

Chapter 11

A new era in Aboriginal politics, 1974 to 1981

The Labor Party initiated three programs that made life more tolerable for Aborigines when it came to office in 1972. The first was the Woodward Royal Commission into 'Land rights', the second initiative was to grant the Northern Territory some measure of independence that opened up the prospect of Aboriginal people representing themselves, even if as Party members. The third initiative was to implement a ten-year plan to improve Aboriginal health. Events moved at pace. By mid-1973 the Redfern Aboriginal Medical Service had been set up as a democratic and 'self-determining' service with a number of off-shoots in other towns such as Congress in Alice Springs. They were fully funded by the Commonwealth health insurance scheme. These initiatives bought together my two great intellectual passions: political theory and better health outcomes for Aborigines.

Not many people realise, at least in Australia, that, on the one hand, it was Vladimir Ilyich Ulyanov Lenin who first wrote at length about 'self-determination';¹ on the other hand, it was American President Woodrow Wilson who hinted its importance in his Fourteen Points for peace near the end of the First World War. Wilson then spelled out the historic, political and economic importance of self-determination in his opening address to the Paris Peace Conference early in 1919. The term had originated at the London International Conference of workers in 1896. It was later accepted by the United Nations in 1949, as a term supporting colonised peoples' desire to reclaim their heritage, and to rule or to manage their own affairs. In the 1920s it meant 'the rights of nations' and in the 1970s it meant the 'rights of Indigenous peoples and decolonised groups', which is exactly what Aborigines are, and have been since 1788.

In my view Indigenous peoples, meaning a collective national group, are entitled to a national democratic body to build an economy. But this principle is made more difficult by the dominance of the 'national interest' over smaller groups! Multi-national organisations like mining companies act as states in their own interests and will over-ride Aboriginal interests as they do so. As a principle Aboriginal groups must create an unbreakable solidarity with each other. It is a matter of struggling against large business interests and at times national governments. The right to land and to be democratic is paramount to a group's

1 Lenin 1975: 567-617.

existence, rights that were absolutely denied prior to the 1970s. Aborigines have that right now, as a central feature of the concept of 'self-determination'. This politico-economic perspective on self-determination is historic and as relevant today as it was in the period of the origins of capitalism in the mid-eighteenth century or earlier.

Aborigines have experienced poor health, to a greater degree than their white counterparts, since first contact. Watkins Tench described how Aborigines suffered from smallpox epidemics.² Reports of diseases such as leprosy, tuberculosis, polio, hookworm and blindness together with colonial and Australian apathy make morbidity certain.³ But what began well for Labor soon hit a hurdle when in early 1974 Archie Kalokerinos scolded the Labor cabinet and its health administrators for not attending to Aboriginal blindness. Archie was a general practitioner whose practice in New South Wales serviced Aboriginal government reserves and fringe dweller camps. He came to prominence through his defence of an Aboriginal woman charged with the murder of her baby. The British derived medical system railed against Archie not only because he was of Greek descent but because he was making researcher's assumptions based on the philosophy of nutritional deficiencies, particularly vitamin C, rather than 'the facts'. It is true that Archie was a general practitioner making assumptions without proper university research backing, but few came to his aid when, in the late 1960s, he was faced with an unknown illness in Aboriginal babies in his medical practice at Collarenebri, New South Wales. The medical and university system failed Archie, and Aborigines too, because they condemned his 'flamboyant' and pioneering approach to the subject and his non-scientific claims appeared to alienate him from the support he needed and had asked for.⁴

Archie was dumbfounded at just how racist and objectionable the Australian health system was after travelling to a number of remote Aboriginal bush communities. In late 1974 he stepped up the rhetoric about the appalling conditions in many communities and attacked the Labor government for its apathy. Not long after I got a call from Fred Hollows to come to a meeting at his new house in Randwick. Fred had recently bought Farnham House following the untimely death of his first wife, Mary. He was rather fascinated by the history of the house, it had once been a brothel for American soldiers during the war and before that a nunnery. The juxtaposition amused Fred!

It was at Farnham House that Fred, Michael Johnson and I sat down and listened to Archie giving his version of what was going on in Aboriginal health across Australia, in particular eye health. He was angry and upset that the ophthalmic

² Willey 1979: 51-61.

³ Moodie 1973.

⁴ Moodie 1973: 189-190.

profession had let Aborigines down for such a long time. He contrasted this neglect with the treatment that white people had been receiving since the turn of the century, when many of their poor contracted what was once called 'sandy blight'. It was known that Aborigines were subject to this disease in epidemic proportions, yet whites did nothing. Archie, I remember, called them 'racists' for allowing such a wealthy country to shower whites lavishly but practice denial with Aborigines and burden them with the worst eye health in the world. He maintained that whites in rural society competed with Aborigines in the struggle for land. So greedy and so brutal was the backlash of white society against possible Aboriginal success in this area, that they shipped them far away from their homelands and concentrated them on reserves with complicit governments' help, to ensure their dehumanisation. From centralisation they stripped them of their religion, changed their names, and sometimes fed them poisonous food. Fred was stunned at the anger Archie showed. Archie said, 'Fred you have to support me because I've already issued a statement about my trip and I've spoken to the press.'

In late 1974 I was a Senior Liaison officer in the Commonwealth Department of Health. Dr Spike Langsford was the head of Community Health and Dick Walton was his counterpart in the Aboriginal Health Branch. When I arrived back in Canberra I went straight to Spike's office with my colleague Dr Len Smith. As it happened a meeting was in progress and Spike's secretary tried to stop me. Len stood wide-eyed behind me as I burst into Spike's office unannounced. It could not have been better staged as all eyes swung around as I belched forth my anger, to the effect that everyone in the room, including the Deputy Secretary Cyril Evans, was culpable. I said to them, 'You are as guilty of racism as those medical specialists you protect.' I remember saying, 'All of you are men of no consequence, and weak as water (one of Charlie's favourite sayings).' I swung around to Spike saying: 'You, Spike, and you, Cyril Evans, are more culpable because you've known all along since the 1950s that Aboriginal blindness was caused by the filth you forced them to endure'. I wasn't finished yet, and in their usual forbearance they watched on. I still had the floor: 'It has been your fault that you did nothing about preventing concentrations of Aborigines on reserves, centralised missions, reserve hospitals and camps to keep whites from feeling discomfort. Now, one of your own colleagues has revealed your crime and you simply sit back and exacerbate the Aboriginal eye health epidemic.'

Dr Pip Iivil jumped up and supported me, saying, 'Spike, why don't I go and see what this is all about.' And so the next day Pip and I travelled to Sydney to meet with Archie and Fred. We had read in the morning newspapers that Fred had issued a press release agreeing with Archie, saying that he was right and the Health Department's response was culpable. It was particularly amusing that the department counteracted the assertion that Aborigines had the highest

blindness rates in the world by citing some small Indian Ocean island that had higher rates. Fred attacked the disingenuous nature of the health officials' deceptive response about Aboriginal blindness rates and doing nothing! A day or so later action replaced deception.

Dr Pip Ivil was the medical practitioner in the Aboriginal Health Branch, and was a New Zealander known to Fred. When Pip and I got to the Prince of Wales Hospital Fred was in the midst of a very big public clinic. The clinic was structured so that when you went to the first floor you went through big butterfly doors of opaque glass. Once through the doors there was a corner reception desk with five or six orthoptic nurses milling around calling out instructions to doctors and patients. Fred's working area was a rather big long thin room, like a very well lit barber's shop with white coated medical staff leaning over chaired patients, looking through records or talking to each other. In short when we arrived it was a scene of high activity. Suddenly things came to a halt as Fred's voice boomed across the room as Pip and I moved towards him. Fred caught hold of Pip's coat, Fred was not a tall man but he was a bigger build than Pip. Patients, other doctors, orthoptists including Gabby O'Sullivan, who was later to become Fred's wife, had to save Pip from Fred's vitriolic remarks and his scathing criticism, coupled with expletives that anyone who knew Fred can only imagine for themselves! The upshot of the public scuffle was that Pip was yelling: 'Fred! I'm on your bloody side!' Fred yelled back: 'Well you'd better pull your finger out now and do something.' The melee ended with Fred yelling for Pip and me to go directly to his office in the teaching part of the University Hospital.

Pip was still shaking after we wound our way to the Ophthalmology Department, where Fred's staff settled him with a cup of coffee and sat us both down. Soon, Fred was up there and looking, as I recall, straight at Pip saying: 'Now Pip, I don't want any bullshit because I don't have time and these people need help, OK?' After that the rest of the discussion went smoothly. Pip said that he would draft a budget to cover what Fred needed for a nationwide survey, screening and treatment program. Fred said: 'Look Pip, I'm on the United Nations health team to eradicate Chlamydia trachomatis blindness and this program needs to fit in with that.' By this stage Pip had calmed Fred down and had him in a better mood. Pip went on to say, 'There are a few things to be covered. First, I have to ask the Minister to talk to you Fred!' which he did from his office. Fred turned to me and said, 'Biggo, could a national survey and treatment program work?' The question sounded very similar to the one he had asked me at the first Redfern meeting of the Aboriginal Medical Service. I looked pensively at him for about ten seconds and then said: 'What about money, Fred?' Pip looked at me and said, 'Leave that to me, because, the Minister, who is waiting for my report, wants to do something and it's going to cost him. We want to know from

you whether it can be done.' I said, 'If Aborigines are heavily involved, and if Fred runs it, the program can work! But, we're looking at a good five or six year ongoing project. And, it's going to take that long, particularly if, I hope, Fred means to take medicos to communities rather than forcing Aborigines to come to cities as happens now, and can you guarantee follow-up?' Pip and I left, with Pip's parting words: 'Expect a call from Minister Everingham; and the word is go!'

The call came in June of 1975. Fred rang me at home and the first question was: 'Biggo, would Aborigines support the program?' My response was: 'Will the doctors do what we want?' 'I will organise the ophthalmologists,' Fred said, 'that is, the College and state branches and the microbiologists, the optometrists and orthoptists.' He paused then and said to me, 'I want you, [another pause] to be my Assistant Director.' I never said anything because although I never doubted Fred's sincerity I wanted to see what Fred had in mind. A couple of weeks went by when he rang me to say that a meeting was to be held at the new headquarters of the Royal Australian College of Ophthalmologists in Surrey Hills. The college had resolved to cooperate, but there was no word yet on the branches.

It was now September 1975 and the trachoma program budgets were ready in draft form. Dick Walton sent a copy to Dr Jim Fair, President of the College, to keep him in the loop if things went sour; and things did go sour, with Malcolm Fraser's 'coup' of 1975. The Health Minister had had cabinet approval for the program to go ahead prior to the dismissal of the Whitlam government, but the problem then arose that while the government was in caretaker mode nothing could happen. Spike called me to his room and said that Cyril Evans wanted to see us. Three of us, Spike, Dick Walton and me, went to Cyril Evans' room high in the Albemarle Building at the Woden Valley offices in Canberra. Cyril Evans, the Assistant Director of Health, confirmed that, luckily, Minister Everingham had signed the approval papers prior to the dismissal but nothing could be done then until an in-coming government endorsed Labor's proposal. The government changed on 13 December 1975 and further delays occurred in the interregnum.

In early 1976 the new Health Minister, Ralph Hunt, approved the proposal with reservations. The Minister made a number of changes to the original proposal saying that the program would now be regarded not only as an Aboriginal trachoma project but as a rural eye health program and funded under that heading. He also required that state governments as well as College branches had to be involved through consultation. As time went on the department would review progress. I really had no faith in the new Liberal-National Party government, but, to Ralph Hunt's lasting credit, he saw the proposal through Cabinet once more. Fred had by this time convinced the college members of the value of the program.

By January 1976 the Department of Aboriginal Affairs had allocated \$25,000 in their budget to contribute to the National Trachoma and Eye Health Program. To facilitate planning, Fred called a meeting in February of that year. Rosie Denholm was appointed to coordinate the planning, Dr John Slade and Dr Doris Graham, experienced microbiologists, were co-opted onto the committee, now chaired formally by Fred, myself as a Health Department member and state branch College members, as needed. One of my tasks was to arrange for state health department discussions, but of more immediate importance to me was the need to arrange community consultation together with hiring other Aboriginal support staff. Fred asked me if I knew of an Aboriginal person that could be employed as a liaison officer to pave the way for the medical teams as they went into Aboriginal communities, to liaise with its leaders about the benefits of the program and generally gain their goodwill.

I knew straight away that Trevor Buzzacott was the perfect person for the task. Trevor's father was an Arrernte man from central Australia and his mother was an Adnyamathanha woman. Trevor was culturally and socially well suited to work in the area around the Flinders Ranges linking Arabana and Dieri peoples from Kopperamana and Killalpaninna, and possibly Yunguntjatjara from Ernabella. In the 1930s two reserves close to the Alice Springs rail line were set up by a white man named Finniss to coordinate Aboriginal labour in the area; the mission became known as Finniss Springs. The other reserve was at the foot of the Flinders Ranges called Neppabunna. Most of Trevor's people come from this region and many had migrated to Port Augusta, which is where Trevor went to school and learned a trade in the Commonwealth railway yards. He also played football there, representing the regional district side before entering league football in Adelaide for Central Districts. Trevor played for South Australian Aboriginal football sides and was twice selected for the Australian representative side. Trevor had close social and political links with Aboriginal leaders in Adelaide and spoke two or three central desert dialects. His attributes were well suited for the important task at hand. I first met Trevor when he worked in Canberra at the Department of Aboriginal Affairs. He later returned to Adelaide to his position in the State Department of Aboriginal Affairs before moving to a post in the Justice Department, where he is currently employed. I asked Fred to interview Trevor for the position of Senior Liaison Officer. He fitted the bill perfectly.

Trevor came to the program immediately and was at the planning meetings when the other staff, Rose and Reginald Murray, were interviewed and selected for clerical and vehicle maintenance positions. The Murrays were wise and well read in Aboriginal affairs in general. These two were hard to go past as part of the survey and treatment team because of their skills and temperament. Rose came from Western Australia and was removed from her family as a child. She

was taken by Native Welfare and placed in Sister Kate's Home for Aboriginal children. This happened to many well known Aboriginal people from Western Australia such as Kate George, and two others who have since died: Gloria Brennan and Rob Riley. Tjilpia Nabaltjari Jones, a trained nurse whose main job was to set up the clinics on the program, was also taken away from her mother as a very small child and taken to north Queensland. Both Rose and Tjilpia found their mothers while working on the program. It was a particularly emotional time for everyone to see these young women united with their mothers for the first time. It still amazes me that in the recent past white people could simply pick up Aboriginal children from camps and take them across the continent without authority – a travesty of justice.

Reg Murray was a relative of a good friend of mine, Stewart Murray, who in turn was a close relative of Pastor Doug Nichols, both from Cumeragunja. Reg Murray's motor mechanic skills made him the perfect person to guide the team successfully around Australia, criss-crossing the country from place to place. With a five or six car convoy in tow it was a hazardous job and mammoth task, for which he earned everybody's respect and love, particularly Fred's.

Susie Bennett came onto the program as field secretary and Jack Waterford as the media representative. Jack took a two-year leave-of-absence from the Canberra Times, where he is now editor-at-large, to work on the program. He still maintains an ongoing passion for Aboriginal issues. Jack and Susie later married and now live in Canberra with their three grown-up daughters. Then there were the many local people that joined the team en route. In the central desert region my sister Jennifer Summerfield worked both as a health worker, team leader and interpreter. Jennifer was born at Titjikala and spent some time as a child at Areyonga. She married an important Pitjantjatjara Wati, Tjinja Mick, and moved west to live with him at Umuwa. While there she trained and became a health worker and because of her language and medical skills was invaluable to the program, travelling throughout central Australia, west through the Mardu desert lands on to Broome and Derby. Jennifer agreed to go further west with the program to interpret trachoma business to communities around the western desert lakes area into Tjigalong on the eastern Kimberley. Another important person on the team was Donald Ferguson who came on the trial program run with me and Dr David Moran. Donald was a Wati from Armata and came to the central desert region to help plan the feasibility route in the very early stages of the program. His skills were crucial in the desert lands and were employed throughout the survey and treatment program. In fact it was Donald whom I worked through to take Fred and Leo Shanaghan out west on the secret business that was the catalyst for the success of the trachoma program in the Pitja Pitja lands. In Western Australia people like Allan Mallard, one of the older men from the large Mallard family, were indispensable team members too.

Many white people were employed too but it was when we got to Queensland that Aboriginal people became invaluable because of the political climate and oppressive state legislation. In Queensland Aborigines had to leave the reserves, deny their racial heritage and meld into a white population to achieve a better life because of the harsh state *Aboriginal Protection and Restriction of the Sale of Opium Act 1897* (Qld). Some applied for exemptions, while others were caught and sent back to reserves like Palm Island. To have an inward sense of self was to be guilty of anachronism: almost a blight on one's character. Aborigines not under government control were deliberately kept out of employment their skills manifestly under-utilised. In the trachoma program we used them. Aboriginal leaders of great regard, both now deceased, Clarrie Grogan and Mick Miller were close friends and crucial helpers. At one time Clarrie was Australasian middleweight champion and following retirement, became a prominent political leader in Queensland. Many years earlier Clarrie had come to the Centre as a boy, living with us in Charlie's mother Hetti Perkin's house, at 'Rainbow Town' near Heavitree Gap in Alice Springs. Clarrie as a young man held boxing nights in the Capital Theatre in Alice Springs, where he held exhibition bouts with Syd and Ted Kunoth. The younger boys, like me, would hold junior bouts to get free tickets to the Saturday picture nights. I used to fight with Richard Bray, who later became a great Port Adelaide full forward, and Kevin Tilmouth. Clarrie used to take us boys running; we would all scramble along like Brown's cows following him out to Jay Creek where my mother had grown up in the Native Institution. It all comes back to me running through that area from Rainbow Town, to Honeymoon Gap then onto the Jay and back to town chasing Clarrie.

The scope and coverage of the National Trachoma and Eye Health Program was immense. In May 1976 field surveys initially began in New South Wales but because of flooding were diverted to Port Augusta where they touched base with government health agencies and local Aboriginal leaders to seek their cooperation for the field clinics. The teams surveyed communities from Ceduna to the Flinders Ranges to establish the extent of trachoma infection and other eye problems. Later medical teams would return to offer treatment, immunise against trachoma and conduct field eye clinics to correct problems. The team then headed north, tracking around the central and western desert region by way of the Pitja Pitja lands and back to Port Augusta by July of the same year. Alice Springs was an important staging point where teams split up to tackle regional areas; the same was carried out at the Katherine staging post to cover the Barkley Tableland, Victoria River, Arnhem Land and Port Keats region. Patricia O'Shaughnessy, the trachoma program's first field secretary, did an incredible job organising the team during this period. It is an understatement to say that the team was shattered when the vehicle she was driving failed to take a corner and rolled inflicting fatal injuries 20 kilometres from Hall's Creek in Western Australia. Just 31 years of age, a tireless worker and full of

cheer no matter what was happening around her; local Aboriginal groups still remember her with affection. That tragic event occurred on 26 June 1977, and by Christmas of the same year the team had returned to Sydney still sad but having travelled throughout the Northern Territory, back to Murchison in the west, on to Alice Springs, Darwin, Burketown, Normanton and Croydon in the Gulf of Carpentaria, down to Mt Isa, Cloncurry and Boulia. Other teams went to the Torres Strait, but although people living near the sea have eye problems it is generally not blinding trachoma, but mostly due to the opportunity to swim often.

In 1978, two screening teams went into Queensland with both very expected and unexpected results! It just so happened that at this particular moment Jo Bjelke Petersen, the leader of the Country National Party in Queensland, had called a state election. Petersen was a New Zealand-born farmer who had moved to Queensland to grow peanuts on a farm close to an Aboriginal reserve. He was a rabid assimilationist, believing that Aborigines should have no rights over and above those of white Australians. Petersen took a dislike to the way the trachoma teams were cutting across election boundaries, in his mind unduly influencing as well as aiding and abetting Aborigines to vote for the Labor opposition. Petersen's approach was to attack and discredit the Aboriginal leaders working for the program; in particular, he singled out Mick Miller and Clarrie Grogan. Mick and Clarrie were both political activists and avid opponents of Petersen's Nationalist state government. Jim Fair, the College President, became involved and Petersen demanded that the trachoma team leave Queensland. After much discussion the team withdrew to western New South Wales.

In general, screening across Australia was complete by May of 1978 although there was some rescreening to check that antibiotics such as Septrin were doing their job. The team traversed the zone patterns twice, once to screen people, the next time to prescribe glasses that were needed, check medication, and see whether there were any signs of ear, nose or throat infections in readiness for corrective surgery. Although there is little doubt that Patricia O'Shaughnessy's death affected the overall morale of the program for some time, the team nevertheless managed to lift its spirits and ultimately achieved outstanding results in the field; a feat without precedence.

I was best man when Fred and Gabi Hollows were married in 1980 by Father Frank Brennan. The reception was held at Farnham House where many of their friends and relatives toasted the newlyweds well into the night. Their first child Cam was born in 1982 followed by Emma, Anna-Louise, Ruth and my god-daughter Rosa at regular intervals over the next decade. As Gabi likes to remark, 'There has always been a Briscoe present when a Hollows child is born.' Without exception they have all grown up to be intelligent, very likeable and well rounded young people.

Fred recognised Dr Frank Flynn's pioneering work on Aboriginal eyes. Before the 1940s it was unknown in the Northern Territory just how prevalent trachoma was among Aboriginal people. When Frank arrived he began looking at health issues in Aboriginal communities managed by the Catholic Church, and because he was an ophthalmologist he took a particular interest in eye diseases. In his report to the Commonwealth government he highlighted the incidence of trachoma blindness. As a result of his work he was asked by the Northern Territory administration to carry out wider surveys and treatment of Aborigines under their care. Flynn was the only one working in this area until Dr Ida Mann came along in the early 1960s to begin her research; however, she was more interested in the science rather than the prevalence of trachoma. Regardless of what the reports or science showed, Aborigines remained infected with trachoma. The medical profession knew about this and knew how to treat it, but nothing happened until the 1970s. Even at this stage there was a level of criticism coming from some Aborigines and doctors claiming that the 'mass treatment' was an assault on Aboriginal patients. They, like white society for a century, either thought this approach should wait until Aborigines were trained themselves or that Aborigines should be left alone. All of these were noble thoughts but the overburden of disease, neglect and indifference had then become a crime against humanity.⁵

Although the trachoma program focused on eye diseases we also surveyed living conditions in the communities at the same time. Some of the findings of the program, as I recall, were that housing was inadequate as well as being insufficient living and sleeping areas for extended Aboriginal families. One of the more insidious issues resulting from overcrowding was that water for bathing, cooking, drinking and washing clothes was far from adequate, which in turn promoted pools of infection like trachoma from which re-infection was guaranteed. Poor nutrition, including lack of access to fruit, vegetables and fresh food, particularly in rural areas, was the norm and families found it impossible to ward off infections such as trachoma. Public health issues including the lack of clean water, inadequate sewerage and other inadequate means for disposing of garbage and animal waste all exacerbated the cycle of poor health. The National Trachoma and Eye Health Program report covers much more than I can deal with here, but suffice to say that trachoma is a preventable community disease passed on by sharing mucus through touching and even sexual contact. It hardly needs to be said that poor hygiene hinders a community's ability to ward off dangerous infectious diseases like poliomyelitis, and aids infection when simple practices like washing hands are limited; but this happens when people of hunter-gather traditions are concentrated on reserves and compounds when resources that are taken for granted by the rest of society are not available.

⁵ United Nations 1949. See also United Nations Declaration of the 'International Covenant on Civil and Political Rights': United Nations 1991.

It condemns Aborigines to a life that harbours infections that they themselves have no way of controlling. This is what Archie Kalokerinos saw, and this was what he attacked the incumbent Labor and previous Liberal-Country party governments for.⁶

When the program started Fred Hollows sought to take a broad approach to improving Aboriginal health. What he wanted to do was to give people some capacity to free themselves from being victims and suffering from socially spread diseases like trachoma. However, freedom from social diseases takes more than goodwill and money. It needs political will. Today trachoma and other infections still remain endemic among Aborigines even though better health care regimes are in place and self-determination is government policy. This of course suggests that proper education and training are needed to deal independently with epidemics of treatable conditions such as trachoma. It also means having regular access to people who can monitor eye-blinding problems. Concepts such as self-determination take time to evolve, and Aboriginal medical services have been an important landmark in coordinating the idea of independence and delivery of successful health programs.

The Pitjantjatjara Health Service Council was set up while the trachoma program was in full flight. The program brought together the newly created service for its first meeting where it sought approval to carry out medical screening, and to have a military field hospital placed in the Amata area to carry out eye surgery. This was a first, to take the operating table to the people; it established the protocol that post-surgery treatment was to be carried out in a person's home country. Fred and I, along with many others, supported and actively helped the Pitja Pitja health council and the Central Australian Congress health service get off the ground. My role was convincing the Commonwealth Health Department to create a pilot program that supported both the Anangu Pitjantjatjaraku, and Ngunumpaku health services to commence their operations in the late 1970s and carry on into the future. Fred helped these services, as a promise to the Wati Anagnu Tjuta Tjuta Council to assist them in protecting their traditional culture. While all this was going on I was co-opted by the government to work in Africa for three months to manage a team of Aboriginal participants.

The Festival of Black and African Culture, or FESTAC as it became known, was a project funded by the National Australia Council for the Arts and managed by Bob Edwards. Bob was an Australian Institute of Aboriginal Affairs executive as well as a National Australia Council administrator. In 1975 Bob asked 'Nugget' Coombs to approach Gough Whitlam for funding to send an Aboriginal contingent to the Festival. The proposal was approved. An organising committee of Aborigines was set up to manage the program and because of my familiarity

6 Kalokerinos 1974: 1684-1750.

with the project along with my previous dealing with the Nigerians I became the obvious choice to coordinate the Aboriginal contingent. I left for Nigeria in November of 1976 unaware that my time away would spark a watershed in my life.

As a gesture of goodwill the Australian government gave the host nation Nigeria a permanent exhibition of Aboriginal Australia's prehistory. The exhibition was built on the 'Out of Africa theory' in which Australian Aborigines had migrated from Africa, the cradle of human life, across landmasses by way of the Indian continent, down the Indonesian archipelago and on to the Australian continent. Evidence found at Lake Mungo confirms this migration at 40,000 years before the present. Estimates are that the Aborigines arrived as early as 120,000 years before the present.⁷ The exhibition went on to explain the peopling of the continent, the 'techno complex', or tool kits used by Aborigines for millennia up until the arrival of European contact in 1788. Professor John Mulvaney, who was then Professor of Archaeology and Anthropology at the Australian National University, bought together the display. The pre-contact display was coupled with live dancing, ground and modern paintings. I oversaw the movement of the exhibition from Australia to Nigeria, managed the 150 Aboriginal dancers from the Territory, scholars, special artists and orators who attended the university as well as the Festival conferences. In all I was away in Africa for more than three months and during much of this time I was on my own and my alcohol consumption increased substantially.

The role of alcohol in my life had gradually built up during the 1970s. In the early part of the 1970s when I was heavily involved in political activism in Sydney, a lot of the dealings with Aborigines were carried out in hotels and places where alcohol was freely available. From this beginning my intake of alcohol gradually increased to a point where it was starting to affect my health, causing problems like aching bones, bad back, knee and digestive problems. Initially I tried to shrug off these ailments by justifying to myself that these were conditions of becoming older and less active. I was drinking regularly, but when I went to Africa my drinking intensified. It became almost a daily habit because I had more time on my hands, money in my pocket and every event that I attended involved easy access to wine and spirits. When I returned to Australia I realised I was doing things out of character such as fighting and getting involved with disputes in hotels and clubs. I was well aware too that my drinking was having an impact on the family and I resolved to try and give up the grog.

But it took a number of steps. The following Christmas we spent with my brother Sam and family in Sydney. My other brother Bill, who was a very heavy

⁷ Bowler and Thorne 1976: 127-140.

drinker, was also there. By New Year's Day I felt so unwell that I was determined to stop drinking. I did there and then, and for a number of months completely stopped, but over that year I lapsed a couple of times. It was not until later in the year that my resolve hardened and I finally thought enough was enough and stopped drinking altogether. And as I write this memoir, I've been true to my word.

Another incentive was that the children were growing up fast and I felt I wanted to be more of a participant in their numerous activities. By now we had three children. Our daughter Lisa was a shy contented little girl who was happiest playing in her room or with the girl next door – as long as she wasn't too far from her mum. Our second son John was named after Norma's brother and followed the Fosters in another respect in that he has green eyes just like those of his maternal grandmother. John was an outdoors boy. He was always looking to play rugby on the front lawn with the neighbour's kids, his elder brother Aaron or me. They were all keen sportspersons, each doing well in their respective sports. Aaron was a very good all-rounder, his main passion was soccer, which he played at an elite level with the Canberra City colts' soccer team, and he was also a competent cricket player during the summer months. Lisa was a one-sport person – hockey. Later she played in the weekly Canberra competition, as well as being an ACT representative player for a number of years. John loved his rugby league. One of my lasting memories is standing on the side-line with John hurling down the side and the crowd calling out: 'Go, Johnny B'. He loved it and he too was a representative player.

My parents-in-law also visited from England about this time and we had some memorable holidays with them on the South Coast. They loved the sun and would while away many an hour sitting in deck chairs as though they were on Brighton beach in England. These holidays were special for Norma; she loved and related well to her parents. A particularly sad time for her on their final visit was finding out that Pop had lung cancer. The journey home for Beatrice and Pop was horrendous because he was so sick. It was only a matter of weeks later that he died.

The trachoma program gave me an enormous sense of worth in my working life and as it drew to a close I found working as a generalist public servant losing its challenge, at the same time I was having to come to grips with my new alcohol-free life. In an effort to revive my interest in the public service I applied for a secondment to the Department of Prime Minister and Cabinet, where they were conducting an inquiry into Aboriginal health. The work there was interesting. I was well looked after but my thoughts were straying towards the idea of going back to university to fulfil my long held dreams, and the early 1980s seemed a good time to do so!

