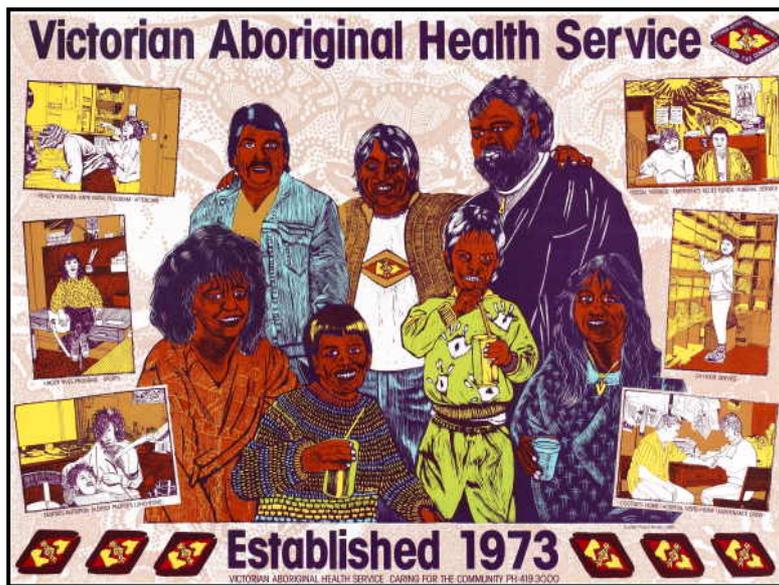

A HISTORY OF THE VICTORIAN
ABORIGINAL HEALTH SERVICE



'Victorian Aboriginal Health Service', Australia Way of Life Project,
'Another Planet Poster', 1986.

Table of Contents

Part One

Aboriginal Fitzroy and the Beginnings of Community Control

- 1.1 Fitzroy: Melbourne's First Suburb
 - 1.2 The Beginnings of Aboriginal Community Control
 - The Redfern Aboriginal Legal and Health Services
 - 1.3 The 1960s Phenomenon and Black Power
 - VAAL and FCAATSI
 - The Aboriginal Struggle for Survival
 - 1.4 The Formation of the Victorian Aboriginal Health Service
 - The National Council of Aboriginal and Islander Women
 - The 1973 Gippsland Scabies Outbreak
-

Part Two

The Victorian Aboriginal Health Service in the 1970s

- 1.1 VAHS: 'A Home away from Home'
 - The Victorian Aboriginal Dental Service
 - The Fitzroy Stars Gym
 - Nindeebiya Workshop
 - 1.2 VAHS the political organisation: the 1979 and 1981 Funding Crises
-

Part Three

The Victorian Aboriginal Health Service in the 1980s

- 1.1 Koori Kollij and Aboriginal Health Worker Education
 - The 1982 Brisbane Commonwealth Games
 - The Koori Information Centre
 - The Aboriginal Elders History Programme
 - 1.2 The National Aboriginal and Islander Health Organisation
-

Part Four

The Victorian Aboriginal Health Service in the 1990s and Today

Further Reading

Fitzroy, historically this is an important place... Families knew families. Everybody knew everybody. You know, that was important. This strip here, Gertrude Street...some days you'd be walking down, and if you're going somewhere you wouldn't get there until an hour later; just walking down Gertrude Street talking to people... talking to community. You know, it was beautiful, and it's very important.... [It's] important that people know that this is where people came to find family... And they found their families. Not just that, they found their identity. I'm Aboriginal, I'm black, I'm dark-skinned, you know, flat nose, I look Aboriginal, but it wasn't till I come here that I started to *feel* Aboriginal, because they had this sense of community; this sense of looking after you if you had nothing... So it is important historically that people came here.... [It's] a positive, positive thing that people should remember...Before anything else... there was here, Fitzroy, Gertrude Street. And people have got to know that: where the people met, the Health Service, in the street, in the park, people just sitting down having a conversation... The stories are rich, so rich... Gather all the stories up and just put them in one box or something. That would be priceless... And that's the importance of this place ... it became a place where we could gather, a place where we could go and feel safe because we were all here ... It became a meeting place; gathering, meeting, just meeting everyday so we could be together. And that was the thing that we looked for each day, each other. Each day we looked for each other.

- **Archie Roach.**

PART ONE

Aboriginal Fitzroy and the Beginnings of Community Control

Fitzroy: Melbourne's first suburb

On the 13th of February 1839 the first suburban allotments outside the bounds of the newly formed Melbourne town reserve were sold at auction in Sydney. Lot 49 aroused particular excitement. Not only was it proximate to the city centre, it was an area where the earth, covered by tall eucalypts, rose to form a plateau that provided views to each point of the compass. To the east was a stream emptying its water into a river lined by red gums. To the west lay swamplands abundant in plant and birdlife. To the north stretched prime pastoral country backed by the faint outline of a mountain range. And to the south, at the end of the plateau, after it dropped and tumbled towards the city centre, rose several more prominent hills, this time covered by red-box, wattle bushes and she-oaks. For 40 millennia, perhaps more, this land had been Aboriginal land. It was sold for the sum of seven pounds, eleven shillings per-acre to a wealthy Sydney merchant. It was land that was never meant to be owned in the sense that it now was, let alone sold. It was part of the territory of the country of the Woiwurrung people, one of five cultural-language groups that formed the loosely-based Aboriginal confederation known as the Kulin nations. For some 16,000 generations Lot 49 had been a place most favoured by the Kulin for inter-clan gatherings. The land which the Lot now dissected had provided the symbolic basis for almost every aspect of Kulin life. Across the generations the Kulin had witnessed immense shifts in their environment – the cooling and drying of the earth, the rise of sea levels, and the extinction of various flora and fauna – changes to which they had adapted and reshaped their lives. The tide of history that swept British colonialism on to Port Phillip's sandy beaches, as pre-colonial Victoria was known, had already brought with it far more rapid change. It would continue to do so.

For some months following the sale of Lot 49 the Kulin remained on their land, camping by the banks of that large river, the Yarra, which cut a swathe across their country. By year's end, however, the newcomers felt they could no longer tolerate the Kulin's presence in what they now called 'their' township. By December, due to high demand, Lot 49 was subdivided and sold on as the village of Newton. The Kulin were expelled in the process. The land would soon hold little resemblance to that which its original occupants would have recognised as their traditional hunting and gathering grounds. The hills that were topped by the she-oaks and wattle bushes were cleared and then flattened to make way for rail stations and government buildings. The ancient red gums and other tall eucalypts that grew throughout the village were similarly felled and then replaced, initially by canvas towns of tent-dwellers, and later by stringy-bark-roofed cottages built of stone or timber. In time, the land would be further subdivided, additional lanes, dirt roads and mews created. By 1887, over 25,000 people of

some twenty ethnic backgrounds drawn from across Europe, the United States and Asia inhabited Newton. On the 13th of January that year many of them banded together to parade throughout the suburb to honour what for the Kulin had come to represent a new system of governance: the British monarchy. The streets through which they marched were now marked by the symbols of a new belief system: the Protestant, Anglican, Methodist and Catholic churches. By this time, horse and cart jostled for space with street-sweepers and cable-trams on roads lined by bluestone terrace houses, hotels and boarding houses. Factories and warehouses had been concentrated throughout the area, and the newly created shopping strips on Brunswick and Smith Street were booming with traders of all sorts and kinds: confectioners, boot-makers, tailors and upholsterers resting cheek by jowl with courthouse, school, bank and library. Amongst it all, on one of those hilly rises, a common area had been cleared and a small artificial lake created. Beyond the lake a grand Exhibition Building was erected, another symbol, this time of an optimistic city basking in the wealth from one of the richest gold rushes in the world. The Kulin's land, the village of Newton, was now the municipality of Fitzroy, nostalgically remade in the image of the mother country.

* * *

The Victorian Aboriginal Health Service (VAHS) officially opened on the 18th of August 1973. It occupied an old double-fronted building on Gertrude Street near the top of that hilly rise previously known as Lot 49 and now called Fitzroy. By this time, Fitzroy had undergone further change. The suburb was now a motorised metropolis overlaid by a thick web of bitumen and asphalt. Buses, electric-trams and other traffic ferried Melbournians throughout the district; hotels and pubs were found on almost every street corner; fruit stalls and espresso bars run by Australia's post-war immigrants lined the streets; multicultural cuisines were served in the suburb's many and eclectic eateries; different European and Asian languages were spoken; and new religious denominations had taken root. It was not by chance that VAHS was established here in the multicultural Fitzroy of the early 1970s. Following their expulsion from the suburb in the 1840s, Aboriginal people had slowly begun to return to Fitzroy in the wake of the Great Depression of the early 1930s. The regional network of rail tracks created during this era all led to Melbourne, and many Aboriginal Victorians had seized the opportunity provided by the circumstances created by the Great Depression to escape the impoverished mission and reserve system established by the colonial government and to head to the city in search of work and a better life. Destitute and widely despised they had gravitated towards Fitzroy, which, throughout the first half of the twentieth century, was widely considered a 'slum'. By the time VAHS was established, Fitzroy had been the social centre for Melbourne's Aboriginal community for almost four decades.

At the turn of the 1970s, the Aboriginal population in Melbourne was in excess of 500 people, a figure which throughout any given year would swell to upward of 800 with the ebb and flow of a transient population. On most days, a small group of men and women from the Fitzroy community would gather down the suburb's cobbled, bluestone lanes and alleys laid over a century ago by the invaders. They named each lane with its own particular association: Pussycat Lane, Lopey's Lane, Goomie, Charcoal, Apple Tree and Armchair Lane. Each day the group would move from lane to alley and alley to lane, following the sun as it made its trek across the city. They were homeless. 'Goomies' or 'Parkies' the community called them. They drank heavily. At night they would often end up in the Atherton Gardens. 'Atherton Gardens' was the name of the four, twenty-storey housing estates the Victorian Housing Commission had constructed in Fitzroy following its relentless Slum Clearance Program of the 1960s. The Parkies would sit there in the shadows of the housing estate in a circle around a large glass flagon. For them, in some ways, the flagon, the grog, represented fire. They would sit there and keep warm, talking about the past and learning of their families. They called each other 'staunch', like stanchions in a ship, supporting each other as they did through the stormy times. At some point the grog had got the better of them. But even then they were more than just a group of Aboriginal people merely sitting around drinking. For the Parkies, this was about camaraderie and resistance; community and defiance. Considering the nature of the events of the past one-and-a-half centuries, this was more important than most could possibly comprehend.

On an immediate level, the establishment of the Victorian Aboriginal Health Service was a response to the predicament of the Parkies, many of whom lived rough, many of whom were sick, and all of whom existed on the fringes of society. For the Parkies, VAHS was to become their home, a place in which they could be cared for and where they would never again have to feel like outsiders. Each day a group of women from the Fitzroy community would bring freshly washed, second-hand clothes into the Service. When the Parkies arrived the women would send them upstairs for a bath: brush their teeth, shave their face, give them a feed, a cup of tea, a piece of toast, and make sure they had socks on their feet and a shirt on their back. The Parkies would spend their days, not always in the lanes now, but in the waiting room of the Health Service where they were given odd-jobs and treated when needed. Like many other Aboriginal Victorians, the Parkies were far from well. The colonial experience had profoundly and negatively affected Aboriginal wellbeing. By the early 1970s, the figures used as a measure of Aboriginal health appeared to belong to another country, or for that matter, another era. The Aboriginal Victorian health status was comparable to the developing nations of Asia, to non-Aboriginal Australians one hundred years earlier, and to the inhabitants of the Glasgow slums in the 1920s. And few within the broader community seemed to care. On this level, VAHS was established in response to an immediate need: to overcome the racism of Australia's mainstream healthcare system which had long denied Aboriginal access and, at once, improve Aboriginal wellbeing. Yet VAHS was never just a *health* service. It was also a political organisation:

formed by Aboriginal people in an attempt to regain control over their lives after almost two centuries of oppression and disempowerment.

The beginnings of Aboriginal Community Control

To understand exactly why and how the Victorian Aboriginal Health Service was established it is necessary to go back a little further in time to consider the formation of the first community controlled service in Australia – the Redfern Aboriginal Legal Service established in Sydney in 1971. As was the case with Aboriginal people’s experience of Australia’s mainstream healthcare system, in the early 1970s Aboriginal people were commonly confronted with intolerance, prejudice and racism at every level of the nation’s criminal justice system. Aboriginal adults were eleven times more likely to be imprisoned than other Australians, and youth twenty times more likely to be detained. Police brutality towards Aboriginal people is widely recalled and recorded. As many Aboriginal and non-Aboriginal people remember, the Aboriginal experience with law enforcement agencies throughout this era had nothing to do with impartial justice, but often reflected an ongoing police campaign of intimidation and harassment. As members of the Redfern community recall, throughout the 1950s and ‘60s the police had in place an ‘unofficial Aboriginal curfew’ throughout the suburb, and all those who did not observe it ‘would be dragged off to jail even if they had done nothing wrong’. Much the same was taking place in the Fitzroy community in Melbourne. Lorraine ‘Bunta’ Patten came to Fitzroy in the 1950s having earlier left the Framlingham mission. As she recalls, ‘the coppers would come in [to the pub] and just start dragging everybody out and chucking them in the paddy wagon’:

The ‘Black Maria’ we called it - a big black truck. They’d chuck you in there whether you were drinking or not.....and then you were in the jail for nothing. Some people wouldn’t even be drinking. They were going there because it was a meeting place. They would have a lemon squash in front, [but] it didn’t matter. If you were Black, you were in that paddy wagon.

In early 1970, four young Aboriginal men from the Redfern community in Sydney, enraged by the police treatment of their people, decided to take matters into their own hands. Armed with pencils and notepads Paul Coe, Gary Foley, Gary Williams and Billy Cragie walked into the Empress Hotel in Redfern and began recording instances of police discrimination against their community. The young men continued these ‘patrols’ for several months. They amassed a detailed file of incriminating evidence against the police. They then took their findings to the Professor of Law at the University of NSW, Hal Wootten. Paul Coe was studying Law at the University, had formed a relationship with the Professor, and subsequently invited him on one of their police patrols. Wootten was appalled by the brutality and prejudice he witnessed and consequently enlisted the support of the NSW Law Society

and Bar Council. In mid-1970 the Redfern Aboriginal Legal Service was established. Within months the Service had 146 barristers working voluntarily on a rotating basis. Within a year, all were under the administration of a community-elected Aboriginal board of management. The Redfern Aboriginal Legal Service ran out of the South Sydney Community Aide Centre. It was the first community controlled organisation in Australia.

As Gary Foley recalls, it was not long after the Legal Service was established that other members from the Redfern community resolved to establish a medical service along the same lines. The story of the beginnings of the Redfern Aboriginal Medical Service has been told in several places. While each version differs in exact detail, they do converge around two common points. The first is concerned with the individuals involved. Gordon Briscoe and Shirley Smith, two members of the Redfern community are cited as the protagonists in all accounts, called to attend to another community member who they found to be ‘very ill’, ‘so ill he could barely move’ or, in one retelling, ‘nearly dead’. The second point at which the stories converge is in regard to the man’s response to his ill health: he was either denied medical treatment because he could not afford it, or refused to seek treatment because he feared that as ‘a blackfella’ he would be treated like ‘scum’, ‘shit’ or ‘a boong’ by hospital staff. As Gordon Briscoe recalled in 1972, he and Shirley Smith left the man’s house ‘appalled and disillusioned’, so much so they convened a meeting of Aboriginal activists and medical professionals to discuss the matter. At the meeting it was resolved to set up a free Aboriginal medical clinic staffed by voluntary doctors and Aboriginal nurses, receptionists and field officers. Several months later, on the 20th of July 1971, the Redfern Aboriginal Medical Service was established in a former fish and chip shop at 171 Regent Street in the heart of Redfern. As those involved remember, there was no government assistance. The premises were provided by sympathetic non-Aboriginal supporters, renovations were carried out by the community, patients were ferried from throughout Sydney in Briscoe’s Volkswagen Beetle, and doctors worked without pay using their own instruments and equipment and provided patient medications in the form of drug samples. On the surface, the Redfern Aboriginal Medical Service was just a small organisation operating on a shoestring budget trying to cater to the immediate health needs of the community. Beneath, it was an important articulation of the politics of Aboriginal autonomy: conceived, designed, established, controlled and run by Aboriginal people. By the early-to-mid 1970s, Aboriginal community controlled legal and health services were operating in all major city centres throughout Australia. Change had begun to take place, and it was being driven by Aboriginal people.

The 1960s Phenomenon and Black Power

The 1960s and early 1970s was an era of great significance and sudden transformation for Aboriginal people throughout Australia. Indeed, this period marked a time of dramatic change worldwide. Across

the globe, old ideas, practices and beliefs were challenged unlike ever before and society as it was known was altered forever. For black people throughout the western world, this was the era of Black Power. Black Power arose in North America in the mid-1960s in response to both the perceived limitations of the more diplomatic methods of the Civil Rights movement, and the US government's ongoing indifference to the African-American cause. Black Power advocated the use of increasingly radical and often aggressive activism to bring about change, promoting the idea that black people needed to 'get themselves together', 'lead and run their own organizations', and 'define their own goals'. For many young Aboriginal activists in Australia in the late 1960s, this was an attractive proposition. Despite the success of 1967 Aboriginal referendum, little had changed for Aboriginal people. The policy of assimilation, which called on Aboriginal people to relinquish their identity, culture and history, remained in place, and Aboriginal people still suffered crippling disadvantage and had little opportunity to make the decisions that defined their lives. Throughout the late 1950s and early 1960s, Aboriginal political organisations had been formed to fight for Aboriginal rights and improve the Aboriginal situation. In Victoria, the Victorian Aborigines Advancement League (VAAL) was established, and nationally, the Federal Council for the Advancement of Aboriginal and Torres Strait Islanders (FCAATSI) was initiated. Both of these bodies were multi-racial and both were central to the Aboriginal struggle throughout this period. Their importance cannot be overstated. Nevertheless, while many Aboriginal people worked hard within these organisations, neither was under Aboriginal control. White people made many of the decisions that defined the organisations' activities. The philosophies of Black Power would help alter this situation and provide the foundations for a new form of Aboriginal political organisation.

Throughout the second half of the 1960s, spurred on by Black Power philosophies, a large contingent of Aboriginal members within VAAL and FCAATSI began to demand greater control of the organisations established for their benefit. More than that, they began to demand that Aboriginal people had the right to have greater control over their lives. Like their counterparts in North America, many young Aboriginal activists in Australia began to wear the Black Power movement's unofficial outfit – black jeans, black boots, black shirts, and dark sunglasses. They made the streets their political forum, holding anti-racism marches and protests throughout the nation. They staged 'sit-ins' in public places and government buildings in an attempt to be heard. And they formed a Black Panther Party to protect their communities against police brutality. Many of the young activists began to listen to the speeches and read the literature of African-American leaders such as Malcolm X, Huey Newton, and Bobby Seale. These US Black Power leaders rejected notions of assimilation, encouraged black people to develop a new and positive sense of 'blackness', and advocated the need for black people to reclaim their history, culture and identity. By the late 1960s, akin to those in the US, the young Aboriginal activists in Australia were espousing evermore strongly the Black Power philosophy that it was 'time black people started doing things for themselves'. In 1970, the Aboriginal

members of VAAL ousted white members from the organisation. The following year, many Aboriginal members of FCAATSI then deserted the organisation because white members refused to relinquish control over it. It was within this context that the Redfern Aboriginal legal and health services were established. Aboriginal people wanted their own organisations, controlled by Aboriginal people, which reflected Aboriginal needs and desires. After two centuries of being told what to do and when to do it, Aboriginal people had had enough. The philosophies of Black Power encouraged Aboriginal people to take back greater control of their lives. As members of the Redfern Aboriginal Legal Service put it, Australian Black Power was about ‘Aboriginal people controlling their own destiny’.



A founding member of VAHS, Bruce McGuinness was described in newspaper articles in the late 1960s as Victoria's 'Black power Oracle'.

A founding member of the Brisbane Aboriginal and Islander Health Service, Denis Walker was also the Minister of Defense of Black Panther Party Australia, formed 1971.



It was from the US Black Power movement that the young Aboriginal activists in Redfern first become aware of the idea of community controlled legal services. As Gary Foley remembers:

Paul Coe... had read in these [Black Power] books from America that they set up things in New York, free legal aid centres where the lawyers offer their time for free and people can go and get free legal aid. And Coe said, 'why can't we do that here?' So we did.

Indeed, it was from the literature of the US Black Power movement that Coe had first read of the notion of 'Pig Patrols' – monitoring and recording police brutality against community members – which ultimately led to the establishment of the Redfern Aboriginal Legal Service. Moreover, it was from the US Black Power movement that the notion of free medical clinics – what those in the US called 'community survival programs' – first took root within the Redfern Aboriginal community.

Black Power certainly had a significant impact on the Aboriginal political movement in the late 1960s. It would be wrong, however, to overstate the role it played in defining the activities of Aboriginal activists at this time. The notion of 'Black Control' advocated by the US Black Power movement was not new to those Aboriginal people who had been active in their own people's cause. The principle of 'Aboriginal control' had long defined the Aboriginal struggle. The young activists in Sydney drew on more than Black Power philosophies when establishing the initial community controlled services. A history of Aboriginal political struggle had been passed down through the generations: from the Aboriginal leaders who struck a treaty with the colonisers on the banks of Melbourne's Yarra River in the early eighteenth century, to William Barak and other Aboriginal activists who fought for land and rights on the reserve and mission system in the late 1800s; to William Cooper who established an Aboriginal-only political organisation in the early 1900s, to Doug Nicholls, Bill Onus, Margaret Tucker and many others who struggled for the betterment of their people throughout the 1950s. As Gordon Briscoe argued in the early 1970s, the Redfern community controlled services represented 'the contemporary extension of the historical Aboriginal resistance to white superiority'. The community services were not just Black Power organisations. They were part of the historic Aboriginal struggle for rights. More than that, they were part of the historic struggle for Aboriginal wellbeing: the day-to-day struggle for survival Aboriginal people had undertaken since the arrival of British settlers.



'Black Control of Black Affairs': National Aboriginal and Islanders Day
Observance Committee, March, 1972.

The formation of the Victorian Aboriginal Health Service

Less than two years after the Redfern Aboriginal Medical Service was established, the Aboriginal community in Melbourne resolved to form their own community controlled health clinic. The train of events that led to the establishment of the Victorian Aboriginal Health Service began in earnest in early 1973 in the east of Victoria. In May that year, the Aboriginal community of Gippsland suffered an outbreak of the contagious skin infection known as scabies. It was a highly publicised event. State and federal governments, as well as mainstream health authorities, were slow to respond to the outbreak. Conversely, the Aboriginal community in Fitzroy hastily provided support to the Gippsland community. Their efforts were led by a women's group named the National Council for Aboriginal and Islander Women (NCAIW). NCAIW had been established in 1970 by Geraldine Briggs, an ex-resident of the Cumerugunja mission on the NSW-Victoria border who had long been involved in the Aboriginal struggle. Early, in 1965, Geraldine's sister, Margaret Tucker, had established the United Council for Aboriginal Women (UCAW). Together these organisations worked to improve the predicament of Aboriginal people, particularly that of Aboriginal women and children. They focused on drawing Aboriginal women together from across Australia to support one and other in their fight for decent education, housing and health. Other women involved with the Women's Councils included Elizabeth Hoffman, Merle and Esmail Jackomos, Gladys Nicholls, Eleanor Harding and Joyce Johnson, as well as the four eldest of Geraldine Brigg's eight daughters – Francis Matheson,

Hyllus Maris, Leah Andrews and Margaret Wirrpunda. As Margaret Wirrpunda has recalled, the central aim of the Women's Council's activities was to empower Aboriginal women and families at the local level to bring about change at their own pace and by their own means.



The 1972 NCAIW annual conference. From left Mrs. G. Nicholls (Victorian State President), Mr A. McGinness (Cairns), Mrs. G. Briggs (National President), Mrs. M. Jackomos (Victorian State Vice-President).

Aboriginal women record dissent

The National Council of Aboriginal and Island Women will demand the resignation of the Prime Minister, Mr McMahon, and his Cabinet when Parliament resumes next month.

The council made the decision to do so during its final conference session yesterday which ended three days of discussion at the Australian National University.

The council will demand also the resignation of the Minister for the Environment, Aborigines and the Arts, Mr Howson.

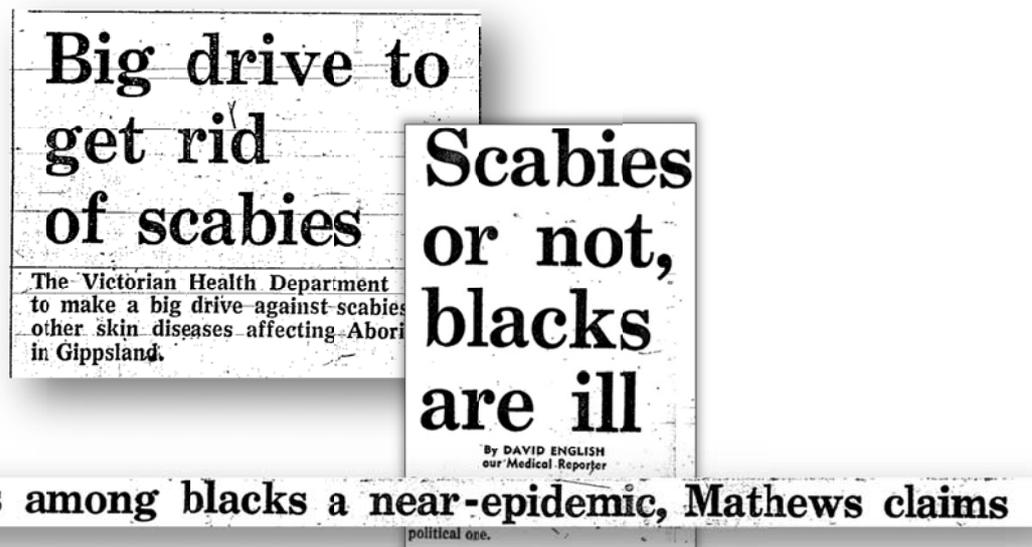
"The council plans to express its disappointment at the lack of sincerity with which the Federal Government implemented the mandate given it by the people of Australia in the 1967 referendum", the



Aborigines gather in protest outside Parliament House yesterday.

Members of UCAW and NCAIW at the 1972 Tent Embassy protest – Margaret Tucker seated at right.

In the early 1970s, the National Council for Aboriginal and Islander Women had Liaison Officers posted throughout Australia. When the scabies outbreak occurred in 1973, Hyllus Maris was stationed in Gippsland as part of her NCAIW duties. Hyllus coordinated the efforts of the Fitzroy community in the region with the assistance of a smaller and unofficial women's group from Bairnsdale, led by the relentless Aboriginal campaigner Nessie Skuta. Also involved in the efforts to arrest the outbreak was a young doctor named Janet Bacon. Janet was completing her medical residency in central Gippsland at the time and it was there she had met Hyllus Maris. It was these two women, led by the Bairnsdale women's group, who would clean up the untreated cases of the scabies infection after the government health teams had deserted the Gippsland area. Indeed, while government did eventually respond to the Gippsland scabies outbreak, it did so poorly. Teams of white health professionals were sent to invasively inspect state schools for incidences of the infection, and subsequently banned Aboriginal children from attending school if they were found to have the infection. Aboriginal people were excluded from involvement in efforts to address the situation, and nothing was done to reform the mainstream healthcare system that had allowed the outbreak to occur in the first place. For Aboriginal people, the outbreak and governments' response to it were not as easily forgotten. In Melbourne, it was to provide the impetus for the establishment of the Victorian Aboriginal Health Service. As members of the Fitzroy community suggested shortly after the outbreak occurred, 'there was something lacking in a system that could allow such an infection to reach epidemic proportions, and so a group of Aborigines decided to do something about it themselves'.



The 1973 Gippsland scabies outbreak was widely covered in the Melbourne press and highlighted the troubles that were to ensue between the state and federal governments over Aboriginal health. While the federal government claimed the incidence of the disease in Gippsland was of 'epidemic proportions', the Victorian Health Department insisted that the incidence of the infection had been 'grossly distorted' by the commonwealth for 'political purposes' and that there had been only two confirmed and five 'doubtful' cases of scabies recorded.

It was the members of NCAIW who drove the initial efforts to establish an Aboriginal medical service in Victoria. The women involved with NCAIW were well aware of the events that had taken place in Sydney in the years prior which had led to the establishment of the Redfern Aboriginal legal and medical services. As former NCAIW secretary Margaret Wirrpanda has recalled, there was 'a link-up of thought' taking place between the Redfern, Melbourne and other activists throughout the nation at this time: 'Redfern started off and we were thinking we needed to do the same in our area, everyone needed to do the same'. Earlier, in 1971, NCAIW, UCAW and VAAL had combined forces to establish a Victorian Aboriginal Legal Service along the same lines as the Redfern legal service. Now the members of NCAIW turned their attention to establishing a medical service. Shortly after arriving back in Melbourne from Gippsland, Hyllus Maris contacted Monash University with the intention of gaining assistance from medical experts to aid in the establishment of the service. The University put Hyllus in contact with Malcolm Dobbin, a young doctor who had recently commenced research into the health and nutritional status of Aboriginal children in Victoria. Dobbin was clearly taken by Hyllus. As he has suggested, he thought she 'was truly remarkable':

She conceived this whole idea of setting up a medical service. She identified the AMS in Sydney as something that should be [happening] in Victoria, so she rang the University and simply said, 'Is there anyone who could help us set up our Health Service?' ... There was just this firm end of ideas that, you know, 'We can do all these things ourselves'. It was a highly creative atmosphere... It was a shining example of community power.

By late June 1973 a meeting was organised at the women's councils' offices in King Street Melbourne to discuss the proposal that was being developed to establish an Aboriginal medical service in Victoria. Janet Bacon and Malcolm Dobbin were both present to provide the necessary medical advice. By this stage, the women's councils had also engaged a number of Aboriginal people connected with the Fitzroy community. Central among them were Edna Brown and her daughter Alma Thorpe, as well as Jim Berg and Reg Blow. Edna, Alma and Jim had historic associations with the area. The two families were part of the first wave of Aboriginal migration back to the city which took place during the 1930s Great Depression. Edna Brown arrived in Fitzroy on the back of a utility after escaping the Framlingham mission in 1932, and the Bergs followed shortly thereafter in search of work and a better life. While not deeply involved in the political movement Edna Brown was far from politically naïve. She knew what rights she did and didn't have and exercised those she could. She believed in the fundamentals of Christianity which she had grown up with on the mission, and was a central, maternal figure in the Fitzroy community. In 1962, she established the Aboriginal Funeral Fund, a small trust maintained through fundraisers and charity events that paid for the expenses associated with the burial of deceased community members, many of whom were otherwise

buried as paupers in unmarked graves. Alma Thorpe, amongst others, helped her mother with the management of the fund. Jim Berg similarly aided the families of the deceased. Beginning in the early 1970s he would undertake the first of many trips in the Legal Service's station-wagon to transport deceased members of the community back to their country. Alma and Jim were the next generation. They had grown up and were educated in Fitzroy, Alma working in the shoe factories and Jim, amongst many other things, in the abattoirs before becoming the Legal Service's first Field Officer.

Unlike the Bergs and Browns who were Gunditjmara people from the west of Victoria, Reg Blow was from the Tribelang Bunda people of Queensland. Like others from the north, Reg had made his way down the east coast in the mid-1960s to escape the trap of welfare dependency to which many of his people had fallen victim. Late in the decade he married a Yorta Yorta lady, and together they settled in Dandenong in Victoria's southeast where they established and managed a Hostel for Aboriginal youth. Reg was driving trucks to earn a living but had been involved with the Unions. It was this experience he brought with him when at the behest of Hyllus Maris he joined the small group in Melbourne that was discussing the proposition of establishing a medical service. As Malcolm Dobbin's reminiscences highlight, the intensity of the desire of those involved to do something for their community was nothing short of inspirational:

The level of argument and sophistication of the exchange, the forcefulness of the way things were progressed was just really... I was deeply affected by it... One of the things Reg said was 'Why would we call it a 'Medical Service''? [It means] we're just treating people who are already sick. We're interested in the health of our people. We want them to be healthy. We don't want to just treat them when they get sick'.

From that point onward, what the group was working towards in Melbourne became known as the *Health Service*. It was resolved that the organisation's operations would not be restricted to the metropolitan area. It was, as such, the *Victorian Aboriginal Health Service*. There are many ways in which the events and activities of the ensuing month, which both led to the establishment of the Service and would ultimately leave an indelible mark on its character, could be written-up. The recollections of community members and excerpts from the organisation's newsletters are undoubtedly the most fitting:

The group's first problem was to find a suitable building where a health service could operate. Everybody agreed that it should be in Fitzroy as this would be convenient for all Aboriginals who live in the metro area. Jim Berg contacted the

group and made them aware of the vacant building next to the Aboriginal legal service.

- **VAHS Newsletter Dec. 1973**

[It was] a double-fronted building in Gertrude Street, 229. It had previously been a Balkan restaurant... They got it through two brothers in Carlton who had a certain empathy, so the rent was not quite market rent.

- **Dr. Bill Roberts**

So we found out how much it was going to cost... It was a nominal sort of fee. So we said 'Great, grab it, rent it for a month', because that's all we had the money for... [Then] Alma and I went to have a look at it... It was just hopeless... the smell was that strong... It was derelict, a squat. You know, how could you live in this place? The air was really heavy. So anyway, I said 'What we need to do is clean it out.'

- **Reg Blow**

It was a wreck of a place and we got the Lane Boys – the Parkies – to help clean it up.

- **Alma Thorpe**

A lot of people tend to shun the Aboriginal alcoholics from Fitzroy... and seem to think they are useless, but surprisingly they were the only ones who offered to help with the cleaning, scrubbing and tidying up of the place so that it was "fit for human existence".

- **VAHS Newsletter Dec. 1973**

I credit Alma Thorpe with a lot of the work. She got the Parkies to clean [the building], she got the community involved. She was there supporting the whole thing; fixed up all the odds and ends.

- **Reg Blow**

It was incredible ... it was just a big dust storm coming out of that building from back to front, you know. And there's the old ladies in the kitchen getting the kettles going, pots of soup on, toast... And then you go out the back and all these men

were moving bricks and sweeping floors... [The Parkies] couldn't move bricks quick enough for us... [It was] a community effort.

- **Mick Edwards**

So they cleaned it all out, wall papered the walls... made it reasonably presentable; put down carpet, got furniture, set up consulting rooms, [made] a reception desk where people would come in and meet the secretary. People started volunteering.

- **Malcolm Dobbin**

The Victorian Aboriginal Health Service officially opened on the 18th of August 1973. Currently we are operating from 10am to 10pm daily with doctors in attendance from 2pm-10pm during the week and 10-10 on the weekend. Fifteen doctors and several Aboriginal nurses are giving their time voluntarily to keep the Service open during these hours. There were over 100 people present at the Opening Day and in two days of operation we have started treating approximately 20 patients.

- **Correspondence September 1973**

Without the genuine human concern from the following people: Dr. Janet Bacon, Dr. Malcolm Dobbin, Geraldine Briggs, Hyllus Maris, Reg Blow, Jim Berg, Julia Jones, Alma Thorpe, Edna Brown – the Victorian Aboriginal Health Service would not be starting today.

- **VAHS Newsletter Dec. 1973**

Motion: that the Balkan sign at the front of the Health Service be removed.

- **VAHS November 1973**



The Victorian Aboriginal Health and Dental Services, 229 Gertrude Street, Fitzroy, 1976



VAHS Staff, 1978-79.

Victorian Aboriginal Health and Dental Clinic

The Victorian Aboriginal Health Service and the Victorian Aboriginal Dental Service provide essential services to the Aboriginal people of Victoria.

The information contained in this brochure will give the reader an indication of work undertaken by the two organisations.

This work is vital if the Aboriginal community is to obtain a standard of health comparable to the rest of the community.

However, the continuance of the services' operations is severely hampered by lack of finance.



While both organisations receive annual grants from the Commonwealth Government the grants provided do not cover the total operational costs.

I recommend both of these services to you and urge you to give your financial support to the vital services provided by them.

There is a form on the back of this brochure with information as to where to send donations.

Yours fraternally
Lionel Rose



Dawn Kneebone 20
trainee dental nurse



Edna Brown
General duties



Gwen Brookes 32
Field officer driver



Pat Clarke 34
nurse



Mick Edwards 21
Field officer



Karline Dwyer 17
trainee dental nurse



Marg Thorpe 23
Field officer



Ivy Wright
General duties



Doreen Lovett 19
trainee dental nurse



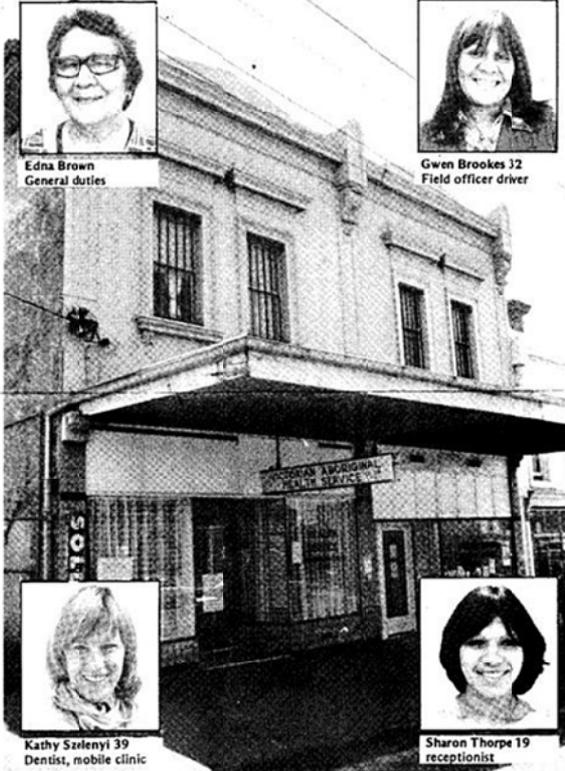
Kathy Szelenyi 39
Dentist, mobile clinic



Sharon Thorpe 19
receptionist



Desmond Smith 22
Dental Service Field Officer



Dr. Mal Dobbin 35
co-medical director & G.P.



Dr. Helen Brown 33

PART TWO

The Victorian Aboriginal Health Service in the 1970s

VAHS: 'A home away from home'

For the first year of VAHS's existence almost all work was undertaken voluntarily. The clinic's Administrator, Alma Thorpe, worked the service by day and tended bar by night. Its Medical Director, Janet Bacon, similarly worked 16 hour days, treating non-Aboriginal patients on nightshift at St Vincent's hospital to then arrive at the Health Service at eight o'clock each morning to tend to Aboriginal clients. Janet often brought with her the medical supplies needed to sustain the service's work. When government funding did come, it was relatively minimal and VAHS, like the other fledgling organisations, had to rely on money garnered through philanthropic sources and fundraisers to survive. From August 1973 to March 1974 over 800 patients utilised the clinic for a total of over 2500 visits. Thereafter, the patient-load increased markedly. For a staff of some fifteen people the workload was onerous. They were not only overseeing and participating in the operation of the clinic. Soon after the Service was established, Aboriginal groups from across the state began approaching VAHS for support and advice. The Victorian Aboriginal Health Service was more than a service provider. It was also the new voice of Aboriginal advocacy throughout the state. By mid-decade, VAHS was campaigning on behalf of communities as far as southern-NSW and the east of South Australia, lobbying government and helping the communities set up their own community controlled organisations. The Redfern Aboriginal Medical Service filled a similar role throughout NSW, as did the Brisbane Aboriginal and Islander Health Service in Queensland which was formed in late 1973. By the mid-1970s the community controlled services had all but replaced the older bodies like VAAL and FCAATSI as the primary vehicle for Aboriginal political expression and representation. These were organisations 'run by blacks for blacks'.

From its humble beginnings, VAHS expanded at a marked rate. In 1974 the organisation established the Victorian Aboriginal Dental Service, the first community controlled facility of its kind in Australia. Dr. Bill Roberts was central to its formation. Bill was a non-Aboriginal dentist who joined VAHS in mid-1974 after responding to an advertisement requesting assistance in setting up an Aboriginal dental service. After meeting Alma Thorpe, Bill left his lucrative Collins Street practice and would henceforth dedicate the rest of his life to the Aboriginal struggle for rights and wellbeing. Kelvin Onus-King's reflections perhaps best encapsulate the sentiments of almost all those who worked with Bill at the Service:

Bill Roberts is a legend, a legend in not only oral health but in social justice... He did so much for a whole range of different people... He was a Christian and yet he put up with us in meetings, in our social scene; put up with us swearing, getting angry. He did everything with us, he was right there beside us from woe-to-go. He walked away from a Collins Street practice – a Collins Street practice has dollars all over it. He walked away and just came and joined us.

When Bill Roberts first joined the Fitzroy community, VAHS was still operating on a largely voluntary basis. Resources were at a premium, and to establish a fully functioning dental facility with all the basic equipment, a government subsidy was required. For this, a submission detailing evidence of Aboriginal dental ill-health in Victoria was necessary. The metropolitan region and the Western Districts were identified by those at VAHS as suitable areas in which a survey could be conducted, and in July 1974 Bill, together with Aboriginal assistants Pat Clarke, Claire Garisau, Jan Chessles, Maureen Austin and Pat Lowden, spent several weeks travelling from house to house throughout the two regions collating statistics. As they were already well-aware, Aboriginal dental health, like Aboriginal wellbeing more broadly, was in an appalling state. The VAHS survey highlighted this fact. Nevertheless, while the survey was considered by government as one of the ‘best ever presented’, the funding VAHS received to establish the dental clinic was a third of that which the survey had proposed. For the time being it was enough.

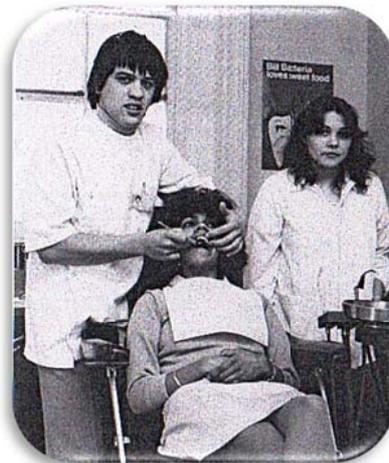
The Victorian Aboriginal Dental Service commenced operations on the 23rd of September 1974. It was located at 231 Gertrude Street, the address formerly occupied by the Victorian Aboriginal Legal Service (VALS), directly adjacent to VAHS. VALS had outgrown the premises and moved further towards Gertrude’s west end. The lack of government funding for the dental clinic did, however, mean that it was restricted to one dentist, Bill Roberts, and two trainee Aboriginal dental nurses, Julie Johnston and Dawn Kneebone. Julie and Dawn were later joined by Doreen Lovett and Karlene Dwyer. In the first eight days of the clinic’s existence the staff treated 140 patients across 173 visits. Within three years, over 6,000 patients and 10,000 episodes-of-care were being recorded annually. By this time half of the patient-load was being received through the Fitzroy clinic, the other half came through a mobile dental facility. As VAHS’s first secretary Deborah Deacon remembers, the commonwealth government had rejected the Health Service’s funding submissions for a mobile dental clinic, and it was only courtesy of a generous donation by the Dental Wives Association of Australia that the Service was able to purchase a caravan and fit it out with dental equipment. At this stage, only two fully-functioning Aboriginal community controlled health services were in existence in Victoria: VAHS and a Gippsland service. Other communities such as Shepparton and Dandenong were managing small cooperatives consisting of an administrator and field officer but had no actual medical personnel. Consequently, by 1977 the Dental Service had joined VAHS doctors and

Aboriginal staff on the road running weekly or monthly mobile clinics to regional communities throughout the state. Many members of the Fitzroy community have worked as Aboriginal Field Officers at VAHS over the years. Some of those involved in the early days were Gino Sylvani, Mick Edwards, Marg Thorpe, Gwen Brookes, Brian and Des Smith, Ted Lovett, Kelvin Onus, and John McGuinness. Jonny Mac fondly remembers his time driving the mobile dental van:

I'd average about 50,000 kilometers a year. Been doing this job for fifteen years... I'm so sick of motels! ... When we first started we worked without pay... [Government] wouldn't release funds... At times we used to have to sleep under the trees because we had no money [for accommodation]. We really roughed it... but I loved it. It's been a life's job, clean work.



Doctor Bill Roberts of the Aboriginal Health and Dental Service checks Kellyann Edwards, 22 months, of Thornbury, at the clinic, yesterday.



Left: Bill Roberts treats Kellyann Edwards at the Dental Clinic.
Right: Aboriginal Dental Assistants treat a patient at the Victorian Aboriginal Dental Service, 1984.

By the time the mobile dental and health teams were on the road, VAHS was operating a wide range of services and programs. In 1974, the Service set up a halfway-house in collaboration with Hostels Limited in order to assist homeless members from the community. It was named 'George Wright Hostel' in memory of well-known Parkie who had lived in the area for some forty years. In 1975, regular specialist services commenced in fields ranging from paediatrics, ophthalmology and gynaecology, to obstetrics and ear, nose and throat problems. By 1978 an Under 5s Club had been formed to assess and monitor the health and nutritional status of Aboriginal children; programs to tackle adolescent and adult obesity, diabetes and nutritional problems had similarly commenced; and

the Fitzroy Star's Gym, a preventive health facility aimed at combating drug and alcohol problems within the community had also been initiated.

The Fitzroy Stars Gym was established in 1977 and drew its name from the celebrated Fitzroy Stars Aboriginal football club. It started life as a Youth Club occupying a small office at the back of the VAHS building, with Jock Austin employed as the Sport and Recreation Officer. Jock had been a renowned boxer, unbeaten in his youth, fighting with a boxing troupe that travelled throughout the country. Under Jock's meticulous supervision, the Gym soon outgrew the room at VAHS and relocated to 173 Gertrude Street where it opened its doors to the wider Koori and Melbourne community. The Gym's success meant it soon outgrew these premises as well. Eventually the program found a permanent home just around the corner from VAHS on the drafty first floor of an old factory at 99 George Street. With the space the new building provided, the Gym was able to begin operating a wide range of programs and activities: from boxing to athletics, and tennis to snooker. Junior and senior teams in football, cricket, netball, basketball and volleyball were also initiated through the George Street facility. As Archie Roach recalls, due to a lack of money and resources, Jock Austin had to be inventive to keep the gym afloat:

We used to drive around with Jock collecting all the second-hand stuff from boxing gyms, mates that Jock knew; old fellas that Jock knew who were running gyms, and he would go and acquire second-hand stuff from them, good stuff, but second-hand equipment, to set up the first gym... And that's how we did it, we carted it upstairs and set up the first gym with nothing, nothing... and that's how it started. Now look at it, it's worth over a million bucks. It's great.

There was significant opposition from Fitzroy's 'fashionable middle-class' to the establishment of the Fitzroy Stars Gym in the George Street building: they wished to see more trendy cafes established throughout the suburb rather than Aboriginal organisations. As one non-Aboriginal resident is recorded as saying in a newspaper article at the time, he didn't want Fitzroy to become 'a mess', suggesting that the Gym would simply bring 'clean and healthy and respectable Aborigines into contact with a more downtrodden and degraded type of element'. Despite this blatant racism and opposition, the Gym thrived. A newspaper article from the mid-1980s paints the picture of a regular day at 99 George Street:

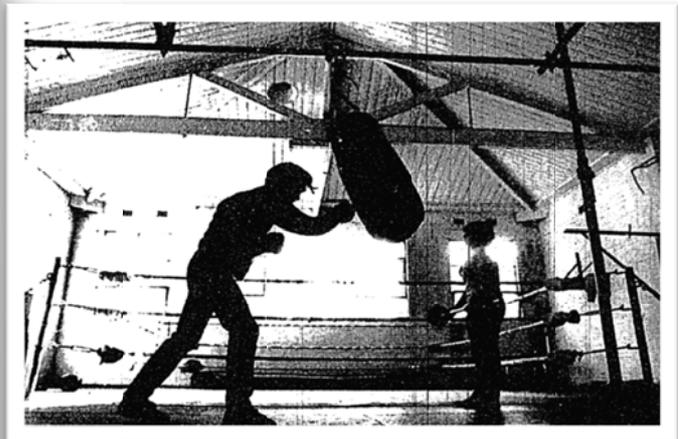
Lawrence 'Baby Cassius' Austin was having a sparring match. The air was sweaty and close. Jock, Lawrence's older brother stood at the ropes muttering quiet advice. Little kids played on the ropes as the two grunting men traded punches, deftly jumping off when the action moved too close. Old and young men in trunks and heavy crotch protectors stood and watched... The windows are curtained in the

Aboriginal flag, first a black one, then a yellow one, then a red one... Migrant kids from the nearby commission flats have few recreational outlets and the Club welcomes them as well... One youngster suggests he 'would be out on the street making a lot of trouble for this country if it wasn't for old Jock, he keeps young guys in line'. Later, sitting in the large chaotic foyer, which also serves as an office, Austin stated the club's philosophy – 'the place keeps kids out of trouble and off the streets'.

Beyond Jock Austin, many people from the Fitzroy community were instrumental in making the Fitzroy Stars Gym a success, among them, John 'Longfulla' Austin, Bruce McGuinness, Alma Thorpe, Jonny Mac, Bill Roberts, Bindi Jack, Ronnie 'Fox' Foster, 'Punchy' Rose and 'Magpie'. The Gym trained many champions in a range of sporting pursuits. Lawrence 'Baby Cassius' Austin held national boxing titles in three weight divisions and twice held the Commonwealth lightweight championship. In 1984-85 alone, Troy Austin was Victorian junior welterweight champion, Robbie Thorpe was elected Victorian Novice fighter of the year by the Boxers League, Graeme Brooke won the commonwealth lightweight boxing title, Baby Cassius was aiming to get on the world title bill, and Tammy Austin won the Victorian sprint title in athletics.



Ringside at the Fitzroy Stars club ... keeping the kids off the streets, but Terrace Street retailers want the centre located elsewhere



The Fitzroy Stars Gym: 'Keeping the Kids off the Streets'

The 99 George Street facility operated other activities beyond sporting and fitness. By 1983, the Gym was sharing the building with Nindeebiya Workshop, an off-shoot of VAHS that provided meals for the homeless and focused on occupational therapy and learning extension for the chronically unemployed. In many ways, Nindeebiya was an extension of an earlier program initiated by elders from the Fitzroy community in the 1970s. Soon after VAHS had been established, Margaret Tucker, Edna Brown and others had rented a small shopfront in Gertrude Street from which they ran a soup kitchen. As Margaret's daughter Mollie Dwyer recalls, the Soup Kitchen provided a much needed service, one which was not, however, appreciated by government:

Each day [women from the community] would go down and cook a big casserole and an even bigger pot of soup. [They] charged fifty cents, but those with no money always got fed... We tried to get a grant to carry on but to no avail. One day The Soup Kitchen, as it became known, was forced to close.

Community member Jan Chessles was instrumental in getting Nindeebiya Workshop up and running. As she remembers, the doors would open early in the morning to catch 'the street mob' and serve them breakfast, what she called a 'vitamin B injection'. After that, the women at Nindeebiya would send 'the boys' to different factories in the suburb to get off-cuts of leather and fabric which they would bring back to George Street to craft and print. Other pursuits practised at Nindeebiya were enameling copper jewellery, pottery, screen printing, and boomerang and didgeridoo making. As Jan suggests, however, Nindeebiya was about more than arts and craft and recreational activities. The Workshop also provided a time and place where community members could 'just sit down and talk': where they could 'feel at home'. Kutcha Edwards says much the same of the Fitzroy Stars Gym. As he has stated, the Gym offered a space where the community could meet and where they could learn what it meant to be 'an urban Aboriginal – learn about urban Aboriginal culture and what it was to have respect'. Indeed, the importance of VAHS and its associated programs went beyond the immediate services and activities they were initiated to provide. They were also meeting places: sites where a sense of community was developed and where Aboriginal people gained a set of positive and transforming experiences vital to their social identity as Aboriginal people. Throughout the 1950s and '60s, under the policy of assimilation, Aboriginal people had been expected to lose their identity, culture and history. Under 'assimilation', Aboriginal communities were broken up, families were divided as children were taken from their parents by government authorities, and Aboriginal people were no longer meant to identify themselves as 'Aboriginal'. The importance of the Victorian Aboriginal Health Service, on this level, cannot be overstated. Not only did VAHS provide a focal point for Aboriginal people living in Melbourne, fostering a sense of community. Those involved with the operations of the Service also actively encouraged community members to learn about and be

proud of their Aboriginality. After two centuries of being told that Aboriginal people and culture were inferior to that of Europeans, this was to be a truly significant aspect of VAHS's work.

Mick Edwards' story is worth recounting in relation to this point. Mick is a Mutti Mutti man from the Murrumbidgee River region in southern-NSW. He was taken from his parents by state welfare authorities in 1967 at the age of eleven under the policy of assimilation. Separated from his siblings, he was placed first in Turuana Hillside Boys Village and later in Orana Methodist Home for Children. In Mick's words, he was 'kidnapped and institutionalised for no other reason than being black'. Mick has talked of the far-reaching and deeply negative effects of these state-sanctioned actions on both himself and his family. He has also talked passionately of the way in which VAHS helped reverse some of these effects. In the early 1970s, like many other Aboriginal people during this era, Mick made his way to Fitzroy in the hope of reconnecting with his family. Once there, he was offered employment at VAHS by Alma Thorpe. As he recalls of those involved with the Service, 'it was a beautiful crime they were committing':

making sure we had somewhere to meet, somewhere to be ourselves, somewhere to be safe, somewhere to have pride in ourselves and faith in someone else. Somewhere honourable.

As Alma Thorpe has suggested, 'part of the Health Service was to believe in who you were and bring back some of who you were, to make people feel good about themselves.' Many of VAHS's employees and patients were of Aboriginal/non-Aboriginal descent. Many had been raised within white foster families and institutions and had been encouraged to disassociate themselves from their Aboriginality while at once being excluded from the non-Aboriginal world. As Kelli McGuinness suggests, 'it was like Libra – the scales – weighing and balancing yourself, trying to work out who you were and which half was what'. Like Kelli, Kelvin Onus-King became involved with VAHS in the mid-1970s. For him, VAHS and the Fitzroy community helped counter the effects of the marginalisation he had experienced and helped to provide a 'positive sense of self':

I knew nothing about Aboriginality. I was just so raw. That was difficult, but it was also enlightening... I think that I was just really, really happy because I had actually found my roots. I think that was the most important thing... I had actually found what I had been missing all my life.

Others who have been involved with VAHS over the years are also worth quoting on this topic. As Order of Australia recipient Joan Vickery recalls:

When VAHS first opened ... it was so popular with the people. The people became so proud of what they did for themselves when they had their own service. We belonged. It was a real sense of belonging and ownership, and it still has that feeling today.... We just love our Health Service.

- **Joan Vickery AO**

Because I'm pretty fair-skinned, I quite often got challenged about my Aboriginality. I felt I had to justify it all the time to non-Aboriginal people. People would come up and say, 'You don't look Aboriginal'... And I would be thinking, 'Does it matter to you whether I am or not?'. People used to say, 'But do you want to be Aboriginal?' And I thought, 'Is there something wrong with it? Is there a choice?'. After a while you get sick of it, so you develop smart comments like, 'Ah nah, I'm only part black, it's my leg'. You know, my mum is non-Aboriginal, my dad is. I look like my Mum, so does my brother, Anthony. But a couple of my brothers look like my dad... So as I got older, working at the Health Service, I started to understand: it wasn't about the colour of your skin, it was about your way of life, your culture, your background, your history ... And that was the thing about growing up around the Health Service: the Aboriginal question was never an issue. People knew who I was. We all knew who everyone was. Whether you were fair-skinned or the opposite, we all knew: I'm from Gunditjmarra country. I am Alan Brown's grandson, Alan Brown's son, Alma Thorpe's nephew, part of this Koorie community. And what a wonderful place to be. It was just fantastic. The opportunities that grew from there: the opportunities to be involved in the community.

- **Alan Brown**

When VAHS was established people didn't go to the pub to meet anymore. They used to come to the Health Service. People used to just go in there, sit down, have a cup of tea, just meet, talk, away from home; it was really, really great, fantastic... You know, all of those people to put their heads together... The Health Service was a hub for the community.

- **Lorraine 'Bunta' Patten**

The days at the Health Service – that's one thing I'll never forget... Like I said before, if it wasn't for the Health Service I wouldn't be sitting here today. They put me on the right track – the Health Service, our people, like Wilkie and Aunty Alma, they were our bosses, but they didn't treat us any different than they would their brothers and sisters.

They were the same as us. They felt like we felt.... That's where my heart is, with the Health Service.

- Graeme 'Bootsie' Thorpe



Aboriginal Health Workers treat a patient at the Victorian Aboriginal Health Service, 1981.



VAHS's second building at 136 Gertrude Street into which the Service moved in 1979.

VAHS the political organisation: the 1979 and 1981 funding crises

Between 1974 and 1981, the Victorian Aboriginal Health Service entered only one new financial year without a significant, near crippling budget deficit. The community services had started receiving government funding following the election of the federal Labor Whitlam administration in 1972 when the policy of assimilation was replaced with that of self-determination. At the same time, however, the Whitlam administration also began funding state government initiatives aimed at improving Aboriginal health. This state-based funding was intended for programs that sought to ‘encourage’ the Aboriginal use of mainstream services. This meant that the community services and the state governments were in competition for the same, limited commonwealth Aboriginal health funding to fulfill opposing objectives. The states services were based on the assimilatory belief that mainstream services were fundamentally adequate and that Aboriginal people only needed to learn how to access them. The community services, on the other hand, were based on the notion of Aboriginal self-determination: Aboriginal communities determining the type of health service that ‘best suits their needs’ and being ‘responsible for’ and ‘participating in the design, development and delivery’ of these services. Throughout the 1970s, the state governments received the lion’s share of commonwealth Aboriginal health funding. And as VAHS argued, they received it for doing less. A report of the Victorian Aboriginal Dental Service in 1979, for example, documented how the clinic had treated over 2400 patients with a total budget of \$64,000, while the state’s dental scheme had provided treatment for only 250 people and had received upward of \$90,000 in funding. As VAHS annual reports show, from 1975 to 1981 the Service was forced to frantically borrow from other community organisations and to rely on benevolent trust funds to tide it over crisis periods. Most commonly, VAHS was surviving on a considerable bank overdraft. Despite repeated pleas, additional commonwealth support was never forthcoming and the Service consequently limped through each financial year carrying with it an increasingly weighty deficit. As Alma Thorpe remarked in 1976 of the Board’s attempts to keep the organisation viable, ‘we’ve been bashing our heads against the brick walls of bureaucracy’. As the *Age* newspaper reported three years later, when the bank finally refused to increase its overdraft, the Victorian Aboriginal Health Service ‘officially closed’.

VAHS never closed its doors as the *Age* newspaper reported. Instead, for four months in 1979 and then for three months in 1981, VAHS employees worked without pay in order to keep the service functioning. Throughout both ‘crisis periods’, the service’s operations were financed by community donations, doctors lined up in the dole queue with other unemployed from the broader community in order ‘to pay the bills’, and Aboriginal staff held forums at the Rotary Club and similar mainstream community organisations in order to raise money. As Graeme ‘Wilkie’ Austin remembers, the community controlled organisations were never acknowledged for the work they did:

Our funds were never enough, or they would be cut and government would hope that we would just close our doors. But we would never let that happen. We just volunteered, worked without pay. We wouldn't allow the government to do it... We wouldn't go away. We just got stronger.

As Wilkie suggests, those working at VAHS would not let government dictate the terms of their funding, and they would not close the Health Service's doors simply because funding was withdrawn. Instead, VAHS representatives were able to use the publicity they generated around the organisation's financial predicament as political leverage in their negotiations with government. Throughout both crisis periods VAHS was determined to make a stand, and moreover, to make a point in doing so. As non-Aboriginal doctor Malcolm Dobbin remembers, the Service was 'always starved for funding, always spending over budget'. Thus, when push came to shove in the late 1970s, VAHS directors were intent on 'taking it to the limit, to get as much publicity out of it' as they could. To use Dobbin's expression: 'shame the government, run a cake stall'. And this is exactly what VAHS did. The two crisis periods saw VAHS cementing its position as the new voice of Aboriginal political advocacy in Victoria and as perhaps the loudest single voice within the Aboriginal arena nationally. This was where VAHS was in its element. More specifically, it was where individuals such as Bruce McGuinness and Gary Foley were in their element.

Bruce McGuinness and Gary Foley brought with them to VAHS a wealth of political experience. Bruce McGuinness had been instrumental in transforming the Victorian Aborigines Advancement League into an Aboriginal-led organisation in the late 1960s, and was to be fondly referred to as 'The Chairman' at VAHS throughout the 1970s. In the words of several newspaper articles, Bruce was Victoria's 'Black Power oracle'; a man who tirelessly campaigned to give Aboriginal people 'a greater say' in their own affairs. And Foley was very much McGuinness' New South Wales counterpart. Foley had been involved with the establishment of the Redfern Aboriginal Legal Service, and throughout the 1960s was regularly and sensationally cited in newspapers articles for his views on 'Aboriginal control'. It was perhaps inevitable that Foley would fill the position of VAHS Publicity Officer throughout the 1970s and '80s, a duty that he acquitted with great aplomb. As newspaper articles of the period indicate, Foley was never shy in grabbing a headline. Indeed, Foley and McGuinness were a political force unto themselves and were a defining element of VAHS and its political activities. Yet they did not act alone. As suggested earlier, Alma Thorpe was another central figure at the Service. In the words of Bruce McGuinness: 'no Alma Thorpe, no Aboriginal health service in Fitzroy'. As Melva Johnson, a founding member of the Echuca community controlled service suggests, it was Alma Thorpe who 'was always there fighting, always listening to us'. As Kelli McGuinness explains, Alma was the glue that held VAHS together: 'she was the silent worker, not only on a local scene but nationally'. Indeed, for many of the younger generation Alma Thorpe

was the person they aspired to be. She was their ‘mentor’ and their ‘teacher’. And this was the other fundamentally important aspect of VAHS. Like FCAATSI and VAAL before it, the Health Service provided a space in which that legacy of Aboriginal political struggle could be passed from the older to the younger generation. Many of Melbourne’s Aboriginal youth grew up at the Gertrude Street Health Service. They played there as children, worked there as teenagers, and managed programs there as adults. Glenda Thorpe’s experiences reflect that of many her age:

From day one, I was there listening to my mum talk about things... I would come in – listen, learn, help out, sit behind the reception, go upstairs and learn whatever I could learn. [It was] amazing, absolutely brilliant, you just wanted to be a part of it.... And I remember when I actually did start working there, I remember, and I’ll never forget... because I would sit at the meetings... Bruce, Mum, Dr. Bill, all these other amazing people – Gary... It was about ‘look, listen, learn’ and do what they wanted you to do. I was falling over myself to help out. We had nothing you know... I just loved it.

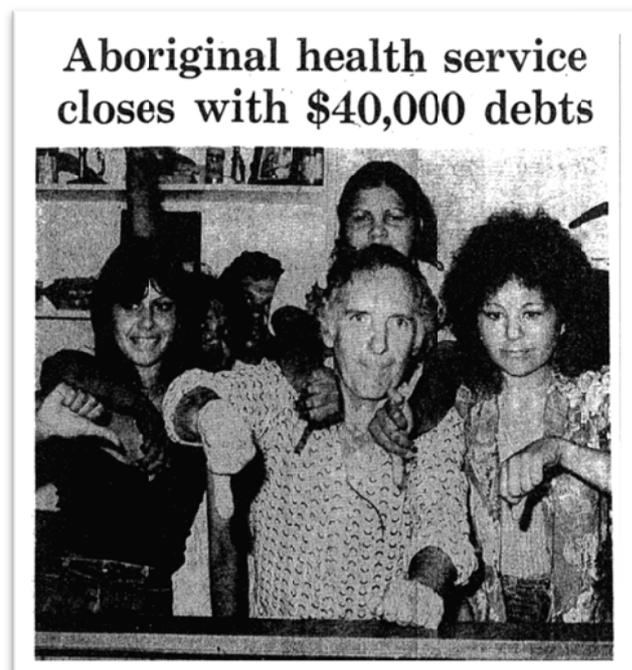
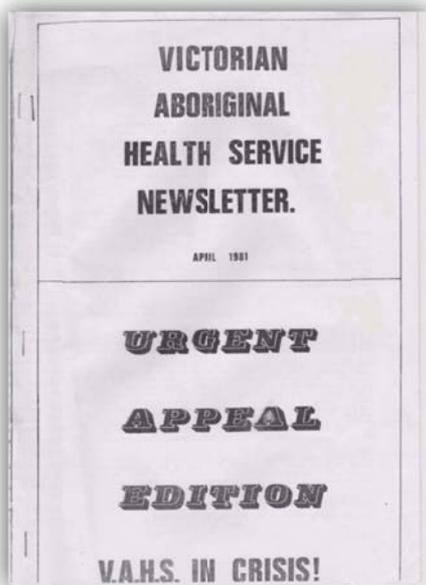
Alan Brown’s memories of VAHS and its leaders are similarly worth quoting at length:

We were encouraged to be active, to be progressive, to be courageous, and to use initiative... There was nothing that we didn’t think we couldn’t do, absolutely nothing mate, and it was always sensible. Smart political operators, knew how to twist; knew how to get the right attention at the right time. Back then Aunty Alma, Gary, Bruce, Bill and all the other people around our Service maintained the policy and the position that Aboriginal people must run Aboriginal business, the local people – it was as simple as that. The political fights they used to have to go through to gain that, you know to put that on the table.

VAHS’s financial crises in the late 1970s and early 1980s are exactly what Alan alludes to. Throughout both episodes VAHS was certainly able to get ‘the right attention at the right time’. The Board knew how to use the media to its own ends. In 1981, Gary Foley and Jim Berg announced their intention to raise the Health Service’s financial predicament at the World Council of Indigenous Peoples: ‘to come on strong in the international arena and indict the national government’. As Bill Roberts suggested to a reporter in 1981, ‘we decided to publicise our financial problems in order to win public support’. The VAHS Board was intent on exposing the government’s actions for what they believed they really were: ‘insensate, negligent and virtually criminal’. Why, they asked in 1979, was the Department of Aboriginal Affairs refusing to bridge the Health Service’s quarterly grant with a one-off additional payment? Without such assistance, they argued, their Service would be forced to

close. And this, the Board maintained, would be ‘the most tragic disaster’ that the Victorian Aboriginal community had faced in recent times.

The VAHS crises were certainly good media fodder. Many of the major newspapers throughout the south of the nation covered the events as they unfolded and appeared more than willing to oblige the Service in its attempts to discredit the federal Aboriginal Affairs administration and secure funds for its survival. Melbourne’s *Age* newspaper in particular did well to pull on the public heartstrings in covering both events. A poignant introduction to one article published in June 1981 painted the picture of ‘a poor, elderly Aboriginal woman pressing money into the hands of Bill Roberts’. She’d ‘been a bit crook’, the article suggests, but made ‘no fuss about her donation’ which would help the Service ‘survive for one more week’. Another article in 1979 was accompanied by a picture of Bill Roberts and several Aboriginal staff giving the ‘thumbs down to the federal government’. Yet another quoted a medical student working at VAHS who maintained she was working without pay because ‘I don’t have an ignorant bastard’s attitude’. She was referring to officials from the Department of Aboriginal Affairs who, as Alma Thorpe elsewhere added, ‘would never work one minute without pay’. As Bruce McGuinness suggested to a reporter in 1979, ‘our diseased community will ensure the Victorian Aboriginal Health Service a long life, just as long as the doctors don’t starve to death’.



Left: VAHS ‘Urgent Appeal’ Newsletter April, 1981.

Right: Bill Roberts and other VAHS Staff giving the ‘thumbs down to the federal government’

In the end, the publicity generated by VAHS during its two crisis periods at the turn of the 1980s led to the federal government granting the organisation more funding with 'less strings attached'. VAHS's advocacy also helped bring about broader change within the Aboriginal health arena at the national level. Though this is a story for another time, it is worth briefly touching on these developments. In 1981, Sarah Berg, the recently appointed head of the Victorian state government's Aboriginal health unit, pressed government to initiate a Working Party on Aboriginal Health. The Working Party was chaired by Jim Berg and included members from VAHS. The Working Party made a raft of recommendations that led to the state government handing back all of its commonwealth Aboriginal health funding. This funding was then directed towards establishing more community controlled services. In turn, the state government's Aboriginal health unit, which had previously been under the direction of 'white health professionals', was put under the control of Aboriginal people. Kevin Coombs, a former para-olympian and an Order of Australia recipient, was appointed as the Unit's inaugural head. In the ensuing years, other state governments followed the lead set by Victoria, establishing more community controlled services and placing their Aboriginal health units under Aboriginal control. As Sarah Berg explains, VAHS's advocacy was integral to bringing about this change. It was a unique series of events, she suggests, arising from Aboriginal and non-Aboriginal people working together for a common cause. In her words, 'it was chance: the right people, the right time... it was extraordinary'.

* * *

PART THREE

The Victorian Aboriginal Health Service in the 1980s

Koori Kollij and Aboriginal Health Worker Education

Sometime in late 1976 Alma Thorpe stood in a small hut in a village somewhere outside Beijing in the People's Republic of China. She was there to see a Barefoot doctor at work. A concept developed in the 1930s, Barefoot doctors were local farmers who received basic medical and paramedical training. They would travel across rice paddies in bare feet in an effort to bring healthcare to the various villages that comprised their rural communes, places where urban trained doctors were often reluctant to work. In the 1960s, during Mao Zedong's Cultural Revolution, the barefoot concept had been institutionalised and became an effective health program throughout the Republic. Alma Thorpe was now witnessing it firsthand: primary healthcare provided by local people at the grassroots level. The success of the program rested on the principle that each medico was selected by and only worked within their own communes, treating their people in a way that would be understood, combining both Western and Chinese medicinal practices. Alma Thorpe was not the only VAHS representative to see the doctors at work. Gary Foley and Bruce McGuinness had earlier travelled to China, and others would follow throughout the remainder of the decade and into the early 1980s. Six years after Alma's China trip, in 1982, VAHS established Koori Kollij, an Aboriginal health worker education program based on the barefoot doctor concept. Privately financed for its initial three years, Koori Kollij was the first community controlled program of its kind in Australia.

VAHS had long campaigned to establish an Aboriginal health worker course. Starting in 1974, each year, the Service submitted funding applications to the commonwealth administration in an attempt to achieve such ends. Nevertheless, for almost a decade, the submissions went unfulfilled. Instead, the commonwealth vested the responsibility for Aboriginal health worker training in the state government health units. As such, it was non-Aboriginal state government employees who had the final say over the program's content, structure, and the Aboriginal people who were to undertake it. The VAHS struggle to establish Koori Kollij has been recounted in several places. As Board members claimed in 1982, the state government health unit had appropriated the idea of Aboriginal health worker education from the Service's initial 1974 submission and had then used commonwealth funding to implement it in a significantly diluted form in order to maintain non-Aboriginal control. At the same time, the Health Service's submissions were met with the commonwealth reply that there 'was no funding available for new initiatives'. In turn, the Board suggested that late in the decade commonwealth officials were sent on 'trans-Australia junkets' to consult communities on whether they desired Aboriginal health worker training such as that which VAHS was championing. The only

difference was that it would be the Department of Aboriginal Affairs which controlled and ran the program. As Bruce McGuinness suggested in the wake of yet another rejected submission in the early 1980s, ‘and people wonder why we don’t trust the bastards’.

Faced with the ongoing rejection of its submissions, in 1981 VAHS approached a private philanthropic trust for assistance. The following year, on the 15th of March 1982, a group of twenty seven Aboriginal students proudly marched from the Gertrude Street Health Service to the nearby Eric McGuinness Study Centre to mark the inauguration of Koori Kollij. Individual expressions of interest for the course were not sought. Rather, like the Barefoot doctor concept on which the program was based, students were nominated by their communities and on completion of their nine months of study were then to return and work with these communities, ‘passing on that which they have learnt’. This selection process was designed not only to ensure the most appropriate person was chosen for the job, but to guarantee communities had ‘a real and positive sense of involvement’ in efforts aimed at improving their wellbeing. As Bruce McGuinness stated shortly after the students graduated in early 1983, Koori Kollij was representative of Aboriginal people’s right to conduct their ‘own uniquely designed answers to their own community health needs’.

Bruce McGuinness was a tireless campaigner for Aboriginal-specific education. In 1975, together with others from the Fitzroy community, he was involved with establishing a Community Organisations Course at Melbourne’s Swinburne College of Technology. The Swinburne course was defunded by the commonwealth government in 1978, and Koori Kollij was very much its successor. Like the Swinburne course, Koori Kollij sought to foster the skills Aboriginal communities required to manage their organisations and to navigate the government bureaucracy. It similarly sought to improve its students’ proficiency in comprehension, reading, writing and public speaking, encouraged them to undertake further studies, and attempted to instil in its cohort a sense of confidence and self-esteem, in both themselves and their Aboriginality. Moreover, like the Swinburne course, those who enrolled in Koori Kollij were not only taught by ‘white professionals’ but by Aboriginal people and, significantly, on subjects ‘considered important to the community rather than those deemed relevant by bureaucrats’. With its health focused agenda Koori Kollij did, nevertheless, differ from the Swinburne course. Alan Brown was appointed Koori Kollij coordinator, and Dr. Michael Galak, a Jewish man who joined VAHS after emigrating from Russia in 1978, was entrusted with the role of course medical director. As Alan stated in 1982, Koori Kollij sought to ‘de-mystify medicine’: take it ‘off its pedestal’ and place it within the holistic notion of health held by Aboriginal people. Traditional cures and the role of medicine in tribal structures was emphasised and integrated with western medical concepts. Australian history was taught from an Aboriginal perspective. And students were encouraged to trace their family and tribal histories with the assistance of elders from the community. In turn, a team of twenty volunteer medical specialists taught medical theory –

anatomy, physiology, pathology and so on. Kevin Coombs, the inaugural head of the Koori Liaison Unit, lectured the students on the intricacies of government Aboriginal health policy development. And students did placements in hospitals and community services and undertook field trips to communities throughout the nation. As Alan Brown recalls, the Koori Kollij course was structured around 'the three Rs':

To be Reasonable, to be Responsible, and to be Rational. We wanted Aboriginal health workers to become an important and accepted part of the healthcare system. We thought: 'Wouldn't it be great to have one person from each family as an Aboriginal Health Worker'. So we sat down and designed a programme... You know, we thought we were just moving mountains! It was amazing, the journey we went on. We had students who had only completed Grade Six. Or we had students who were mature age or single mums... We were able to graduate 20 to 25 people from across the country each year, and then they would go back to work in their community; to empower their community.



Left: Koori Kollij Students, class of 1982.

Right: The 1982 Koori Kollij Graduation Certificate

Glenda Thorpe was one of Koori Kollij's inaugural graduating class of 1982. As she suggests, the course was like a 'baptism of fire':

We were so proud. We would go into the city and set up a little sidewalk tent. And we – the students – were like, 'Oh shame', you know, doing this sort of public stuff! We'd never done it before. But the tutors would say, 'Don't worry, let's just do it'. So we'd stop people on the street and ask them if they wanted us to take their blood pressure, give them a clinical assessment... We weren't only taught about health, though. We also learnt about what was out there in terms of government: what government was. That's when I really understood government; it hit me like a tonne of bricks. I'll never forget it... how to understand exactly what government is... It had no meaning to me before: what it was doing, how it influenced everything, and how it dictated how you lived your life. It was hard to understand all [of what] the elders were talking about in my earlier times... and then: 'I understand now'. So it was a revelation for me. We learnt about what was going on, the true history of this country, and it slapped me right in the face.

Certainly, Koori Kollij was not only concerned with giving its students a health education. It also sought to provide them with a political education. This is no better demonstrated than by the events that helped shape the 'pioneer students' inaugural year at the Kollij. That year, 1982, saw the staging of the XII Commonwealth Games in Brisbane, Queensland. Aboriginal people throughout the nation were intent on using the Games as a means of bringing to the centre of international media attention the poor living conditions and the suppression of the rights of Aboriginal Queenslanders that had prevailed under the long-standing Liberal government of Joh Bjelke-Petersen. Tensions between Aboriginal people and the Queensland administration rapidly escalated in the lead up to the Games, and the potential of confrontation between police and protesters during the event steadily rose. As one newspaper article suggested at the time, the 'deep-seated racism' and 'brutality' of Queensland's police force would undoubtedly ensure that the threat of violence would become a reality. Not to be 'embarrassed', Bjelke-Petersen rushed through special legislation on the eve of the Games that proclaimed street marches illegal and gave police extraordinary powers of arrest. The Koori Kollij students arrived in Brisbane several days before the Games commenced. They were sent there not only as part of their political education, but also to make use of their newly-acquired health skills if people were injured during the protests.

As one newspaper article stated at the time, the 'tent city' that sprung up in Brisbane's Musgrave Park to accommodate the hundreds of protestors at the Games was 'a powerful symbol of the ongoing Aboriginal struggle to regain some of that which was lost to the colonial invaders'. The demonstrations, which culminated in thousands of Aboriginal people and their supporters converging

on Brisbane's main sports stadium, were covered heavily in both the national and international media. It was a highly-charged series of events, exacerbated by the attitude of state authorities. As Queensland's Police Superintendent was reported as saying, the protests were 'orchestrated by lawless elements from outside the state' and the protestors were merely 'drunken, rabble-rousing southern stirrers'. Many of Koori Kollij's students, like all other 'dissenters', were arrested and jailed under the emergency legislation Bjelke-Petersen had instituted, despite their demonstrations being peaceful. As the students' memories attest, these experiences were a key moment in their political education:

It was part of our learning process. As I was stating before, political awareness in Aboriginal health is important, if you don't understand it you're not going anywhere in Aboriginal health. So Brisbane, we spent a week up there, and Bjelke-Petersen had brought in special laws for Aboriginal people. He got wind that there were going to be large demonstrations at the Commonwealth Games so he brought in traffic laws which resulted in any two Aboriginal people on the same side of the street, wearing the same coloured T-shirt, being considered as a demonstration and therefore violating the traffic laws of Queensland. And that's exactly what gave him the power to lock us up. Bjelke-Petersen was well known for being draconian... The demonstrations were very powerful. It not only exposed the Queensland government, but it exposed the Australian government's treatment of Aboriginal people... Every day we would walk in unison to the Commonwealth Games stadium as a demonstration, and every day people got locked up.

- **Kelvin Onus-King**

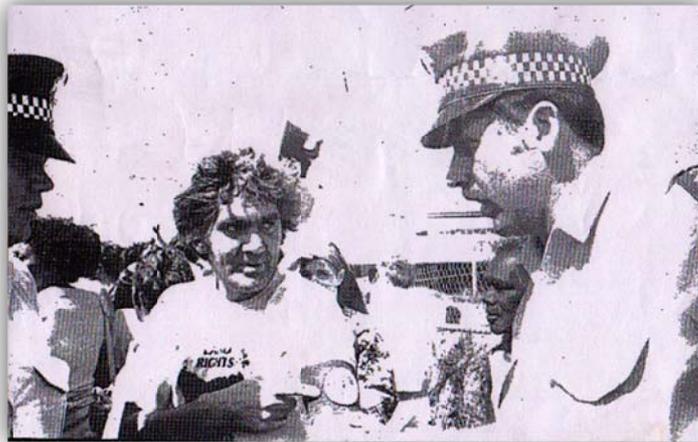
We camped at Musgrove Park. It was fantastic. We really had to concentrate on our job and what we were up there for. We couldn't get side-tracked by visions on the side. Every day we were meeting... We were surrounded by coppers, ringed in by coppers. We were rallying, protesting at every event as best we could... We ended up getting a lot of international media coverage. It was a great experience.

- **Mick Edwards**

What we did for the Commonwealth Games, we knew there were going to be protests, and we were starting to think, getting strategic, we said, 'Look, Aboriginal people are going to participate and the Queensland police aren't going to be too happy about it'. So we sent up health workers from our course to be medicos. And they had these – mate it's crazy now – but we got these big wooden boxes built, they were that heavy, and they were full of first aid equipment, and we got badges made

that said 'Aboriginal Health Worker' which the students could put on their arms. There's this famous photo of this guy called Daryl West being dragged away by police, and he's pointing to his arm-badge trying to tell them that he is a health worker.

- Alan Brown



Protesters enter QEII, 99 arrested

By KENNETH ANDREW and staff reporters

ABORIGINAL land rights protesters caught security men off guard when they arrived without warning at the main Commonwealth Games stadium at QEII yesterday.

Plans for
ty march

The protesters apparently planned their arrival to coincide with the performance of Australia's national anthem. Realising the police were off guard, the protesters staged a passive demonstration.

along the 2m high mesh security fence.

The main force of Aboriginals then sat down on the bus marshalling area and staged a passive demonstration.

This did not result in police charges against protesters and more.

ABORIGINAL protesters inside the stadium.

It was due to these experiences in Brisbane that on their arrival home a number of Koori Kollij's students, together with others from VAHS, established the Koori Information Centre (KIC). KIC was to act as a coordination centre for Aboriginal political activity, an educational resource for the broader non-Aboriginal society, and a cultural site for the community. In 1984 a reporter from the *Melbourne Sun* newspaper interviewed Alister and Robbie Thorpe about the origins of KIC, painting a colourful picture of the organisation and its founders:

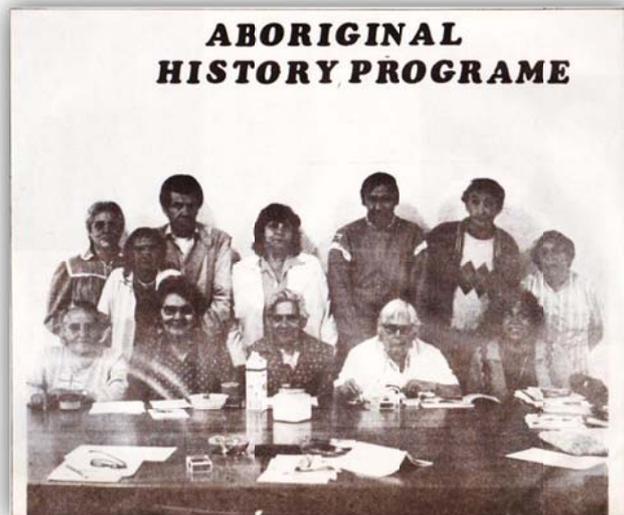
In the cluttered Gertrude Street shopfront that is the Koorie Information Centre, its coordinator, Alister Thorpe, breaks into a rare smile and tells me that his career as an Aboriginal activist began early... As Alister suggests, the Koori Information Centre arose from the experience of the 1982 Commonwealth Games: 'A whole lot of solidarity grew out of that experience. And to continue that solidarity and that feeling of unity, a group of Victorian people decided to set up the Koori Information Centre. Its aim is to distribute information to our Aboriginal communities and... to be an educational resource for the general community'. The Centre employs two Aboriginal researchers who cover land rights, history, medicine and host of other issues. It also puts out the newspaper *Koorier* and has plans to train Aboriginal people as Aboriginal site custodians.



Throughout the mid-1980s, the activities of KIC were seen to be sufficiently threatening to the government of the day to warrant police surveillance, a fact that subsequently came to light when the *Age* newspaper revealed a list of organisations that had been subject to covert police surveillance. Indeed, the fact that VAHS and its associated programs such as KIC incorporated political activity was not appreciated by government. And this had implications for VAHS. Acting as Aboriginal advocate did not endear the Service to the administration. To put it another way, in the words of one former government official, 'governments like nice people':

In fact, sometimes the Health Service, being activists, they would get the money alright, but there wouldn't be an effort to – if there was extra money... would you provide it to the Health Service? Governments generally... they are a bit wary of activists, let's put it that way.

Koori Kollij did begin receiving commonwealth funding in 1984. Nevertheless, in 1990 the course was defunded over what the government claimed were 'issues of accountability'. The Directors of the Kollij claimed that the decision to defund the course had nothing to do with issues of accountability but, rather, that funding was withdrawn because of the course's 'political nature'. Whatever the case, for the eight years that Koori Kollij was operational it was a success. By 1986, 110 students had graduated from the course, all returned to work with their own communities and manage their own organisations or went on to further education. Many other Aboriginal people from across the nation undertook the course in the years that followed. In the mid-1980s, elders from the Fitzroy community involved with the Kollij established the Aboriginal Elders History Program. As Iris Lovett-Gardiner recalls, the Programme grew from the need to aid people who wanted to find their families. The Programme would go on to produce a range of books and pamphlets documenting the stories of Aboriginal elders from Victoria and their experiences growing up on the reserve and mission system. The books and pamphlets were used as an educational resource for the Koori Kollij course. In 1987, due to its innovation and success, Koori Kollij was awarded the United Nation's Sasakawa Prize for Indigenous Education.



Front (left to right): Rosalie Donker, Edna Brown, Maude Pepper, Maude Smith, Lorna Lovett.

Back (left to right): Gloria McHenry, Inez Lovett, Neil Harald, Francis Huthins, Lloyd Clarke, Albert Jackson, Iris Lovett.

The National Aboriginal Islander Health Organisation

By the early 1970s, there was no national body effectively representing the common interests of Aboriginal people to government. When the Whitlam administration was elected in 1972, Aboriginal people therefore had few means to respond collectively to government policies at the national level. By this time, the community services had begun to provide a new and permanent site for Aboriginal activism and advocacy. Though locally initiated and operated, as their numbers increased throughout the decade the services also began to offer a new system on which national political structures could be built. The notion of a national Aboriginal health body was conceived at a *Workshop on Aboriginal Medical Services* in Albury in 1974. The National Aboriginal and Islander Health Organisation (NAIHO) was officially established two years later following a meeting of the community services at Sydney University. Throughout its existence NAIHO was administered predominantly by the leaders of the initial services present at the 1974 Albury Workshop, particularly, Fitzroy, Redfern and Brisbane. Some of those crucial to the political operations of NAIHO were Denis Walker and Lionel Fogharty from Brisbane, Naomi Mayers and Sol Bellair from Redfern, Alec Illen from Townsville, Margaret Culbong from Geraldton, and Bruce McGuinness, Alma Thorpe, Gary Foley and Bill Roberts from VAHS. NAIHO's primary objectives were to facilitate greater cooperation and support between existing services, to channel expertise and material assistance to these services and to other communities seeking to establish services, and to advocate on their behalf. By 1983 NAIHO was representing some thirty Aboriginal and Islander community controlled health services throughout the nation, and was assisting numerous other communities in various ways to improve their people's health.

As many Aboriginal and non-Aboriginal people have suggested, NAIHO was 'the most powerful', 'the strongest' national body of the era. This had much to do with the organisation's structure. A key principle that underpinned NAIHO's operations was the desire to ensure the independence of each local service. That is, to not impose upon its members a one-size-fits-all 'black bureaucracy'. NAIHO would only respond to a community's requests. Each member service was to define its own, often unique, aims and objectives and thus every aspect of its development. It was from this structure that NAIHO derived its legitimacy and, in turn, its strength. Long-time NAIHO Chairman, Denis Walker, described the NAIHO structure as a wheel. This reflected the holistic understanding of health held by Aboriginal people in which the spokes of the wheel make up the social, emotional and cultural wellbeing of the whole community. It is around the community that the wheel turns. If all the spokes do not work together, then the wheel wobbles and does not turn efficiently, thereby affecting all aspects of health, or in this case, the effective operation of the organisation. As Alma Thorpe suggests:

NAIHO was owned by the grass-roots people. We only did things at a community's request. We felt that we would be no different to government if we just walked in and imposed ourselves on an Aboriginal community... We were growing organisations across the country... but we didn't want to become a power, and that filtered through. The people on the NAIHO committee, who represented their organisation in whatever country, they were the ones that made the decisions.



‘The NAIHO Experience’. The structure of NAIHO as outlined by the executive in 1981. Otherwise known as the ‘NAIHO wheel’, the structure of the organisation reflect the holistic understanding of health held by the community services.

Because NAIHO's operations were based on a holistic understanding of health, its activities were not limited to the immediate delivery of healthcare to communities. In other words, because health does not mean just the physical wellbeing of the individual, but is interrelated with the economic, political and cultural problems of the wider community, NAIHO's activities went beyond primary healthcare. For example, the organisation was heavily involved in advocating land rights for Aboriginal people on the basis of health and wellbeing. Throughout the 1970s and '80s NAIHO was active in protests and other forms of activism across the nation for the land rights cause. For Aboriginal people in urban areas, who often had little hope of regaining any of their traditional lands, the organisation advocated 'Pay the Rent', a strategy which sought payments from Australian citizens as compensation for the

dispossession of Aboriginal land and as a means of subsidising efforts to improve Aboriginal wellbeing.

For much of its history NAIHO refused to accept government funding. As the executive suggested in 1982, NAIHO would 'not succumb to government money on government terms'. The organisation wanted to 'avoid the strings attached and compromises involved in becoming dependent on government'. As the executive argued in 1986, Aboriginal people would not 'be bought like everybody else'. Instead, for the first seven years of its existence, NAIHO's funding was procured through international sources. Private benefactors from across the globe, as well as foreign aid agencies such as Bread for the World and other groups such as the World Council of Churches and Freedom from Hunger provided the assistance that sustained the organisation. Indeed, NAIHO's activities took its members across the world in their efforts to secure funding and publicise the Aboriginal cause. For example, in the lead up to the 1982 Brisbane Commonwealth Games, a delegation of NAIHO representatives travelled throughout Africa urging nations to boycott the event, which led to an absurd claim by the Queensland Premier that Aboriginal people were being trained in terrorist tactics by the Gaddafi regime in Libya. In 1979, NAIHO also established an Aboriginal Information Centre in London. In time the Information Centre had support-committees in ten European countries. Kevin Coombs, the inaugural head of the Victorian Koori Health Liaison Unit, remembers meeting NAIHO members abroad when he was travelling with the Australian Para-Olympic team:

I was in Holland playing in my second last Para-Olympics in 1980... We were heading to Amsterdam... [When we got there] we pulled into this place and a bloke caught my eye... One of my mates said, 'That's one of your mob isn't it?'.... It was Jim Berg! Him and Foley and McGuinness, they were all in Amsterdam. They used to do a run for NAIHO, go and talk to all the significant international political bodies, get support from unions and other organisations to help with things back home.

In 1980, NAIHO assisted the Aboriginal community in Broome to set up their own community controlled service by procuring funding from a German philanthropic organisation. The commonwealth and state governments had refused to finance the service. Indeed, NAIHO's activities not only took its members to countries across the globe, but to remote communities throughout Australia. Dr. Malcolm Dobbin fondly recalls the excursions he undertook with NAIHO throughout this period:

We went up to Noonkanbah once... a remote community in the Kimberley's, a cattle station... When we were there, there was a conflict between the Court government in Western Australia and the people from Noonkanbah over a company that wanted to drill for oil... NAIHO sent me up with Sol Bellair as part of a team... We were there to help with the terrible eye problems within the community – trachoma... So we drove up the coast... and at that stage people were coming from all over Australia to meet. They would meet on the river beds ... You know, I just wish I had a camera strapped to my head, the things I've seen and the things I've done [working for NAIHO]. It was just the most wonderful experience... At Noonkanbah we slept in this amazing shearing shed... We bought some hammocks, so we strung them up in this place. It was like a gothic temple, a cathedral; huge tall ceilings, all done with steel pylons and steel rafters... all clad in corrugated iron and concrete. So we put up our hammocks between these steel pylons. And we were given this hunk of meat, you know a leg of a cow or something, so we hung it up high because there were these mangy looking dogs around, and all night every night the dogs jumped up at this piece of meat!

[Another time] we went to Warburton to meet with the community elders and help them set up their own health service. They called a big meeting. The way things work up there is that everybody in the community comes to the meeting and you talk about it – they were talking in Chungathara... So they had this meeting, and it was incredibly hot... There were budgerigars flying around which would sit in this one tree with their mouths open, panting... The little boys at the meeting all had sling shots made out of forked sticks and rubber tyre and a little bit of vinyl and they would try and hit the budgerigars. And the girls all had wires around their necks, like the wire of a coat-hanger, and I wondered what the story behind the wire was. I later found out the kids would sit down in the dust and write, tell a story with the wire.

As those involved with NAIHO have suggested, while their experiences with the organisation were often exhilarating, it was hard work, made even more difficult by the lack of funding. As the executive suggested in 1982: 'the distances were vast, the costs were immense, and the funding always haphazard'. Yet the lack of funding did not restrict the organisation's activities. As Kelvin Onus King remembers:

Resources were sparse, but Denis [Walker] – we had the office down here in Melbourne – and Denis was hell bent on getting information out to our members. I think every two weeks he would put out an Information Flow. They were brilliant. It had all of the information: what the organisation had done, what the commonwealth and states were doing, meetings with other Aboriginal communities, everything was

put into it... He'd miss nothing out... He had to photocopy all that stuff, so he would get a photocopy company to come in and he'd 'test' their machines for a week – use it for a week and then say, 'No we don't actually need it'!... He went all out to make sure that NAIHO was accountable to its members. He was a brilliant operator... His motto was: 'Never Give Up': 'If you've got nothing, go and get it. If you haven't got a pen to write with, go and get it. If you haven't got a piece of paper to write on, go and get it. Don't sit there and moan, go ahead and do it because nobody else will do it'. Denis was one of the great improvisers. If he didn't have it, he'd work out a way to get it. It's because of blokes like him that we've got the services today.

As one government official has suggested of NAIHO representatives, 'they were very confrontational; didn't observe the niceties and it could be quite daunting'. Certainly, those at NAIHO wished to be heard, so they spoke loudly. After a lifetime of being told what to do and when to do it, Aboriginal people felt they should no longer simply be the passive recipients of whatever policies and programs governments decided were good for them. The militant pressure group activity that many of those involved with NAIHO had used in the late 1960s in their attempts to alter government policy remained a fundamental component of their political repertoire throughout the 1970s and '80s. Individuals such as Dennis Walker, Bruce McGuinness and Gary Foley, key members of the NAIHO executive, were not only adherents of the confrontational US Black Power methods, but were also founding members of the Australian Black Panther Party. Consequently, government officials labelled NAIHO representatives as 'reds, rebels and troublemakers'. It is perhaps unsurprising then, that in 1986, when NAIHO did begin to receive commonwealth funding, its relationship with government was strained to breaking point. NAIHO fought a long battle to be appointed as the advisory body to government on Aboriginal health issues, and in 1986 this came to fruition. Along with the new role came government funding. Nevertheless, as the NAIHO executive stated in 1986, the funding was so meagre that the organisation had been unable to convene its four annual executive meetings or two full congresses, let alone undertake the 'very costly' and 'very time-consuming' process of consulting with its membership in order to effectively advise government. It took many years for NAIHO and the commonwealth government to thrash out the terms of their relationship. In the mid-1990s, NAIHO was reformed and established as the National Aboriginal Community Controlled Health Organisation. NACCHO exists to this day.

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PART FOUR

The Victorian Aboriginal Health Service in the 1990s and Today

The 1990s was a critical period for Aboriginal health. Much took place within the arena throughout the decade. In 1989, a National Aboriginal Health Strategy (NAHS) was initiated. The NAHS was a tremendously significant development. For the first time this was a nationwide health program developed by and in consultation with Aboriginal communities, something which VAHS and NAIHO had long advocated. Though the NAHS was to be undermined by, amongst other things, a lack of government support, it did ultimately lead to the establishment of the Office of Aboriginal and Torres Strait Islander Health (OATSIH) in the Commonwealth Department of Health. Since the early 1970s, the governmental responsibility for the community services had been vested with the Department of Aboriginal Affairs. The DAA lacked the expertise in health systems, planning and policy development that was needed to support the growth of the community controlled sector. Thus, with the transfer of responsibility for the community services to OATSIH in 1995, for the first time in its history the community controlled sector had the professional, technical and organisational support it required. Aside from this, for VAHS in particular, the 1990s was a trying period. In 1994, VAHS went into receivership. Financial administrators were appointed to the Service, the Board was in effect sacked, and for a short period the organisation was put in the hands of 'white administrators'. This was a traumatic episode in the Service's history. Yet it is, indeed, part of the Service's history. And it is a proud history, something to be remembered and cherished. As Bruce McGuinness suggested at VAHS's twenty-fifth anniversary celebrations in 1998, 'it's important to understand what went before, because if you got no history, there's no present; and if you got not present, there's no future'.

From its humble beginnings as a voluntarily-run cooperative operating out of a shopfront in Gertrude Street Fitzroy, VAHS today is a world-class medical facility delivering an array of programs and fulfilling a multitude of functions, based now in a multi-million dollar purpose-built facility at 186 Nicholson Street, Fitzroy. The Service's Medical Unit employs a staff of some 40 Aboriginal health workers, doctors, allied health professionals, nurses, administrators and managers which, in 2011, oversaw 27,000 episodes of care. Among the programs run out of the medical unit are an Enhanced Primary Care Project, a Sexual Health and Blood Borne Virus program, a Diabetes Education and Care program, and a Healthy for Life project. The Medical Program continues to provide outreach services, to operate a medical transport unit, and to offer training for Nursing and Medical students from various universities. The VAHS Family Counselling Service similarly runs a diverse range of programs, including Adult and Child Mental Health, Crisis Support, Drug and Alcohol and Sexual Assault Outreach, a Victims of Crime project, and Healing facilities. The Service's Women's and Children's Program employs two midwives and coordinates a number of medical and other activities

for over 850 children and their mothers. And the Dental Service's three dentists and two Aboriginal Dental Assistants treat over 4000 patients annually, with a mobile van continuing to provide oral healthcare to Aboriginal communities across the state. VAHS has also developed a wide range of programs incorporating the work of its allied health team of physiotherapists, occupational therapists, podiatrists and nutrition workers based on preventive health measures. More broadly, the Service has initiated partnerships with both public and private institutions in order to extend and enhance its programs.



VAHS today: 186 Nicholson Street, Fitzroy.

Like VAHS, the community controlled health sector has steadily expanded and today comprises over 150 organisations in urban, rural and remote areas throughout the nation. The development and expansion of the sector was, however, never a given. Since their establishment, the community controlled health services have faced significant opposition, not only from within government but from within the wider Australian community. Throughout the service's history, various arguments have been put forward by those who oppose the notion of Aboriginal community controlled organisations as to why government should not fund them. Throughout the 1970s and '80s, government officials argued that Aboriginal people did not have the 'capacity' to manage their own health services. Rather, it was claimed that 'white health professionals' were the only ones capable of affecting change within the Aboriginal health arena. Moreover, throughout this period government officials and others from within the wider community labelled the services as a form of 'apartheid': as something which undermines social cohesion, threatens national unity, and should therefore not be encouraged. As Victorian state government representatives stated in 1979, 'there shouldn't be a need for an Aboriginal service'. Firstly, 'it would be much too expensive to have separate services for every ethnic community'. Secondly, the broader Australian public would be 'up in arms'. If there were to be no other separate services in the community, 'why give Aborigines their own medical

service?’. These arguments were maintained by the conservative elite throughout the 1980s, ‘90s and beyond. As one conservative politician suggested in 1996, the community services merely ‘encouraged separatism in Australia’ as they provided ‘opportunities, money and facilities only to Aborigines... and Australians are fed up to the back teeth with these inequalities’. Indeed, such arguments continue to be levelled at the services today.

The reality is that since the 1970s Aboriginal people have had to struggle to establish and maintain their community controlled health services. Government never intended for the services to become a permanent part of the Australian healthcare system but, rather, continually sought to ward off the growth of the community controlled sector and aimed instead to improve Aboriginal access to mainstream services. Aboriginal people have had to fight against ongoing programs of assimilation. They have had to fight for their right to self-determination and to control and manage their own initiatives designed to improve the wellbeing of their communities. And the Victorian Aboriginal Health Service has been central to this fight. VAHS was always at the frontline. It was the one to lead the call to arms, to draw the battle lines, and to all but storm the ‘enemy’s’ barracks. And the reality of the Service today proves that this struggle was a success. Times have certainly changed, yet the Victorian Aboriginal Health Service remains, a sign not only of the success of those who have struggled for self-determination but, also, of the ongoing need to improve Aboriginal health. VAHS has certainly changed with the times. Yet, while it may no longer be the political force it once was, it is still a place where the community can gather: a site where a sense of community continues to be fostered and where Aboriginal people continue to gain those positive and transforming experiences vital to their social identity as Aboriginal people. In 2013, the Victorian Aboriginal Health Service celebrates its fortieth anniversary. The fact that VAHS has reached this milestone stands as a testament to those who, from nothing, built the Service, and moreover, to their desire to control their own existence and improve their people’s lives. It is perhaps fitting to end this short history with a commemorative piece written for the Service in 1998. As it did then, this piece poetically captures the essence of VAHS’s history:

*Many, many years ago some elders once decided, that our people needed a
meeting place where they could come and be united.*

*So like animals are drawn to waterholes the people began to come, gathering
together like honey ants for there was much work to be done.*

*They fought for self-determination to make decisions on their own, and soon it
became more than just a meeting place, for many it was home.*

*Slowly as the years passed by it began to take on shape, with triumph and
tribulation lying in its wake*

*Good times are still celebrated, hard times still take their toll, but the people have
kept walking on to new found waterholes.*

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FURTHER READING

Below is a list of secondary sources relating to the issues discussed in this history of the Victorian Aboriginal Health Service. For a more detailed account of VAHS's history see the PhD thesis associated with this project:

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