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Aboriginal medical service newsletter, Aug - Sept 83

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ABORIGINAL MEDICAL SERVICE NEWSLETTER

aug. – sept. 83

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Aboriginal Medical Service

36 Turner Street, Redfern

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This is the newsletter of the ABORIGINAL MEDICAL SERVICE,
36 TURNER STREET,
REDFERN NSW 2016.

ALL DONATIONS OF \$2:00 OR MORE ARE TAX DEDUCTABLE.

Your donations assist us to supply nutritional assistance to needy families, provide initial support to Aboriginal communities wishing to establish their own health services, assist in travel & accomodation expenses for patients from remote areas needing specialist treatment in Sydney, food orders for nnedy families, support in emergency situations such as floods, epidemics etc, community development programmes and financial support for the Land Rights struggle. Please send your donation urgently, as our emergency funds are low.

Objectives of the Aboriginal Medical Service

Recognising that Aboriginals suffer economic, social, nutritional and housing disadvantages which cause or accentuate medical problems beyond those of the general community, the objects of the society shall be:

- To provide and arrange Aboriginals and Islanders with free medical services.
- To ensure that where necessary or desired by the patient, Aboriginals and Islanders are enabled to use existing health services effectively and to their own satisfaction.
- To promote knowledge and understanding among health authorities to make adequate provision for Aboriginals and Islanders.
- To bring matters affecting Aboriginals' and Islanders' health to the attention of the public and governments.
- To ensure, by the use of Aboriginal and Islander liaison workers, that the type of service provided meets the needs and wishes of the Aboriginal and Islander community.
- To organise such ancillary services as are necessary for the effective provision and use of medical, hospital, pharmaceutical and other services.
- By means of research and surveys, and in other ways, to make continuous assessments of the particular and overall health needs of the Aboriginal and Islander community and to make continuous assessments of the particular and overall health needs of the Aboriginal and Islander community and to take, or cause to be taken, steps to meet these needs.
- To undertake where appropriate health education programs in the Aboriginal and Islander community.
- To promote the formation of co-operatives within the Aboriginal and Islander community to remedy the nutritional, social and housing disadvantages which cause or accentuate medical problems.
- To conduct training courses for volunteer workers or employees of the Society to enable them to assist in carrying out the objects of the society.
- To encourage and assist Aboriginals and Islanders to undergo training in medicine and in other health vocations.
- To promote Aboriginal and Islander medical services.
- To promote wherever possible traditional Aboriginal and Islander culture.
- To strengthen and foster the development of Aboroginal and Islander identity and culture.

PLEASE NOTE: Responsibility for all comment in this newsletter is accepted by the Editor, Mr. Gary Foley, 229 Gertrude Street, Fitzroy, Vic. 3065. Please address all mail to G. Foley, 36 Turner Street, Redfern, N.S.W, 2016.

AUSTRALIA'S FIRST ABORIGINAL DENTIST:

Australia's first Aboriginal dentist has been working for some time now with the Victorian Aboriginal Health Service. He is Chris Bourke, who also recently spent a couple of weeks working in the dental clinic of the Redfern A.M.S.. The following article appeared in "The Fitzroy Voice".

GAINING PRIDE

Chris Bourke, 23, has a distinction he doesn't want to keep. He is Australia's only qualified Aboriginal dentist and he hopes it will not be long before other Aborigines take up dentistry as a career.

Chris has been working at the Aboriginal Health and Dental Service in Gertrude St since January, after graduating from Melbourne University last year.

"Aboriginal people are very happy to see me," he modestly admits, "they gain pride in seeing me and knowing what I've achieved."

When he is treating senior secondary students Chris encourages them to consider a career in dentistry. He is too unassuming to set himself up as the example to follow but he is aware that as the first Aboriginal dentist he has opened up possibilities.

Chris' own interest was spurred by visiting the Aboriginal Health Service as a fifth form student. He saw first hand that the health needs of the Aboriginal community were best met by a service controlled by and, as much as possible, staffed by Aboriginal people.

The Dental Service employs two non-Aboriginal dentists as well as Chris and six Aboriginal trainee dental nurses. Each dentist and two nurse team spends two thirds of its time in mobile vans visiting country areas in Victoria and southern NSW.

The demand for the mobile clinic is great. Chris says he sees patients who haven't been to a dentist for many years. "Some patients have had neglected mouths for a long period of time; some with serious conditions have just been taking an aspro and putting up with the pain."

Chris counts lack of money as a major reason why many Aborigines do not see private dentists; poverty and the cultural difference between black patients and white dentists.

"White practitioners receive no training in the skills needed to treat black patients."

While the mobile clinic treats patients who haven't seen a dentist since the last time the van was around, the dentist holding down the fort in the Gertrude St surgery sees up to 20 patients a day, and an average of 12 to 15.

"We need a second surgery here," Kelvin Onus, Dental Service Co-ordinator, contends. "Our appointment book is booked up to four weeks ahead."

The Department of Aboriginal Affairs is presently considering an application for funds to set up a full time dental service in Shepparton. Next to Melbourne, Shepparton has the largest Aboriginal



Photo: Deborah Kelly

population in Victoria. A mobile clinic now visits the area once every two years and treats almost 1000 patients.

Most of the money allocated for Aboriginal health is still eaten up by white administration, Kelvin says.

"Every year we run into debt and yet we've shown here that a health service controlled by Aboriginal people is far more viable economically than any other source of health care for the Aboriginal community. We know our own particular needs and how to meet them."

The need, as it has been for years, is for adequate funding and Aboriginal dentists and doctors.

There are no qualified Aboriginal doctors in Victoria although Chris Bourke knows of two Aboriginal medical students who have just begun their training.

Would he want them to join the Aboriginal Health Service when they qualify? It's their choice, Chris says, "but if they asked me, I'd say this is the best place for them to work".

Kathie Rea

N.A.C. ENDORSES N.A.I.H.O.:

During July the full body of the National Aboriginal Conference met in Canberra. This was a significant meeting for the NAC as it was their first since the Labor Govt announced it was giving the NAC more money and a more important role in Aboriginal affairs. Apart from spending much time talking about their new-found wealth and "power", members also took time out to receive deputations from other Aboriginal organisations.

On the Monday afternoon, it was the turn of the Aboriginal Development Commission and NAIHO. Whilst NAIHO officials were not party to the NAC/ADC discussions, it was noted that Charles Perkins, Chairman of Australia's richest (and therefore most powerful) Aboriginal organisation, attended the meeting with two white men as his chief advisors!! Tsk, tsk, Charlie.

Not that the NAC seemed to be lacking in any number of white advisors and employees either!!

Nevertheless, NAIHO was in attendance primarily to yet again seek the endorsement of the NAC for our proposed budget and future role (as sought by the new Minister). And the NAC support was duly forthcoming. The NAC passed unanimously a resolution giving broad endorsement to NAIHO philosophy and programmes, and further, called on the Minister to urgently release \$2.7M to enable NAIHO to properly prepare for its up-graded role in Aboriginal health matters.

The NAC has, on every occasion asked, always been prepared to give NAIHO support in the strongest possible terms. NAIHO has been appreciative of that support and has, in turn, supported many of the philosophies and activities of the NAC. But our support is not without criticism where we feel it is due, and at the Canberra meeting NAIHO officials bluntly told the NAC that NAIHO was not always happy with either the NAC secretariat or executive.

Specifically, the assembled NAC multitudes were told that NAIHO had been most upset at the fact that NAC Chairman, Roy Nichols, had taken over five weeks to pass on an urgent NAC Executive resolution regarding NAIHO, to the Minister, Mr Holding. Mr Nichols gave a public apology to NAIHO and said that he had "verbally notified" the Minister. NAIHO officials felt that this was a lame excuse, but were prepared to forgive and forget.

The strong continuing political support from the NAC for NAIHO is dramatic evidence of the national importance of NAIHO as an organisation. The new Minister, Mr Holding, has said he is prepared to listen to NAIHO advice on all matters relating to Aboriginal



Mr Roy Nichols

health. Overall, this then is a major development in the history of NAIHO. The organisation began nine years ago as an alliance between Redfern AMS and Fitzroy AHS (Melbourne), and slowly grew as those two services assisted other communities to establish their own community-controlled health services. All of this with not one cent of government money.

So, along with the news of the NSW Task Force findings and the Nganumpa H.S. success, this latest endorsement from the NAC has made it a very productive month for NAIHO!!

Such State Health Dept bitterness extended even into the operations of the Task Force itself where NAIHO rep Gary Foley was accused of (among other things) travelling around NSW "stirring blacks up against the Dept". At the time he had not even set foot in NSW for almost two months!! In fairness (or darkness) to the Dept's Aboriginal staff it should be noted that on many occasions the paranoia and feelings of suspicion were mutually felt.

But the bitterness, suspicion and antipathy have now receded as Aboriginal people prepare to meet the new challenge which now confronts us. That challenge is for us to solve our own health problems, our own way, and relying on the wealth of corporate experience and expertise that exists in our own communities among our own people.

The onus is now on us to demonstrate what we have said all along. "We are the experts!! Give us the resources, and we will solve our own problems!!"

But let us also not forget, that in the final analysis, the overall solution for ALL of our people's problems, rests in the concept of economic, social, political and cultural independence. And those goals can only ever be achieved through LAND RIGHTS!

THE STRUGGLE FOR LAND RIGHTS CONTINUES!!!

* * * * *

NEW A.M.S. INFORMATION BOOKLET:

The Redfern Aboriginal Medical Service is pleased to announce that a new information booklet about our service and its operations has just been published. The booklet is titled, "The Aboriginal Medical Service - An Introduction". It is an ideal information source for any readers who may wish to know more of the work and history of the Redfern A.M.S., and it is ideal for school projects etc. It is also an ideal way to introduce your friends to the work of the A.M.S.

Aboriginal Medical Service

An Introduction

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For your copies of the A.M.S. Booklet, send \$2:00 per copy to :-

ABORIGINAL MEDICAL SERVICE,

36 TURNER STREET, REDFERN, NSW 2016.

Please make cheques payable to ; Aboriginal Medical Service Co-operative.

APOLOGY:

Yet again we find we must apologise for this edition of the AMS Newsletter being a couple of months late. As you will see as you read this issue, there has been much happening in Aboriginal health, both in N.S.W. and nationally. This in turn has created an enormous workload for all NAIHO officials (including the editor of this intrepid journal), and consequently there has been no spare time or staff to prepare this newsletter.

Nevertheless, because this edition does, for a change, have some good news, we hope this will provide some small consolation for having had to wait. We would also like to take this opportunity to once again thank all of our readers who continue to provide the vital financial support which enables the Redfern A.M.S. to continue our numerous projects which are refused govt funds. Thank you!

* * * * *

EDITORIAL:

After almost ten years, the struggle by NSW Aboriginal people to gain control of Federal Govt Aboriginal health monies in this state (\$2M. annually) it now seems, WE HAVE WON!

The NSW Task Force on Aboriginal Health, which was commissioned last year by Health Minister Brereton, is expected to recommend that future Federal health grants to NSW be administered by an Aboriginal committee which would establish and fund community-controlled Aboriginal health services throughout the state.

This is precisely what Redfern A.M.S. and the National Aboriginal and Islander Health Organisation (NAIHO) have been advocating for ten years.

All that remains to be done, is for the Task Force to pass the recommendations to Mr. Brereton, and for him and Federal Aboriginal Affairs Minister, Mr. Holding to agree to implement them. Providing there are no delaying tactics on the part of politicians, and no cynical sabotage from the Dept of Aboriginal Affairs, then at the beginning of the 1984-85 financial year, an extra \$2M should be available to community-controlled Aboriginal health services in NSW.

If all goes smoothly, this will be the greatest victory so far in the battle by NAIHO to force a total redistribution of Commonwealth Aboriginal health funds. NAIHO has always argued (and been supported by the majority of all available documentary evidence) that the bulk of Federal money have been wasted on ineffective, and irrelevant State Health Dept programmes, and that the money could be used more efficiently and cost-effectively by community-controlled Aboriginal health care systems.

The NSW Task Force findings and recommendations completely vindicate NAIHO's past and present stance. Furthermore, the Task Force's findings also provide NAIHO with the national political credibility and muscle to "take on" the monolithic West Australian Dept of Health which is the largest single recipient of Federal DAA Aboriginal health money (over \$7 Million annually). The W.A. Dept of Health also happens to preside over the worst Aboriginal health situation in Australia!

We rejoice our victory in NSW, and fully realise that once the money comes our way, it will be up to us to prove once and for all that our health care system is the best, most appropriate and most effective. We look forward to that new challenge.

EDITORIAL:(cont.)

But at the same time, because we are part of a national network and thus constantly conscious of the suffering of our brothers and sisters in more desperate circumstances, we take up the major challenge which now confronts us in W.A., and we begin that struggle with a greater level of confidence than we did in NSW.

POWER TO THE PEOPLE!!

* * * * *

VICTORY IN N.S.W.

As has been stated in the Editorial, the big news we bring you in this edition is that Aboriginal health groups, in particular Redfern AMS and NAIHO, are on the verge of absolute victory in our campaign for a greater share of Federal funds for community-controlled health services. The NSW Task Force on Aboriginal Health is expected to call for at least two major changes in Aboriginal health in NSW. They are :-

- (1) That the current Federal DAA grant to the NSW Health Dept (approx.\$2m annually) be transferred to the control of an Aboriginal committee (with statewide representation) which would then make that money available for the establishment and running of community-controlled Aboriginal health services.
- (2) That the NSW Health Dept assume responsibility for the funding of its current Aboriginal Health Programmes.

Providing there are no delays or stalling tactics on the part of politicians and bureaucrats, the transfer of resources should at least be well under way by the beginning of the 1984-85 financial year. This now means that the future looks a little more positive for those NSW Aboriginal communities who wish to control their own health care delivery. In theory, NAIHO believes that when the new system begins, we could establish up to ten new AMS's per year. This in turn should see a dramatic improvement in the overall health status of NSW Blacks.

This victory comes after an intense, ten year battle by NAIHO and Redfern AMS to have the politicians and bureaucrats take notice of their own evidence which clearly showed that these changes should have been made years ago. In the past five years alone, there have been numerous independent reports which almost unanimously praised community-controlled AMS's, whilst at the same time finding little that was praiseworthy in the State Health Dept programmes. Most notable of those reports would have been the Trachoma Report (1979), the Ruddock Report (1978), the Keane Report to NSW Parliament (1981), and of course the most notorious of all, the 1980 Malcolm Fraser P.E.R. Report which described Federal Aboriginal health funding policy as "irrational"(and which was consequently suppressed by Big Mal).

In addition to resistance from Canberra bureaucrats, we also had to overcome the Machiavellian machinations of the non-Aboriginal staff of the NSW State Health Dept whose vested interests included "cushy", easy jobs etc. These State Health bureaucrats proved most difficult to contend with, particularly when they chose to unscrupulously misrepresent the NAIHO stance to Aboriginal employees of the Dept who were told (and are still told) that NAIHO was trying to remove their jobs.

Lousy Little Sixpence

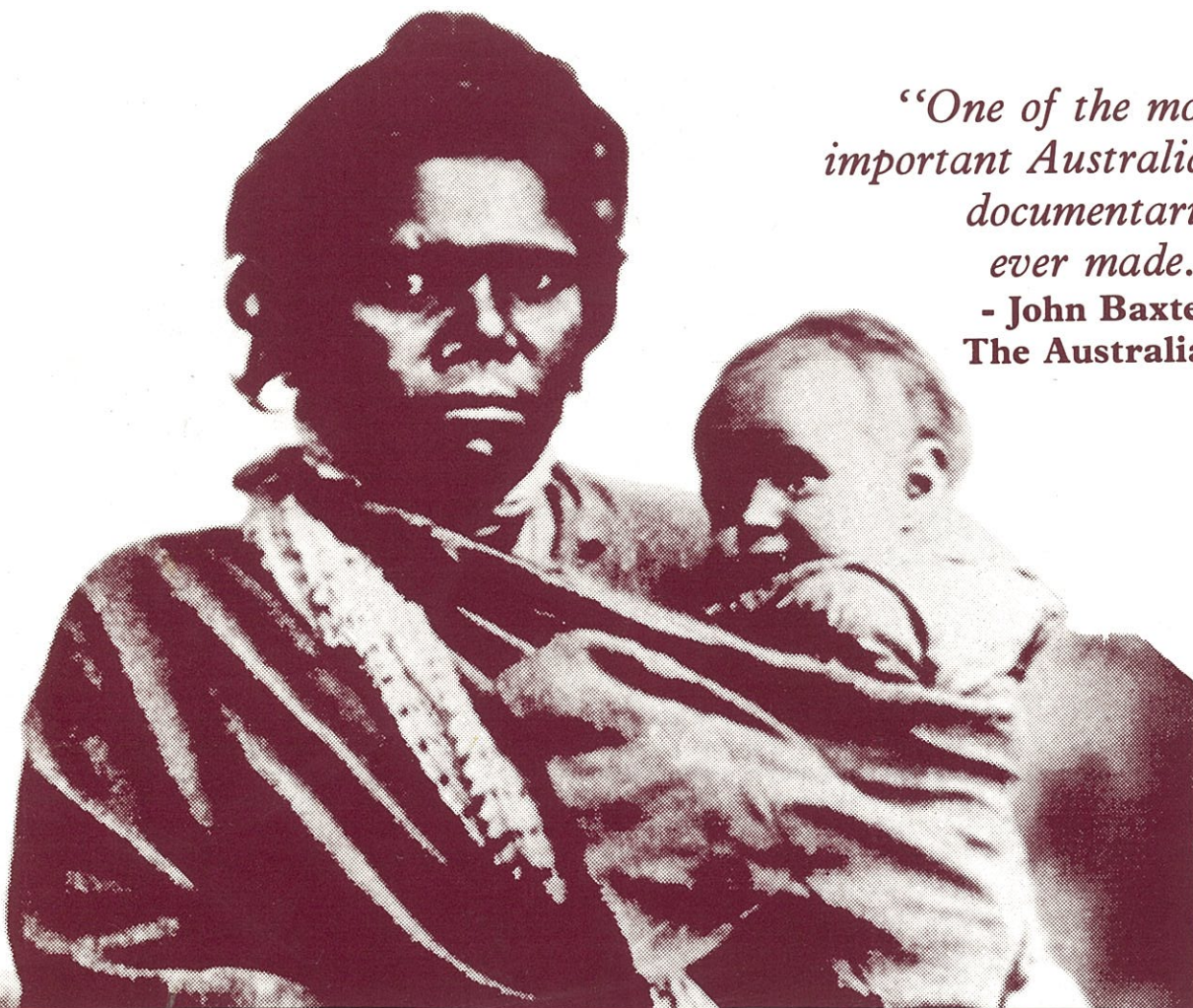
Directed by ALEC MORGAN

Produced by ALEC MORGAN & GERALD BOSTOCK

Released by RONIN FILMS

*"One of the most
important Australian
documentaries
ever made."*

**- John Baxter,
The Australian**



LOUSY LITTLE SIXPENCE is suitable for use in many education and training fields: Aboriginal Studies, Australian History, Womens' Studies, Economic History, Political History, Health Education programmes, Teacher Training, Sociology, Psychology, Law, Anthropology, Staff Development, Tertiary Education and in Secondary Schools.

The film may be purchased in various forms:

- (1) 16mm film: (2) ¼ inch video cassette (3) ½ inch video cassette
(a) in one 54 minute reel
(b) in two 27.5 minute reels

Discussion guides, project sheets and project notes are available with each purchase.

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Phone Canberra
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Chippendale
N.S.W. 2008
Australia
Phone Sydney
(02) 698 8115

Founders of the Aborigines Progressive Association:
Jack Patten (l), Bill Ferguson (r)

PAUL BYRNES concludes his four-part series

The Durri success points the way for the future

OLD Peter Grey was born at Burnt Bridge and will probably die there. He lives in a tin shack with cardboard lining and a sanitary pan toilet at the back. Near the front door is a cooking fire, and across the track a water tap.

He was sitting on his bed, half watching an old television set, when we arrived with his medicine. His body is host to a "wardful of illnesses," such as diabetes, liver failure and arthritis, though he is unfailingly cheerful.

"I've got a bit of everything, old mate," he says.

Noeleen, the nurse from Durri Aboriginal Corporation Medical Service, had brought medicine to soothe the pain in his shoulder.

"Oh, thanks darling," said Peter. "It was getting so bad I could hardly roll over in bed. Thought I might have to get back on the grog to stop the pain."

Noeleen: "The pain would still be there in the morning, Peter."

Peter Grey got his medicine because Durri has an early warning system. Its three Aboriginal health workers, trained to the level of nurse's aides, live in the communities they serve around Kempsey, on the north coast of NSW.

One of these health workers had been to see Peter that morning and relayed the request for medicine.

The grassy flat where Peter Grey lives is just on the fringe of Kempsey. It was originally a mission and has been a home for Aborigines since last century.

It is easy to make the mistake of seeing only the poverty there. Indeed, it strikes you as appalling. The bad water supply, primitive sewerage and tin and cardboard houses point clearly to the reasons why people like Peter Grey get sick and die. But it would be wrong to think the residents want to leave.

Hector Dungay, the chairman of the board of Durri, lives near Peter Grey and has fought alongside other residents against official attempts to move them. They have lost a few battles, but Hector believes they have now made it clear they will not be moved.

On the road to Peter Grey's house, there is a baffling sight: four new brick homes with verandas and large bedrooms, but only one is occupied. The other three have been burnt out.

Local Aborigines are hesitant to talk about it. The houses represent the best case against Aboriginal arguments for effective control of their own destinies, or at least that part funded by the taxpayer.

The houses were built by a local Aboriginal co-operative, but there were fights over who would live in them.

The two Aboriginal tribal groups in Kempsey — the Dungatti and the Ngaku — have not always seen eye to eye, though their leaders say they have begun to resolve their differences.

Durri Medical Service, however, is an example of the two groups working well together. Both have their own elected representatives on the nine-person board, chaired by Hector Dungay, a leader of the Durigatti Elders' Council. Both groups use the service, which is free to all Aborigines in Kempsey, where up to 90 per cent of them are unemployed.

Durri serves an Aboriginal population of between 2,000 and 3,000, from Port Macquarie in the south to Nambucca Heads in the

An Aboriginal medical service is controlled by Aborigines. It may employ white doctors, nurses and sometimes dentists, but they are hired and fired by Aborigines, usually a board selected by the local community.

Durri Aboriginal Medical Service at Kempsey is a success story. Its board is elected every year by those who use its services.

Durri and the other medical services are a test of the Federal Government's commitment to Aboriginal self-determination. Another part of that commitment is the undertaking to bring down land rights legislation covering the whole of Australia.

The two are related issues in considering how to improve Aboriginal health in the long term.

A SICK BLACK STORY

The Aboriginal health care tragedy

north. It began about five years ago when Aborigines there decided they wanted a medical service like the one that began in 1972 at Redfern, the first in Australia.

The health problems of Kempsey Aborigines are similar to those in the rest of Australia. The children suffer from poor nutrition and growth retardation, intestinal infestations, chronic runny noses and head lice, ear infections which can cause partial deafness, chest infections, sores and dental decay.

The adults have high levels of alcoholism, diabetes, chronic chest infection and bronchitis, anaemia, early heart disease and hypertension, morbid obesity — all these in a town where the white population is well served by a big hospital and plenty of doctors.

Most of the Aboriginal illness is caused by environmental — and thus largely preventable — factors such as high unemployment, poor housing and services and poor diet, and the psychological factors, such as alcohol abuse, common to fringe dwellers with little economic or political power all over the world.

Durri's first doctor worked from a small shed in the middle of Green Hills, the Aboriginal settlement on the edge of Kempsey.

Now they have two full-time doctors and two who can work part-time, a full-time dentist and access to several specialists. They work out of a large, modern medical centre paid for with a federal grant. The medical service runs on grants each year from two Commonwealth departments: Health pays the doctors' salaries and Aboriginal Affairs pays for everything else.

The Durri board gets a statement from the administrator, Dorsey Smith, every month. A Kempsey accountant is paid to complete the quarterly returns to Canberra.

When Aborigines get sick, they can phone Durri (many know the number by heart) and one of the health workers or a nurse will pick them up.

The two doctors, John McKeon and John Beard, conduct day-long field trips once a week to outlying communities to treat those who can't or won't come in to Durri. This also establishes a trust and keeps the doctors informed on problems which might be developing.

The dentist, Linden Hall, does the same thing. He has probably the best-equipped portable dental surgery outside the Australian Army. Once a week he and his two Aboriginal nurses, Diane and Denise, pack everything and drive to a pre-arranged spot for the day's clinic. All they need is electricity, water, a bench and a few chairs.

"He is a flaming good dentist," says Hector Dungay. But Dr Hall is leaving soon so the service will be looking for someone who has worked with Aborigines and had their approval, and can take orders.

Dr Beard, paid \$35,000 a year by Durri, worked as a GP in Ceduna, where there was a large Aboriginal population. As well as the daily round of patients, the doctors have begun preventive health measures like education classes for the community's 38 known diabetics, nutrition classes, films and pre-natal lectures.

There are signs already that Durri is having an effect on the general health of Kempsey Aborigines. Illness is detected earlier, Aborigines are no longer afraid to seek treatment, the rate of hospitalisation is down, and Aboriginal babies don't die from lack of medical care any more.

But there is a depressing recurrence in the illnesses and the sufferers. "We are always seeing the same people again and again and again and we know them well, so often we feel we are banging our heads against the wall," said Dr Beard.

That is why the education programs are so important to him. They may well be a success, but even then they do not attack the problem at its deepest roots.

Treatment of illness is the bandage that will always need replacing. Durri's success so far has been in providing services where there were virtually none, but it has not stopped and cannot stop the major cause of that illness — the poverty under which Aboriginal Australians live.

But the principles upon which Durri and the 30 other Aboriginal Medical Services across Australia are based provide a path for the future, a path which Aborigines say must be followed.

In the words of Hector Dungay: "We want to work this medical service on our own. We don't want outside services coming in here and telling us what to do and how to run this place. We want to make the decisions ourselves."

And as another Aboriginal said: "We are going to make mistakes, for sure, but we could hardly do it worse than you white fellahs have already."

National Aboriginal & Islander Health Organisation

The National Aboriginal & Islander Health Organisation is an umbrella organisation of all community controlled Aboriginal medical services. Each service has representation at NAIHO meetings.

NAIHO and its member services are not solely concerned with the support of existing services, but recognise the role they can play in establishing the existing health needs of communities, who currently lack proper health care, and then support those communities in the initiation and establishment of their own community controlled health care delivery services.

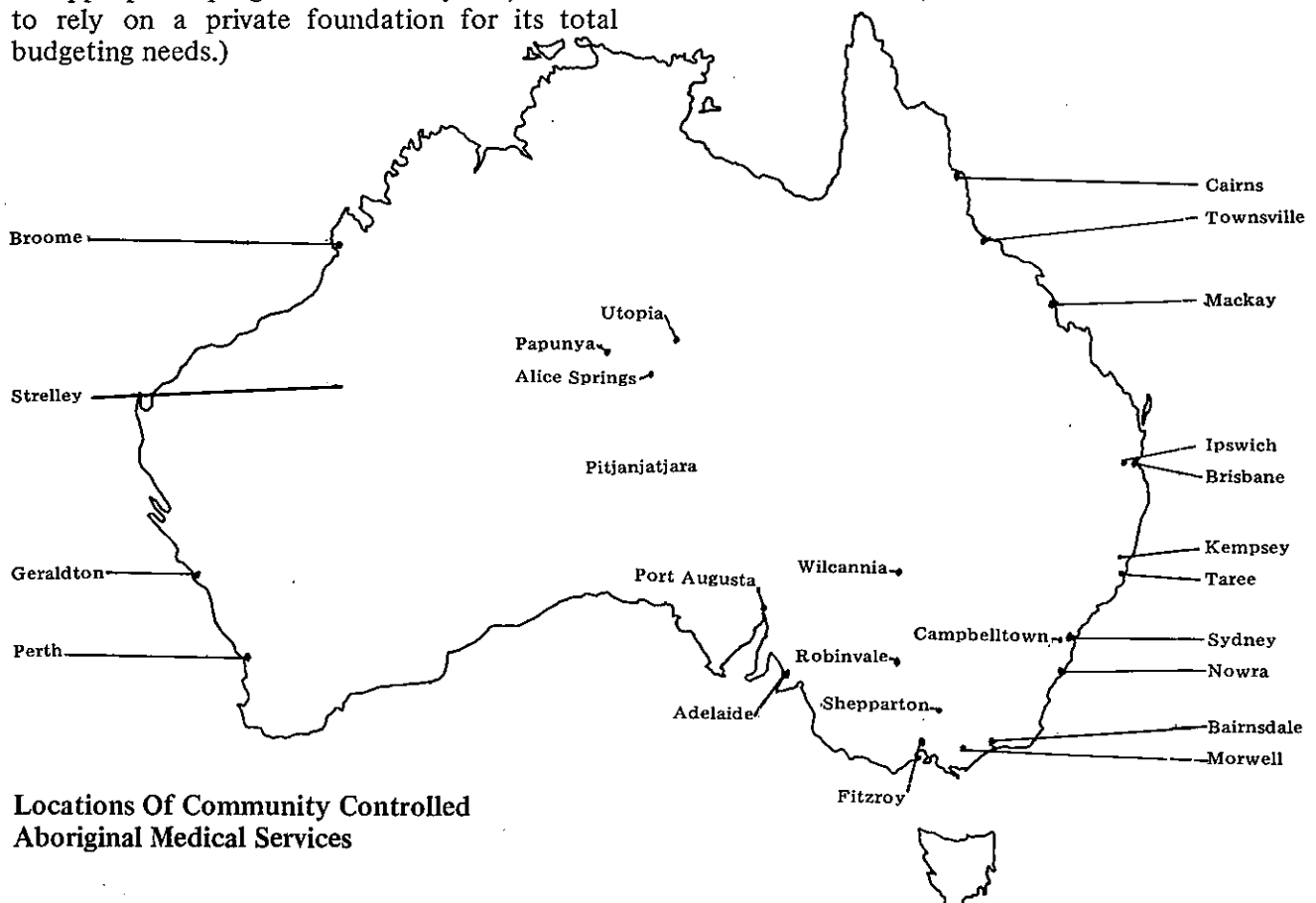
But our task does not rest there, each and every Aboriginal community, many of which may be too small to establish and maintain a full health care delivery service, has health care needs, which are not currently being met. The established services and NAIHO must therefore seek not only to stimulate and support the initiation of such new services, but also seek to provide services to these smaller communities with health worker training programs, health monitors, nutrition programs and education programs.

(A Health Worker Training Program for twenty-six health workers began under the aegis of the Victorian Aboriginal Health Service in March 1982. It had been commended by government as an appropriate program over five years, but has to rely on a private foundation for its total budgeting needs.)

Aboriginal Medical Service Redfern, Victorian Aboriginal Health Service Fitzroy, and Central Australian Aboriginal Congress Alice Springs, have played key roles in promoting and supporting the national body, and the experiences and programs of these services are shared with every other service.

NAIHO as the national umbrella body of all community based and controlled services, has operated on a shoestring budget, entirely without use of a cent of government funding. Any Aboriginal and Islander community throughout Australia will receive full support, to the limit of NAIHO's capacity, in setting up of a health service within their community. NAIHO in the last five years has expanded from seven community services to a representation of twenty-seven community controlled services.

The National Aboriginal Conference has re-affirmed NAIHO as its advisory body on health, and the National Aboriginal Conference and NAIHO seek to jointly promote and support Aboriginal initiatives, which lead to the regeneration of our people and the eradication of their sufferings. They recognise that this will only be achieved when the final battle for Land Rights and Compensation has been won.



**Locations Of Community Controlled
Aboriginal Medical Services**

NSW TRACHOMA REPORT:

The NSW and National Co-ordinator of the Trachoma Eradication & Eye Health Programme, Mr. Sol Bellear, reports that the NSW section is going smoothly, but in other states there have been problems mainly due to the interference of the Royal College of Ophthalmologists and State Health Departments.

In NSW, A team of ten, which includes an Ophthalmologist, Optical Dispenser, orthoptist, as well as field and administrative staff, is seeing an average of 1000 patients per week when the team is in the field. So far the team has visited Aboriginal communities in Taree, Kempsey, Walgett, Toomelah, Bourke, Wilcannia and from Mogo to Eden on the south coast.

Mr. Bellear said that the team will, before the end of the year, visit the far north coast, Dubbo, Wellington, Cowra and Wagga areas. In addition, two Sydney Ophthalmologists has indicated their willingness to lead teams to Alice Springs and the Kimberleys in W.A..

The Trachoma programme conducts a weekly clinic all day every Thursday at the AMS Redfern clinic.

* * * * *

REDFERN REPORT:

The only major change at Redfern AMS since our last edition, is the fact that the Australian Freedom from Hunger Campaign has, of the 30th June, abruptly terminated their annual grant of \$25,000 to the AMS. That money had been used to finance our fruit & vegetable programme which had been providing nutritional assistance to over 50 families. But, because of the action of the Freedom from Hunger organisation, we have had to reduce that support, and we currently only able to assist 20 of the most needy families. Consequently, your financial assistance is needed more than ever.

The only other major changes at Redfern have been staff changes. One of our Dental Therapists, Raewyn Mitchell has left to return to New Zealand, and Ms Val Ah Wang who was a receptionist in Administration, has left us to move to Lismore. New staff members are Jan Davison and Melva Kennedy, both of whom are Dental Nurses, and Joyce Fish, who will be trained to work in both Administration and the Clinic.

The following are the latest patient statistics of Redfern AMS, brought to you courtesy of Joe Mallie's computer.

DENTAL PATIENTS STATISTICS
For 6 Months to 31 December, 1982

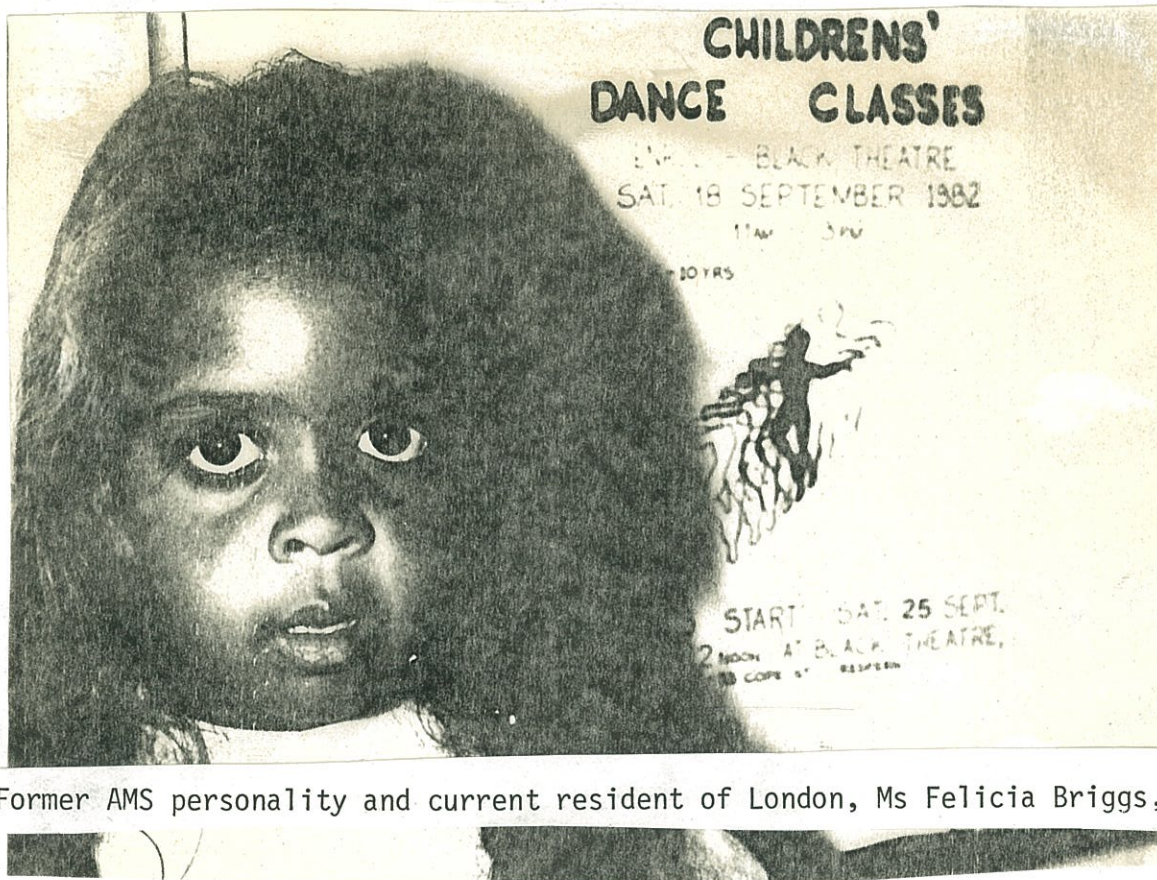
Redfern Mobiles

Tot Patients.....	3091	4919
New Patients.....	473	-
Fillings.....	1083	1023
Extractions.....	597	607
Dentures.....	74	303
Flouride.....	166	466
Scale & Polish.....	533	415
Orthodontics.....	88	-
Crowns.....	28	-

MEDICAL PATIENT STATISTICS
For 6 Months to 31 December, 1982

Number

Tot Doctor Consultations.....	8317
New Patients.....	731
Patients Under 16Yrs.....	2418
Adult Patients.....	6537
Males.....	3778
Females.....	5177
Patients seen by	
Other Staff.....	2070



Former AMS personality and current resident of London, Ms Felicia Briggs, age 4.

BLACK SPOTS: (An independant commentary on Aboriginal affairs.)

There's a Wall Between Us.

In what must be one of the most perverse reactions to legitimate Aboriginal protest, Pat O'Shane's Ministry of Aboriginal Affairs staff have been barricaded into their office, literally.

Visitors to the Ministry's 14th floor Circular Quay offices, are confronted on leaving the elevator, with a floor to ceiling wall of bullet-proof (and presumably, bomb-proof) glass. Entrance to the Ministry requires identifying oneself through an intercom system. If you are acceptable, a Ministry staff member unlocks the door.

The barrier was apparently erected after the recent demonstration at the Ministry by Aboriginal women and children protesting about the widely-criticised NSW Land Rights legislation.

The Ministry must be the first govt dept in Australia to erect a barricade to protect its staff from the people they are supposedly there to help!!

It Could Have Been Better.

During National Aborigines Week (irreverently known to some as Buy a Boong a Beer Week) television station Channel 0-28 screened a programme called "A Shame Like Alice", as part of its "Focus" series. The show turned out to be the story of racism in Alice Springs as seen through the eyes of ex-Senator, Neville Bonner.

Despite an excellent attempt by Bonner to present the real story, one nevertheless was left with a definite feeling the story could have been told more powerfully by the local Alice Springs Aboriginal people.

Neville Bonner may well have been at his eloquent best (complete with what one

could only assume is a QLD Liberal Party accent) and the cameo appearance by Gary Foley at his ranting best may have made good television, but the fact remains that there are some dreadful stories, past and present, among Alice Blacks. And these stories can only be properly told by Alice Springs people. Neither Bonner or Foley have sufficient expertise to tell the Alice Springs story.

It was a pity that Channel 0-28 chose the easy way to make what should have been a very powerful and poignant film.

They're in the Big League Now.

The most noticeable difference for National Aboriginal Conference members since the new Minister, Clyde Holding, "up-graded" their official role, has been that they now fly first class. It will no doubt warm the hearts of their impoverished constituents to know that their NAC rep can now actually get to sit right up the front of the plane where they get to sip free drinks with only the very best of society.

It may further please you to know that two NAC delegates who flew to Geneva this week to attend an international conference, also flew first class. This particularly upset the National Aboriginal and Islander Legal Service organisation people who also wanted to send a couple of delegates but did not have the money. A suggestion was put to the NAC that their reps should fly economy class and the saved money be used to assist NAILS get their people there.

I'm sorry to report that the idea went over like a lead balloon!!

A Story of Big Bucks and Sick Blacks!

Did you know that in 1972, Dr H.C. Coombes said that of all Federal monies allocated to Aboriginal affairs (then approx.\$200m.), at least 75% ended up in the pockets of non-Aboriginal people?

For many years Aboriginal people have said that their communities are infested with researchers, anthropologists, bureaucrats and a host of other parasites consuming most of the money in Aboriginal affairs. It was recently estimated that at this very moment, just in the Central Australian area alone, there are in excess of two hundred and eighty nine (289) different research and anthropological teams studying blacks.

And with regard to Aboriginal health, NAIHO has always maintained that the State Health bureaucracies were guilty of almost obscene examples of mis-spending of Federal Aboriginal health monies. One of the problems in proving it, is that in the past DAA has never insisted that State Health Depts be required to submit annual audited reports on their expenditure. This is an interesting comparison with the treatment of Aboriginal-controlled health services which receive their money from the same DAA source, but who are expected to produce quarterly audited reports on expenditure before receiving each quarterly grant.

But recently, it is rumoured, Canberra DAA finally obtained a breakdown on expenditure of Federal money given to the giant West Australian Dept of Community Health. This is the state health dept which has consumed \$7m. annually for the past ten years, and yet which still has the worst Aboriginal health in Australia. And when DAA finally analysed the expenditure, the results were, in the words of one DAA man, "Mind Boggling!!!".

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What the DAA discovered was that the WA Health Dept.(WAHD) spending on the salary component of its allocation, was the highest in Australia. When you recall that the WAHD operates only a preventive health programme and that 95% of its doctors are employed as administrators, it becomes evident why Aboriginal health in WA remains the same and often gets worse.

For example, the highest salary paid to a doctor in the national NAIHO network is \$38,989, paid to a specialist working for us in the N.T., and that doctor works constantly in the field treating patients. In the WAHD the highest paid doctor receives in excess of \$50,000 (not counting allowances), and that doctor is employed as a full-time administrator.

Furthermore, over sixteen of the doctors employed by the Aboriginal health section of the WAHD receive salaries in excess of NAIHO's highest paid doctor. Not one of those WAHD doctors are employed as a doctor, but rather all are desk bound.

Additionally, it is known that one senior administrator/doctor receives up to \$30,000 p.a. in allowances on top of his not inconsiderable salary of \$45,000 p.a.. Even the nurses in the WAHD earn on average twice the salary of NAIHO nurses, whilst doing probably half the work. And remember that all of this is the Aboriginal health money which is so desperately needed by Aboriginal communities.

But the excesses of the WAHD do not end there. It has been common knowledge for years that the Dept built in one remote Kimberley community, a million dollar, "white elephant" hospital and installed a \$100,000 sprinkler system to keep the lawn green. The same hospital was not staffed by doctors, but instead by white nursing sisters who were housed in luxury, motel-style units, complete with tennis courts, a swimming pool and air-conditioning (not to mention the 7ft high, barbed wire topped, fence around the compound to keep the blacks out!). A half a mile away lived 250 blacks in tin shacks and two taps for a water supply.

And you wondered why NAIHO wants to change the Federal funding policy???

