we also experienced discrimination and again realised that was the norm for the station Aboriginal people.

At a place called Nicholson Station, we met an enlightened manager called Len Hill. He showed us around the houses for Aboriginal workers who weren't separated or isolated from their families. These houses were constructed to have internal water for showers, a stove and room for furniture. These people seemed comfortable with their surroundings, but I believed the workers would never have dreamed of demanding further improvements. The big house had a library so you can imagine Fred was in his element discussing literature, history and politics with Len Hill who seemed not to be your average manager.

At Wave Hill Station which was owned by absentee landowner, Lord Vestey, it was the manager's practice to give his Aboriginal employees a couple of cans of beer on a Saturday night down at the camp. No mixing with the boss at the bar in the big house here! He asked me to go down to the camp and watch him hand out the beer cans. I was suspicious of his motives and declined. Therefore I missed seeing the camp. But he did try to chat me up in the homestead later, whereupon his wife poured the content of a beer can over him. I asked her why she did that. Her reply was that her husband spent too much time talking to me. I turned around and said in my haughtiest voice, 'Your husband is a mere manager; I would aim for Lord Vestey if I wanted to impress.'

We arrived late in the evening at Sturt Creek station and made camp on the river. We were confronted by the angry manager who asked, 'Who are you and where is Fred Hollows?' I told him that we had had a death in the team, and which he should have known about, and should understood the process of dealing with a fatal accident. With that he stormed off, and the next day, during the process of



examining eyes, he demanded to be seen by Fred. He told Fred that he didn't take too kindly to the comments made by 'the yellow gin with all the lip down the creek.' Fred informed the manager that I was a squatter's daughter and said, 'This woman speaks on equal terms.' Needless to say no one told me about this comment until after we had departed the property. The team was afraid that I might drop a match on the property. Most of the workers's houses here looked like shanties but at least the people were still on their land.

Queensland. First Trip, 1976

We travelled to Queensland via Borooloola in late 1976. We visited Domadgee, Burketown and Normanton. Doomadgee was a Christian mission run by a fundamentalist sect called the Plymouth brethren. The women had to wear full length dresses and they seemed to discourage the use of the Waanyi and neighbouring languages as well as the practice of traditional culture.

Normanton was the town I had grown up in after my removal from the Kimberley in 1950. My foster mother was an Aboriginal woman called Lily Baldwin, whose country was around the Gulf of Carpentaria. She had prepared a work place for the NTEHP to occupy as a clinic and also a place to roll out the swags. It was comforting to visit the familiar surroundings of my childhood. It took me a long time to appreciate what a strong woman Lily Baldwin was, in being able to stand up to the whites (micalos) as an equal in a town where they were firmly in control. The same was true for her sister Alma. Neither had been taught to read and write but they did not see themselves as victims. With the help of the local health workers they encouraged both black and whites in the town to be screened by the NTEHP. The locals were happy to be screened by the eye team, because people found it difficult to travel to large cities to access glasses or treatment for any other eye complaint.

The eye team continued visiting many towns in far west Queensland like Dajarra, Boulia, Bedourie, and Birdsville where the need for treatment and glasses soon became obvious. By this time my people who lived there were no longer sent off to Cherbourg or Palm Island if they misbehaved. Yet the memory of those times remained.

We visited towns down in south-west Queensland like Windorah, Quilpie, Thargomindah, Cunnamulla and St George, where quite a few of my mob lived but most were unemployed. I can remember in Cunnamulla I was invited out to dinner by





a local Aboriginal health worker Val Coombs and her then husband Patrick Maloney. I went to the only pub in that town and asked for some wine to take to my hosts. The publican immediately bent down under the counter and pulled out the cheap plonk: port or muscat, I think it was. Fred and Buzz observed the behaviour of the 'Princess' in being presented with this cheap plonk. I immediately realised that the publican saw me as another local Aboriginal. Showing my frustration, I asked for dinner wines, upon which he apologised and showed me the fridge cabinet where I helped myself to an exceptionally good drop. Val Coombs went on to a university education, and is CEO of the South Queensland Land Council.

The wet season was gaining on us, so we had to travel quickly down the west of Queensland to be finished in time before Christmas, otherwise the rain might leave us stranded for a month or two. We were all relieved to return to the comforts of Sydney and enjoy a comfortable bed after all those weeks on the ground. I am not nicknamed the 'Princess' for nothing. After Christmas we prepared to undertake our journey to Western Australia early next year.

NTEHP in Western Australia. First trip, 1977

It was February 1977 when we departed Sydney for Western Australia. The team members for this trip were Trevor Buzzacott, as the trail blazer, Professor Fred Hollows, Dr Hugh Taylor, Dr Pararajasecaram from Sri Lanka, as well as Gabi O'Sullivan, the orthopist. Rosie Denham was our field secretary, and later Patricia O'Shaughnessy and succeeding her, Penny Cook joined the team. There was also Reg Murray, the man of all trades, and his wife Rose, who still maintained the deskwork as well as other work. Larry Tedesco, Fabio Zudic and David French were the microbiologists, and Neil Taylor, father of Hugh, provided an extra pair of hands. The OPSM boys were Brian Brown and later Geoff Birk, who provided the spectacles as none were available in remote areas. I was the nursing sister who sometimes syringed out ears that contained foreign bodies such as wheat grains or lead pencil pieces as well as doing other general nursing jobs.

Larry Tedesco and I travelled in 'Big Bertha', a yellow truck with a V8 engine. 'Big Bertha' was bad news even then and the first indication we had of this was outside Broken Hill when we saw one of her wheels speeding past us. We had that fixed and went on to Adelaide and then across the great plains of the Nullarbor to Kalgoorlie. On the way we stopped off at a sand-covered town called Eucla, and visited the great Australian Bight where to me it looked like the continent had been cleanly sliced



by a knife. Those cliffs looked quite difficult to climb and the whole area appeared wind-swept and inhospitable. No wonder, that all those decades ago, some of the Aboriginal members of the team led by the white explorer John Eyre, turned back.

We arrived at Kalgoorlie to find the rest of the team already there. Gabi O'Sullivan had driven all the way from Sydney non-stop. I guess she had to be there for Fred as she was his partner. For a girl who used to do his ironing at 11 pm at night, anything was possible. Fred had a meeting with the Perth health mob before meeting up with us.

Kalgoorlie was an interesting town with its fluctuating gold mining industry. Most of the population were miners or supported miners, but despite its new-found affluence at this time, my people, who owned the land being mined, did not seem to be sharing in the wealth. We saw a lot of eye problems among the goldfields schoolchildren, as well as among the adult population, despite their having access to water, hospital, doctors and specialists.

At the time there were twenty-four pubs in the town, so one can imagine how the publicans obtained their riches. We were also taken along Hay Street where the girls were in their painted box bordellos waiting for customers. These girls had to have medical checks every month so we figured they did not need us to look at their eyes.

Then we commenced the long journey north-east to the Warburton mission, a Nyanganyatjarra community in the Great Victoria Desert. There, the hospital gates were locked and the building surrounded by a high fence. The people, all Aboriginal, had to throw rocks on the roof to get attention when sick. We were told to do the same.

It all seemed like a colonial outpost with its white inmates under constant threat from the howling savages. At last when we introduced ourselves to the staff and local health workers we were able to set up the clinic and commence work. One of our first patients was an old man carrying a stick and followed by twenty dogs. We were assured he was blind, as many of the old people were blind from trachoma but they appeared to have accepted their lot.

The school children appeared neat and clean but many had the signs of early trachoma. I remember many years later reading the 1954 field observations of Dr Ida Mann, who had written about the Warburton settlement in her records. Some





things had changed over those 23 years but not a lot. The population had increased and living conditions had improved somewhat but we still saw some people living in wiltjas and old car bodies. At least they were on their own land. However, there was still much trachoma. Ida Mann had questioned whether people coming into Warburton should be made to wear clothes if there was not enough water to wash them. By the time we visited, clothes could be washed. The Church influence was still there, but the state was now responsible for the people's health.

On our way through Jamieson and Cosmo Newberry to Leonora, I travelled with Trevor Buzzacott. We pulled a dead sheep off the road. Seeing sheep was a novelty to me as I grew up in cattle country. No matter; both animals were imports. I remember I had a splitting headache as we drove facing the sun but we managed to have laughs at the antics of small lizards that crossed our path. Trevor was good like that: he could make you laugh in the most difficult circumstances.

We arrived at Leonora late in the afternoon, and were greeted by the cheerful local hospital matron, Sadie Canning. She was the first Aboriginal woman in Australia to graduate in nursing; quite a feat for one removed from her mother and sent to a mission as a child. Since becoming matron, Sadie Canning ensured that blacks received equality of treatment at her institution, both as patients and as staff. She persuaded Fred Hollows to lobby the WA Health Department in Perth for resources for the operating theatre, so that cataract surgery could be performed. That request came to fruition a couple of months later when a surgical team led by Dr Ian Constable arrived in Leonora and performed cataract surgery to remove lens opacities ('smoky eye'). I met up again with this strong and impressive woman in Canberra in 2005 at the launch of our nursing book, *In Our Own Right*, which depicted the stories of Aboriginal and Torres Strait Islander nurses.

We remained at Leonora for two days, so people whose eyelids were severely deformed by trachoma could be treated. Others had an eye disability called pterygia which is a triangular growth of tissue that extends from the conjunctiva over the cornea. That growth can be eradicated using beta-radiation on the pterygium tissue.

Then it was north to the small township of Wiluna, perched on the southern edge of the Great Sandy Desert. Most people here were Aboriginals but the white local publican still enforced segregation. As one of my white colleagues during the NTEHP was giving out an antibiotic called septrim for trachoma, the publican commented, 'If you are handing out poison, we'd line up to help you.' That was



another example of unimaginable and blatant racism. At least by working on the NTEHP, my colleague and others would become more aware of the divide between black and white Australians.

When we arrived at Carnarvon in the Gascoyne/Murchinson region we were invited to attend a community meeting where people wanted to explore the possibility of founding an Aboriginal-controlled medical service. They wanted us there for support as Fred and I had helped and worked in the first Aboriginal Medical Service in Redfern back in Sydney when it was set up in the early 1970s. We met some strong people such as Allen and Margaret Mallard who went on to bigger things in Aboriginal affairs.

We travelled then to Meekatharra and the Pilbara region to do further eye work. In Port Hedland, tired of camping, we rented a house for a week, but even after one day, the iron ore-laden dust had formed a thick layer over our cooking utensils, ophthalmic instruments and ourselves.

Here, the team examined both blacks and whites in the hospital and in the outlying areas. The hospital had a ward for old people where to my astonishment it had room for husbands and wives to share the same bed instead being separated from each other. For that time, this was enlightenment indeed!

Jigalong, of *Rabbit Proof Fence* film fame, was another black community where people remained on their land, but trachoma was rife. The community houses were a mixture of shanties, and new houses for the teachers and other white staff. Our team was accommodated in their school but we did our cooking over an open fire as there were no cooking facilities in the school. After working at Jigalong we spent a short time in the mining town at Mt Tom Price just for food shopping, as we figured those miners who fly in and out would be trachoma-free and healthy.

At Yandiyarra, an Aboriginal-owned station, we met the mob who played such a pivotal role in the struggle for freedom and the rights of Aboriginal workers. After walking off the Pilbara stations in the late 1940s they were kept alive by 'yandying' (panning) for tin and gold. Eventually, under the leadership of a white bloke, Don McLeod, they established their own sheep station, Strelley. We met the famous McLeod who told Fred he disliked 'half-caste' people. Unfortunately for him some of us 'half-castes' overheard that comment. We then understood why there was a split in the movement and how Peter Coppin, a so-called half caste, led the split.





The next big region was the Kimberley, an area larger than Victoria. At its south-western fringe was Broome, perhaps the first multicultural town in Australia. This is where descendants of my people, Malays, Japanese, Philipinos (so-called Manilla men), Chinese and Europeans lived and bred in relative harmony. However, the influx of whites from the south in later years seemed to have helped to undermine that harmony.

In Broome the team broke up into two eye clinics. Fred and his team went up along the coastal communities via Bardi country to Derby. Trevor and I remained in Broome, working with volunteer eye doctors who came up from the south. One eye doctor started to abuse a mother because her child was crying and screaming. I quietly walked over and told the doctor he could abuse me, but not the mother as we did not want to destroy the people's trust in us. I told him, with frustration in my voice, that people did not have this type of service up here so he'd better use what common sense he had working for these people who were not used to these services. Some of the white people working in the health area did not fully understand how to behave when working with Aboriginal communities. Therefore, educating these kardias (white-fellas) fell on us, the NTEHP Aboriginal workers.

My reunion with my people at Fitzroy Crossing, 1977

The next stop had momentous consequences for me. In May 1977 we arrived at Fitzroy Crossing, 500 km east of Broome. It was late in the evening and we checked into the pub, the only accommodation that was available. We encountered some Aboriginal people who wanted to know who we were and where our country was. I told them that 'I was born in this country.' Then I was asked, 'Who your mummy?' I told them the name of my mother, and that this was the first time I'd been back to my country. With that information they started to cry as these people remembered me when I was still a child. To some I was still a child, but a lost one.

Word of my presence spread like wildfire. People came into the beer garden to meet me even though Aboriginal people were only allowed to drink outside the garden. The publican lost control but Fred assured him that I was taken away from this country a long time ago, and also that these folk had every right to be in the beer garden. That night I started to sob; in fact I sobbed for a few hours by myself.

Fred wanted to drive me out to Christmas Creek, my birthplace but I said 'no' as I had a premonition that something was going to happen the next day. That night I



(L-R) Jilpia Jones' uncle, her tribal father Lucky Luck, Jilpia, her mother Penny, Fred and Gabi Hollows, 1977, © Gabi Hollows.



shared a room with my work mate, Trish O'Shaughnessy, who was a great friend as well as a great secretary. So with a lid of scotch from Fred, I fell asleep.

The next day we all went to work. Fred, Gabi and Trish went to the windmill camp to consult and I, along with Reg and Rose Murray and Dr David Moran, went up to the local school where there were patients waiting.

I had no idea if my mother was alive, having been led to believe she was dead. That morning, when we were working, an old white-haired man named Charlie Brooking came up to me and said 'Come little girl; you come meet your mother.' Obviously I was still a little girl to all of them.

There were tears all round the team mates as I got up to walk out into the schoolyard. Standing in the middle of the circle was this small tribal woman, whose language was Walmadjari. The rest of her mob remained to complete the circle, with tears of joy that this little girl had come home. You can imagine I had all sorts of mixed feelings: shock, frustration, anger and sorrow. All these years, I had been lied to about my mother.

After the initial meeting, my mother and I went down to the sands of the Fitzroy River to get acquainted. My mother felt my face and arms, which led me to think she was blind, but then she said, 'Your hair was white when I had you.' I was relieved to find that she was not blind after all. I was both happy and frustrated at not being able





to speak her language, although we stumbled along in Kriol. Her other comment was to influence me later in life, and sustain my passion for Aboriginal birthing on our land: 'You been born in this Country and this land owns you and you come back any time.'

Life was confusing. It took 27 years to be with my mother again. She belonged to the land and lived by her law, but after separation I had been brought up by an assimilated Aboriginal woman on the other side of the continent. I was used to living in the white world. How would we ever be able to make up for all those lost years?

Two days later we departed to do clinics at Go-Go Station and their stock camp. Go-Go was part of the Emanuel Empire, which included Christmas Creek and Cherrabun stations. At Go-Go Station I encountered some more people who thought I was lost. I asked the manager if I could look at the homestead, where my white father ended his days five years before.

I had a premonition that my grandmother (my father's mother) was departing this earth at this very time. Late that afternoon we went back to Fitzroy Crossing and drove to Derby that evening. When I arrived in Derby the police informed me that my grandmother had died in Cairns that morning. As Western Australia is two hours behind Queensland time my premonition had been real. I rang a close friend, who later became my husband, who sensitively said, 'It was the closing of the circle, your grandmother left when you found your mother.' I could understand that comment. I felt I had to go back to Cairns to attend her funeral so I left the team the next day.

A week later it was back to rejoin the team, and meet up with yet more relatives who had worked for or had known my father. He seems to have been a legend in that part of the Kimberley, but I don't remember him, except that he passed his diabetic genes onto me; a doubtful blessing!

I will always be grateful to Fred Hollows who, despite the team's tight schedule, allowed me to stay with my mother for a couple of days at the Christmas Creek station camp; my birthplace. In among the sheets of old iron, hessian and bits of cast-off timber on a waterless, dusty, treeless ridge that passed for workers's accommodation at the station, I met many more family. There was my tribal father, known as Lucky Luck. He had accepted me as his child and his ride to the east to track me down after I was removed, has become the stuff of legend. The eldest daughter of my mother's sister was there with her husband. They were working at



Gabi Hollows,
Penny (Jilpia Jones' mother), and Fred
Hollows, © David
Broadbent.



Cherrabun station at the time. We were to become much closer in later years as I followed her career. She became a fully qualified teacher and a member of the Magistrates bench. As a child, she had been darkened by charcoal and hidden in the bush to avoid removal by State authorities.

Continuing our trip in Western Australia

At Halls Creek Trevor Buzzacott and I stayed to work with Dr Ian Constable while Fred took a team and went up along the Gibb River Road in the far north-west. While Fred and his team were gone, we worked at the local Halls Creek hospital, and saw about 1,000 people in a week. Dr Constable reckoned he never worked so hard in his life. People came from all over to see about their eyes and also catch sight of the lost daughter. Halls Creek had an Aboriginal Shire president by the name of Ernie Bridge who went on to become a Minister in the West Australia State Labor Government in the 1980s. In 2006, the Aboriginal Shire president was a position held by a woman.

After working in Halls Creek we took the exhausted Dr Constable back to Derby to compare notes with Fred, and then catch his flight to Perth. Fred brought champagne and whiskey as a thank-you and farewell airport drink. So we pulled out our pannikins and drank to all. Meanwhile Buzzacott was having words with an





airline official at the check-in counter. He had been told that the frozen fish he had packed was not allowed on the plane. Buzzacott said, "It's not a fish; it's a fucking Aboriginal artefact. It goes with Dr Constable." The official said in a mild voice, "OK!".

The next day we were on the travelling 'eye circus' again. We arrived at a cattle station called Billiluna where the white pastoralist and his family were packing up to depart the station as it was about to be handed to local people, to become one of the first to be black-owned and controlled in that part of the Kimberley. It was an exciting time for my people. The well-intentioned but totally unrealistic Pastoral Workers Award handed down by the Arbitration Commission in 1975 meant that Aboriginal workers had to be paid equal wages. This had seen the mass expulsion and exodus of Aboriginal workers and their families from the stations (their own land) into the towns of Fitzroy Crossing, Halls Creek, Derby, Kununurra and Wyndham, where they camped in squalor on the town fringes. There sickness increased, and access to alcohol began a poisonous process that continues to this day.

But there was freedom in the air as well. For example my Walmadjari mob had not left Christmas Creek Station at the time we visited, but after standing up to the manager in 1979, they had walked off and camped beside a creek on the northern boundary. After getting permission from the traditional owners, the Gooniyandi, they built bough sheds and dug in for the duration of the stand-off. Others followed suit. The breakthrough came when the Aboriginal Development Commission (ADC) began buying up properties for the traditional owners. The early acquisitions were Dickie Skinner and his mob taking control at Noonkanbah, while the Watson brothers occupied Mt Anderson.

Bililuna was split into two and the Lake Gregory Station (Mulan) came into being. These were run by my mob. I can remember the pride on the faces of my relatives when they knew they had a chance to control their own destinies. However, it was not as simple as that, as time was to show. In other places people were granted small excisions of existing pastoral properties such as Go-Go and Louisa Downs stations. The Court may have disapproved of this Federal (Liberal) government activity, but it did not block the purchases. In Queensland, however, Bjelke-Peterson's government adamantly blocked all such acquisitions. In time the Kimberley saw the formation of as many as 120 such outstations, some on excised pastoral leases and some on crown land, particularly in the desert regions.





Jilpia with team members walking in the Great Sandy Desert near Balgo, Western Australia, © Reg Murray.



Back on the road, the NTEHP team travelled to Balgo Mission, nearly 300 km south of Halls Creek. At that time it was run by the German Pallotine order. Working at Balgo was for me both educational and inspiring as these people still maintained their intimate connection with the land. Perched on top of a spinifex-covered plateau, it looked south and west to the vast expanses of the Great Sandy Desert. Strangers to the area could never conceive that people had inhabited and named every

part of this arid land. Balgo was the mission I was supposed to go to had I not been removed to Queensland. Ironically the missionaries relied on my father for the gift of stock equipment, like bridles and saddles. I met many of my people there. One was a classificatory grandfather (every Aboriginal person has many), and my uncle Fabian 'Whisky' Windschutt, a commanding man from the next door Lake Gregory Station. He was to be very influential and helpful in my future life until his death a couple of years ago. Probably because I was a relative of theirs, the young girls had no compulsion in asking, 'You sleepin' with that man?' meaning Trevor Buzzacott. When I said 'He's my brother' those girls had big smiles on their faces.

While working there, Gabi O'Sullivan was given a carved wooden snake to give to me. With that snake artefact I knew I was becoming accepted into the culture of my people and their land. I consider myself fortunate in this as the process has not been as easy for others who were removed.

While working at Balgo, Fred received a phone call from the Halls Creek Police to say there had been a horrific accident. Our field secretary, Patricia O'Shaughnessy, who had been driving 'Big Bertha' with Fabio, our microbiologist, had overturned at a creek crossing. Trish had been killed but Fabio was alive. Fred had the sad task of driving into Halls Creek to identify the body and do the other formalities. The team back at Balgo was devastated as Trish had played a big part in our work as well as our lives. We would miss her dearly. My mother thought I had been the member of the team who died and she was understandably relieved when the story unfolded that it was not me in the accident. To lose me a second time would have had been too traumatic for her. I was later told by my mother that all Aboriginal people in





the Kimberley, even though they did not know Trish, still felt a great sense of loss. Some time later I went to New Zealand and caught up with Trish's mother who appreciated meeting one of her daughter's former co-workers.

After about three days dealing as best we could with this sorry business, and with heavy hearts, we were back on the road visiting the cattle stations and towns where trachoma and other eye diseases were rife. After Kununurra, the largest town, we worked at some more cattle stations in that part of the Kimberley then on to the NT.

NTEHP in Northern Territory. Second trip, 1977

In the Northern Territory we visited more cattle stations, towns and communities on our way to Alice Springs. We also worked on the homelands where the different tribal groups lived. One such place was Hooker Creek, now Lajamanu, where to my surprise I met a nursing sister whom I worked with in the cardio-thoracic unit of Wellington hospital in New Zealand in 1969. Sister Heather McDonald was a quiet, but impressive woman who never judged people. I can remember there was a payback fight (spearing) at the oval on that day, and Heather quietly organised getting ready to give treatment if necessary. Later, I met up with this remarkable woman at the Australian Institute of Aboriginal and Torres Strait Islander Studies, where she worked as a Post Doctoral Research Fellow in Social Health.

In Alice Springs we worked at the Aboriginal Medical Service called Congress. This was now a thriving service thanks to the talented Aboriginal staff there, as well as a specialist physician called Trevor Cutter, who gave up what promised to be a stellar career in medicine in Melbourne so he could help my people. At Papunya we did some eyelid surgery at the brand new hospital, our team being the first to do surgery there. I met the impressive Dr Barry Whittenbury, a visiting government medical officer who was respected both as a doctor and speaker of the Pitanjtjajara language and he was most helpful to the NTEHP.

After Central Australia we travelled east of the Stuart Highway, to Santa Theresa Mission where Gabi and I went to mass and to our surprise we met the first and only Catholic Aboriginal Priest ordained in this country. Father Patrick Dodson entered the church followed by two small barefoot acolytes. I wondered about this young impressive man entering the order and taking the vow of celibacy when there was so much else for a man with leadership qualities to do.





After Santa Theresa, the team worked at cattle stations and communities all the way up to Katherine and then on to Darwin. While on the road, Fred Hollows was making comments to the various media from time to time. Not everyone was happy about this publicity. The Northern Territory Health Department as well as the tourist industry was offended, because it was considered that Fred's comments did not sit well with the image they wanted to promote. Other events associated with the survey also upset the authorities. We had a small team of documentary filmmakers from the Nomad International Company who joined our team to make a film titled 'They Used to Call it Sandy Blight'. They travelled with us as we visited remote settlements and cattle stations across the Top End from the Kimberley to North Queensland. The film gave a strong message about the living conditions and health status of Aboriginal people living in these parts of Australia. The Commonwealth Department of Health saw the information as controversial and tried to censor the film prior to its screening on ABC television. The Commonwealth government which funded the NTEHP wanted to assert its control over the documentary material in order to cover themselves from the charge that they were doing nothing about Aboriginal ill-health and poverty. The film did go ahead and was screened on ABC television on the 14 August 1978.

The 'Top End' was a land of contrasts with its splendid waterfalls, massive escarpments and spring-fed lagoons and the impoverished people who owned all this. At this time there were many protest signs around the Top End. In Oenpelli, for example, there were captions such as 'No Mining on Aboriginal Land' as the local Aboriginal people opposed uranium mining on their land. This was to become a fiercely debated topic in later years. In Arnhem Land we had a rather scary aeroplane flight. The door of the plane which was carrying four or five of us team members flew open after we gained height. Our hearts sank with fear. Thank god we had seatbelts on and the person nearest the door managed to pull it shut. On several other occasions, had it not been for the skill of the pilot in handling the fierce air currents, we would have crashed when approaching the small zigzag airstrips in some remote communities.

The outstation movement was just beginning, and these communities were also establishing small airstrips. One time in the Nhulunbuy area, after working at Lake Evalla, our plane could not take off with the same number of the team that had arrived on it earlier that day. Geoff Birk and I volunteered to stay overnight at the community. The community shared an enjoyed meal of fish and other bush tucker, and then I was given a bed in the single women's quarters and Geoff slept in the





single men's quarters. At Bathurst Island I was taken on a turtle egg hunt that involved digging in the sand with a stick to locate the eggs. However, we weren't successful and I realized for that job one had to have patience and I thanked god I was a desert black.

At another place after our eye work during the day, we camped at lovely clear springs, but in the evening we were confronted by a raging buffalo who clearly thought we were here to stay on his patch. After some consideration, the buffalo thought better of it and walked away so we were very relieved. Buffalo steak was seen as a delicacy for some but the taste had to be acquired and I soon learned it had to be cooked for almost a day before it could be chewed and be tasty.

Kakadu National Park in that time was not well known to tourists. It was a land with special significance with its rivers, swamps and table-top plateaus and in some rocky places had many art works done by the ancestors of the Dreamtime which is now are a great tourist attraction.

At Bathurst Island I met Sister Sally Johnson, a nursing nun and a very impressive woman. Later I was to meet her again as a nurse but no longer a nun. At Elcho Island I met a young Aboriginal man who was a school teacher but destined to become the MLA for Arnhem, one of the first black members of the Northern Territory Parliament. Since his death, I am told that he can be called Galirrimun.

At this point, Dr Neville Banks, a British doctor who had previous experience of trachoma from working in the Middle East in 1969, joined our Program. He was decked out like an intrepid English explorer of the 1800s visiting deepest Africa. Despite this outward display of colonialism, his heart was in the right place. He worked with us between Darwin and Cairns, visiting the small towns in between. One night, as we chatted after the day's work, he suggested that I should consider eventually going to London to study ophthalmic nursing at Moorfield Eye Hospital. Contemplating this was just too much for me at this time. I thought one had to be relatively wealthy to undertake a project like that. Like some Aboriginal people of that time I didn't even have a birth certificate. A year or two later, after much encouragement and with a Churchill Trust scholarship, I did find myself at Moorfield Eye Hospital in London in 1979. But that was later for I still had to finish with the NTEHP survey.





NTEHP in Queensland. Second trip

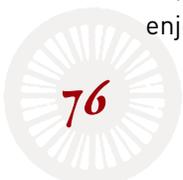
After the Northern Territory we crossed another border into northern Queensland, via the Gulf of Carpentaria, Cape York Peninsula, and the Torres Strait Islands. Little did we realise what was in store for us.

Aboriginal houses in North Queensland were constructed to sit above the wet season flood waters, but there were still some old style, low set houses. The newer houses had internal water for cooking, washing and drinking, and bathrooms with shower amenities. Most of the houses had internal power but light-bulbs were in short supply. Furniture was sparse but there were tables and chairs. There was more housing variety in western Queensland with a variety of old and new houses, and makeshift dwellings but they seemed comfortable for the local inhabitants. I believe Aboriginal people had to pay rent and meet other conditions before being granted occupancy of these houses. We arrived late in the dry season but the wet seemed to intrude and without fly screens insects caused great discomfort. The mosquitoes were responsible for various fevers suffered by the local community.

In the Torres Straits, the houses varied depending on which island you lived on, although most houses did not have internal power or internal water. Thank goodness the NTEHP had brought along a generator to provide power when using the electric slit-lamp, otherwise we would have been up the creek. Although fresh and tinned food was brought in regularly when a boat arrived, most families had gardens to help supplement their diet, which included abundant fish and turtle. But this combination of trade store and traditional food had its problems. People became overweight, if not obese. This led to diabetes and in turn to the various vascular complications such as diabetic retinopathy and cataract, both causes of blindness.

In the Torres Strait Islands travel was by aircraft or boat. One of my memories was of arriving by boat at Boigu Island near the Papuan coast and seeing home-made protest signs calling on the Queensland government not to let Papua New Guinea take control of their Islands. Fred did wonder if this would kick-start a revolution!

After working all day on the mainland we were welcomed by the local inhabitants late at night at Boigu with hot tea and biscuits. There were no landing facilities such as a wharf, so we stepped off the lighters (small boats) into safe waters — or so we hoped. Being tired and hungry the small offerings we were given were thoroughly enjoyed. The team was accommodated in a spare house, perhaps a school. We were





too tired; we just wanted to find somewhere where we could roll out our swags and sleep.

In the Torres Straits we also examined many visiting children and adults from Papua New Guinea which is very close to some of the islands. Our team did not discriminate as we saw their needs as being the same as the Islanders.

I remember on Thursday Island our team encountered political discrimination and harassment against two Aboriginal liaison officers, Mick Miller, a Kalkadoon man, and Clarrie Grogan, a Kukulalangi man. They were both long-term activists and were already legends in North Queensland. Mick was a school teacher at Cairns but left his position because of his radicalism. Clarrie was a national heavy-weight boxer and was well-known and respected for his advocacy for social justice. At this time the Queensland government did not encourage the inclusion of Aboriginal and Islander people on the electoral roll, and both incurred the government's wrath when it was alleged that they helped their people to sign on to the electoral roll. Some of their critics said Mick and Clarrie were handing out how-to-vote cards for the Australia Labor Party in Cape York communities. So-called political dissidence like this was not tolerated in Queensland; even senior departmental staff with liberal tendencies provoked the Queensland National Party government. The government feared that Aboriginal communities would be manipulated to vote Labor. The then Premier, Jo Bjelke-Peterson, came to hear any such news very quickly.

Patrick Killoran was at the time the Director-General of the Queensland Department for Aboriginal and Torres Strait Islander Affairs, as it was called then, and Aboriginals and Islanders were apparently encouraged to ring him at any time with news like this. He was supposedly interested in which political dissidents intended to enter communities, or which disaffected Aborigines might need to be discredited by the government propaganda apparatus, which had very cosy relationships with the Queensland print media. Such trouble-makers could be shadowed by the police, or be named in Parliament. It was a remarkably efficient espionage system. With this sort of surveillance, it was no surprise that it was not long before the Premier knew of Mick and Clarrie's activities. It was claimed that they were not representing the wishes of the local elders of Hopevale community, just north of Cooktown. Hopevale always voted solidly for the National Party, because of their historical attachment to the Premier. Under some pressure, Dr Rodgers, the President of the College of Ophthalmologists, found himself winging up to Thursday Island in order to dismiss the errant pair. On arrival at Thursday Island, Dr Rodgers met Professor



Hollows, and Fred, as one would expect, stood up for Mick and Clarrie. Some of the team, myself included, went on to Palm Island to work with Dr Pararajasecaram, a Sri Lankan eye doctor.

Then, the NTEHP was halted. In a state where freedom of expression was becoming seriously circumscribed, the Queensland government saw us as dangerous radicals, and so he used his power to act. Thus, began the political and counter-arguments between Federal and state governments, and Fred Hollows and his deputy Gordon Briscoe about the future of the NTEHP in Queensland. Many of the media and Aboriginal groups from around Australia gave strong support to the NTEHP.

NTEHP in New South Wales. Second trip, 1977.

After our expulsion from Queensland, the New South Wales Premier, Neville Wran, invited us into NSW to continue our eye health program among the people living in rural and remote areas. It was a relief to us to know that other states wanted the eye team. We met people who had sympathy for us as they had lived under the Bjelke-Peterson regime, and knew and suffered the political oppression that operated in Queensland .

I was looking forward to seeing how my people lived in a region I knew little about. During my time with the Aboriginal Medical Service in Redfern there were many workers who came from rural and remote NSW as most of our patients did, but I had little concept of their problems and struggles. The only exception was a visit to Wallaga Lake on the south coast where, in 1972, I met the redoubtable Uncle Ted Thomas. Would there be other Ted Thomases in the communities we were to visit? Even the term 'Koori' was one I had to become familiar with. My own people identified by their tribal group, while growing up in Queensland we became 'Murries'.

We broke up into three teams, each led by an eye doctor. I worked with Professor Fred Hollows and Gabi O'Sullivan, and Clarrie Grogan was our liaison officer. Although his country was north of Cairns, he'd been a champion boxer in his day and was known to many Kooris in NSW. Clarrie had an eye for the girls. His critics said that wherever he went in other states he left little Grogans in his wake. Still he was an outstanding liaison officer and it is a measure of Fred's loyalty that he included Clarrie on the team.





(L-R) Fred Hollows,
Michael Mace, Jilpia
Jones, Gabi Hollows
and Hugh Taylor,
© Reg Murray.

We came over the border from St George to Toomelah on the McIntyre River. It had been a mission. The people there seemed apathetic; no Uncle Ted Thomas in charge here! We camped on the black soil and rocky banks of the McIntyre River, very different to the dry, sandy river beds we were used to out in the red dirt country.

I can remember there was an abundance of flying foxes scrambling and chattering up in the trees and Fred yelled out 'Princess, how do they fuck?' I answered, 'Perhaps you should ask them.' There was a long silence. I was not asked those types of questions again.

Because it was necessary to visit the country schools and screen the children for eye disease, we saw an awful lot of kids both black and white. There were so many, in so many places that my memory is blurred and represented only by long lines of surprisingly well-behaved school children, waiting to have their visual tests done and eye lids 'flipped' for trachoma. Some places like Bourke and Enngonia in the remote north-west of the state had been visited frequently before by Fred and his team. Their efforts to reduce trachoma seemed to have borne fruit. With notable exceptions my people seemed to live in standard type houses and fenced off gardens with water supplied to the houses.

Things were very different in New South Wales compared to the Northern Territory and Western Australia, although I remember Fred saying that the best Aboriginal



housing was in Queensland. Towns like Moree, Bewarrina and Walgett had a reputation for being more racist than anywhere else. In fact, these were particular towns, targeted by the famed Freedom Rides of the 1960s, that had made such a difference to Aboriginal rights in rural NSW. Of the outstanding leaders, Charlie Perkins has since died, but others are still alive and well. Ann Curthoys became Professor of History at the Australian National University and taught me history, while Jim Spigelman is now a Chief Justice of the Supreme Court in NSW. The Freedom Rides had become a legend and as a result, for example, black kids were no longer banned from the town swimming pools. In Collarenebri, I met Evonne Goolagong's grandmother who told me her granddaughter was to play tennis in London. Little did I realize I would meet her at Wimbledon in 1979 while I was studying at Moorfield Eye Hospital. In fact she remembered the voice yelling from the sidelines of the tennis court, when I met up with her at the National Museum in Canberra in 2006.

We then travelled to all those western places like Coonamble, Gilgandra, Nyngan and the small towns in between. These grassy western plains may have been fertile and the towns thriving, but there were few jobs for my people. It is not generally appreciated how much we were affected when agriculture in this country changed from being labour to capital intensive. All that was left were seasonal jobs far away: gathering fruit, hoeing cotton fields or digging potatoes. To get there you needed a car. Besides, the rigidity of the social security system did not encourage people to look for seasonal work. It was far easier to stay on unemployment all the time.

Most of those towns had small clinics or hospitals as well as a general practitioner, and bulk-billing through Medicare was sometimes in place. Yet it took a brave black-fella to share the doctor's waiting room with a group of whites exhibiting an occult hostility. Certainly 1975 saw a flourishing of community health centres and when we visited in 1977 my mob was being employed in these health centres. However they were not there to help diagnose and treat individual complaints, so if you had lost your Medicare card the only alternative was to brave the hospital casualty department, presided over by a nursing sister whose attitudes to Aboriginal patients varied from the hostile, the exasperated, the patronizing and occasionally to the kindly. Community-controlled Aboriginal medical services were well in the future there.





Near Wellington I saw a very tidy and clean Aboriginal community but the reserve was near the town dump. I thought how sad that the town council showed no respect for us and discarded us like rubbish.

At Dubbo we were too busy examining masses of children in many schools which made it impossible to see Aboriginal housing, but we were told they were the standard house and garden. Dubbo was becoming a large provincial city as a result of expansion, and provided jobs for those who had the skills. As a result the NSW Government had introduced a policy where Aboriginal people were encouraged to move from remote areas, such as along the Darling into centres like Dubbo, Tamworth, Newcastle and Wagga, where they would be housed and might acquire employment more easily.

Then we travelled to Wilcannia on the Darling River, in the far west of the state, where I remember that on the east side of the river, there was a New Zealand missionary society of nuns who had crinkle starched black and white habits. The Aboriginal children called them the 'crinkle nuns', but the nuns seemed to work well with the locals. It was there that some members of the team received racist insults from the whites in town, but we handled those insults when we remembered the local blacks had this treatment every day. The majority of the population were black, and lived either in the mission, the caravan park opposite, the town itself, or on a series of humpies on a reserve called the Mallee. This was just down from the hospital, where fortunately the matron had a caring attitude to my mob. The local whites were firmly in control, but there was hope nonetheless, as the people saw various social initiatives being put in place by those coming in from the outside.

The Catholic presbytery and church was a long-abandoned domain of the Bishop of Forbes and Wilcannia, which had been reoccupied by a group of two priests and two nuns, living as a community. Their dream was to invigorate and re-energise the Aboriginal people of the town. They had set up a learning centre and even had the nucleus of a health centre. The future looked bright. This was the time of radical clergy whose motivation was for preferential love for the poor.

Then it was off to the Barrier Ranges, quite a change after the vast plains of the west and north-west. In Broken Hill our team was visited by local Trade Union officials who inquired about us and why we were there. Fred spoke to them and gave the reasons for our visit, and with that information our stay was sanctioned. I was not aware about the extent of the power that the combined unions, in the form of the Barrier Industrial Council, had on that city. But they were fair to my people and



did not exclude them from employment. In fact, more of us were moving into the city to look for a better future than they could hope for in their settlements along the Darling. Trachoma and infectious eye disease were no longer a problem as the inhabitants had access to clean water and all the facilities needed for hygiene, as well as reasonable medical care. On the other hand the mines were gradually closing so this meant a contracting job market. On the brighter side, accommodation could be more easily found. I reflected how times had changed. Our people had once been forcibly moved, now they were able to make that choice themselves, frequently because of economic necessity.

Mildura and Renmark were large citrus fruit and grape-growing areas. We met the descendants of those who had taken part in the intense guerrilla warfare around the Murray Darling junction as well as those who'd been defeated in the battle of Rufus River. They lived in Wentworth and Dareton and eked out a living as seasonal workers. We did not spend much time there. Down river near Berri were collections of my people at Gerard, a former mission. They had been displaced by the influx of Europeans who set up blocks on or near the river to grow irrigated produce. A few worked as agricultural labourers but most as elsewhere were unemployed.

We travelled to Point Macleay, down on Lake Alexandrina in South Australia, a much older mission from where the famous David Unaipon of the Ngarrindjerri came from. This was the future site of the Hindmarsh Island controversy where traditional beliefs were pitted against a mixture of white commercial interest and Christian Ngarrindjerri who had jettisoned their old beliefs as pagan. Little trachoma was found but many had other eye diseases. Medical attention could only be accessed on the other side of the Lake.

I reflected on what idyllic lives the people who lived along the great rivers of NSW and the Murray had experienced before the invasion, compared to my mob surviving in the desert. Supplies of plentiful fish, crustaceans, shellfish as well as kangaroos coming down to the riverbank ensured a much more plentiful life than a diet of lizards and other bush foods.

The team travelled on to Swan Hill and Deniliquin, later made famous by Archie Roach in his songs, and other towns along the Murray. We found little trachoma as they had access to medical and hospital care. More importantly they had easy access to water and washing amenities.





By late 1978, I departed from the NTEHP team feeling very tired and worn out. With the encouragement from people like Dr Neville Banks, I applied for a Churchill Trust Scholarship and I was accepted for an interview in Sydney. The interview was interesting but it had no women only three men on the panel. I was asked why I wanted to go Moorfield Eye Hospital and how the training would help my people. I felt the interview was painless as I realised from my nursing days that when fate presented me with an opportunity, I should take it. After a few weeks I received a letter saying I was successful. I was presented with a Churchill Scholarship at the NSW Government House by the Governor, Sir Roden Cutler. After preparing myself, I flew out of Sydney in April 1979 to the prestigious Moorfield Eye Hospital in London.

Reflection on my time with the NTEHP

My time with the NTEHP was a very influential part of my life. Travelling throughout Australia with the NTEHP showed me that racism and discrimination directed against my people was more widespread than I had experienced before. I also learnt to become aware of occult racism often expressed as a kindly, if patronizing, attitude. The perpetrators of this attitude genuinely believed they were 'being nice to the Blacks'. Certainly, this attitude was more likely to be encountered in the leafy suburbs of north shore Sydney than in the 'big house' in the home paddock 500 km outside Alice Springs. There, it was definitely 'in your face'.

Fred Hollows taught me to believe in myself and to be equal among all people, even if you walked where others feared to tread.

The ophthalmologists who worked with the team taught me a lot and I like to think that we in turn taught them about us. It was encouraging how many were willing to learn from us, and that they respected our culture. This was reconciliation in action. Sometimes the numbers who flocked to see us and the distances we travelled reminded us of Alexander the Great and frequently we felt like his Macedonians in that we were following our leader to the ends of the earth.

It was a privilege to work with such outstanding people as Rose, Reg, Buzz and Gabi, and we have formed long-lasting friendships to this day.

I met my mother and thank her for my birthright. My uncle Whiskey as well as my other relatives showed me my Country. They have reinforced my identity as a Walmadjari woman. I may have seen myself as indigenous before, but now I have a Country to enforce that connection.





Afterword

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Leila Smith

My first encounter with a trachoma staff member was in 2003 on my first day as a research assistant at the Australian Institute of Aboriginal and Torres Strait Islander Studies in Canberra. As I was shown into an office by my supervisor Graham Henderson, it was Jilpia's back I saw first. Sitting in front of the computer, she was engrossed in recording the beginnings of her memories from the NTEHP. Upon learning that I was studying at the Australian National University, Jilpia told me that she had recently finished her Bachelor of Arts there. She was referred to by many as the 'quiet activist'. She never dominated the limelight, but always made her voice heard, if needed, in a calm and wise manner. Although we are both at different stages of our lives, our shared interests and aspirations made us a great team. Graham was very supportive and encouraged this partnership and our work environment was productive and composed.

Work at AIATSIS was not always so calm, and these incidents were often marked by the sound of whistling coming down the corridor. These were the times when Gordon Briscoe was in the building. Born in an Alice Springs native institution, Gordon spent his teenage years in a Church of England Aboriginal boys home far from his birth country, and went on to become the first Aboriginal PhD graduate in the discipline of history. I'm sure one of the factors that sparked Gordon's interest was my relation to my great-aunt Shirley Smith, or Mum Shirl as she was known by many. This connection he learnt of during our first meeting and the next day Gordon had left an old photo on my keyboard, of a younger Gordon and Mum Shirl.

In Mum Shirl's biography she has a chapter entitled 'Remarkable People' that contains the opening sentence 'One of the most remarkable people I've ever met is Mother Williams.' Mother Williams had ten children, one of which was my





grandmother, Beryl Smith. They also fostered in nine other children. When the family moved to Darlington Point, near Griffith, for seasonal work they lived in a two-room humpie with an earth floor which they swept with a broom made of branches. This camp usually had around eight or nine humpies. The families all shared one tap.



Mum Shirl
and Gordon
Briscoe in Sydney,
© Gordon Briscoe.

By the time my Nan, Beryl, was in her late teens she had already started to experience the symptoms of trachoma. Her eyes were constantly watery and she could not leave the house during the middle of the day when the sun was at its brightest as the glare was too strong on her weakened eyes. One day Mother Williams heard about a doctor who was travelling through town. His name was Ross McGregor. She suggested that Beryl go to see him about her eyes. The doctor examined Beryl's eyes and referred her to a specialist in Sydney. Once in Sydney, the specialist called in three colleagues to show them what he was seeing. They talked amongst themselves quietly until the doctor asked her, 'Have you ever knocked around with Aborigines?' Beryl replied, 'I am Aboriginal.' 'Well, no wonder,' the doctor said, 'What you've got only runs in Aborigines.'

Trachoma develops from poor living conditions so it is not surprising that my Nan's sister Esther also suffered from trachoma. Esther was treated by Fred Hollows and remembers the eye specialist as being very professional and respectful.

With 2007 marking the 40-year anniversary of the 1967 Referendum, many people are taking the opportunity to reflect on the past 40 years of Aboriginal struggles for justice. Nan recently said to me, 'When your father would bring his friends around to talk about politics, I used to yell "don't come into my house and start spouting that land rights crap. You just need to work hard to be successful" ... but now I know better.'

Mission raised, Nan was still institutionalised from the colonialism of the segregation era. She said to me 'I have wasted so much time, and now I'm 73 and finally speaking up in places like land council and land management meetings and asserting my status as an Aboriginal elder.' People like Nan are angry that the past 40 years held so much potential and revolutionary action, yet still Aboriginal people are enduring poor living standards and still suffering from trachoma as a result.



Leila Smith and
Jilpia Jones,
© Graham
Henderson



The staff with the NTEHP were working for a trachoma-free future. As a young Aboriginal person, it is inspiring to hear about the efforts made by people such as Jilpia, Gordon, Reg, Rose and Trevor. Yet it is sad to think that their goals have not yet been fully realised. Hugh Taylor, once Professor of Ophthalmology at the University of Melbourne, warns it could take another century for trachoma to disappear completely from Indigenous Australia if we do not continue to do something about it (Taylor, 2001).

Some may think that because I am young, and have no personal memories of the NTEHP, my views are not relevant here. I would say that stories such as those that have been told here, are to remind Australia that the poor health of Indigenous Australians are relevant to everyone, especially the young. We, the next generation, must learn from these stories and learn to plan for equality for everyone.

These stories and experiences presented here make it easier for people to learn about what has worked, or not, in a rural health program, and what can be achieved when people sharing the same passion work together. There are too many negative media stories about Aboriginal people. Gordon, Jilpia, Reg, Rose and Trevor have given, and continue to give, Aboriginal people reasons to be proud and reasons to hope. They overcame political obstacles, racism, personal losses and physical discomforts, yet still they struggled for the ultimate goal: to improve the health of Aboriginal and Torres Strait Islanders.





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