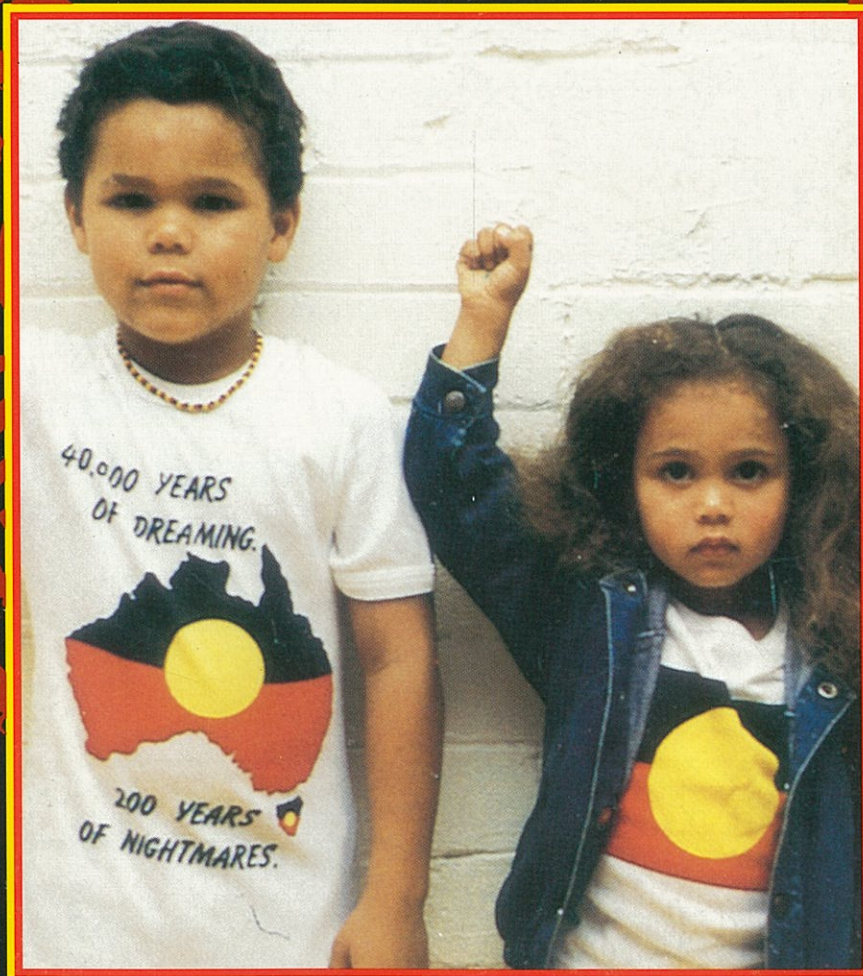


REDFERN



ABORIGINAL MEDICAL SERVICE



1971-1991

T W E N T Y Y E A R S O F C O M M U N I T Y S E R V I C E



Special photography by Mervyn Bishop
Written by Gary Foley
Designed by Elizabeth Brill
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Torres Strait Islanders Commission

Introduction

Twenty years has seen the AMS grow from a two-room shopfront medical clinic in Regent Street, staffed by a volunteer doctor, nurse and field officer, to a major health care complex in Turner Street featuring medical and dental clinics offering comprehensive primary and preventative health care programs. Today these include a nutrition program, Aboriginal Health Worker Education Program, Home and Community Care Program, Immunisation Program, a Public Health Program and Allawah Hostel.

The AMS has also pioneered the concept of Aboriginal community controlled health care services as the only successful way of improving the health of Aboriginal communities. Our experience in Redfern has proved that Aboriginal people are capable of solving their own problems if we are given control of the resources and facilities and allowed to do it our way.

In the past twenty years the AMS Redfern has shown non-Aboriginal Australia that we can not only successfully run our own organisations and affairs, but we can be innovative to the extent where the world can learn from us. Programs developed by the AMS have attracted world wide interest, particularly in the area of community health education, where the World Health Organisation has adopted the AMS HIV education video for use in Asia and the Pacific.

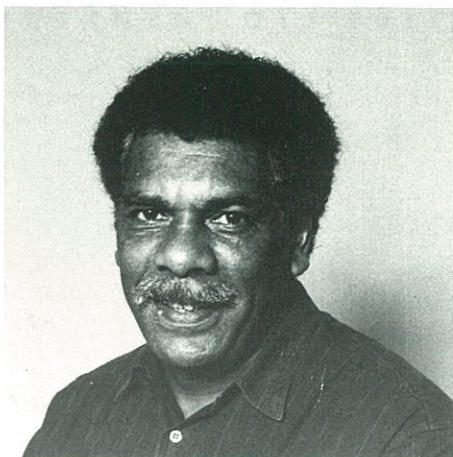


All of this is light years from our humble beginnings, so how has such an achievement been possible?

Those who have been here since the beginning agree that it has been the wealth of ordinary Koori and non-Koori people who made their contribution to the survival and success of the AMS in a multitude of ways. There were numerous times over the years when we seemed to be on the verge of giving up and closing down. Yet every time we were saved by the efforts of the many people who believed in what we were trying to do.

The AMS today is a living tribute to the inherent compassion, resilience, wisdom and strength of the NSW Aboriginal community and to that generous section of the non-Aboriginal community who strongly supported and understood our need to do it ourselves.

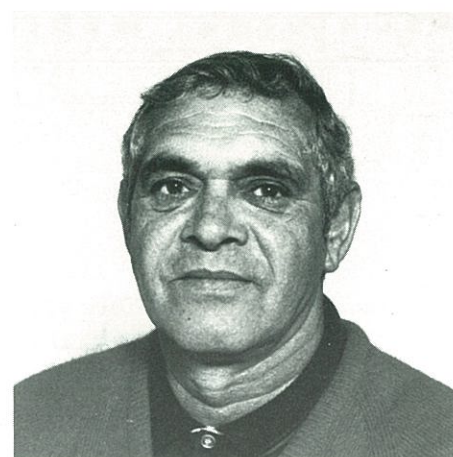
In history it is the people who are the heroes. This commemorative publication is dedicated to those thousands of people who have made the last twenty years possible, and to those who will continue the work of the next twenty years.



Sol Bellear
BOARD MEMBER



Elsa Dixon
BOARD MEMBER



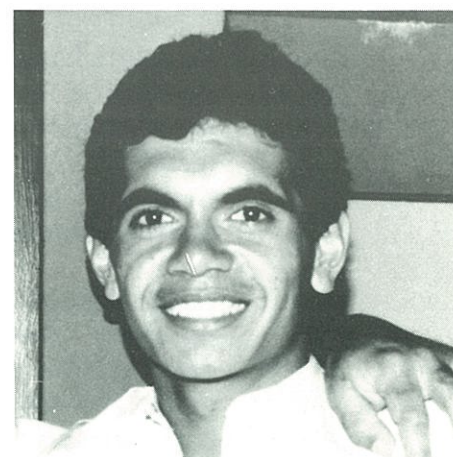
Chicka Madden
BOARD MEMBER



Harry Mumbulla
BOARD MEMBER



Melinda Flower
BOARD MEMBER



Lee Madden
BOARD MEMBER

Objectives

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 Aboriginal and Islander identity and culture.

Congratulations

AMONG THE MESSAGES RECEIVED ON THE OCCASION OF THE TWENTIETH ANNIVERSARY OF THE ABORIGINAL MEDICAL SERVICE COOPERATIVE, REDFERN, WERE THE FOLLOWING:



FROM THE MINISTER FOR ABORIGINAL AFFAIRS THE HON ROBERT TICKNER M P

It gives me great pleasure to congratulate the Aboriginal Medical Service on its 20th anniversary. The service has made a remarkable contribution to the Aboriginal community both in Sydney and across Australia. It has deservedly won great respect. I commend all those involved with the AMS throughout its history and wish it all the best for the future. Kind regards

signed Robert Tickner



FROM THE DEPUTY LEADER OF THE OPPOSITION, NSW LEGISLATIVE ASSEMBLY
Congratulations to the AMS and all who have worked to make it such a success!

The Aboriginal Medical Service has been a model of Aboriginal success, for which many people can feel proud. Its primary function to provide health services for the Aboriginal community has been accomplished with distinction. Twenty years ago, Aborigines had close on no access to health services, but the AMS changed that. Now, a whole range of professional health expertise is available, accessible and accountable to the community it serves.

However, the Aboriginal Medical Service is much more than a health service provider. By being community controlled it has ensured that services are targetted to real needs, priorities are set by the people directly affected and again, Aborigines have demonstrated that communities do have the solutions to their own problems.

The AMS has never been insular. It has regularly supported communities throughout Australia to establish their own health services and has often provided personnel during the development stages.

But it is not just the Aboriginal communities who have benefitted from the AMS, the wider community has also gained. Medical organisations have obtained greater understanding of some health problems through the work of the AMS; medical, nursing and the other health professional students have regularly come to the AMS for part of their training. And, of course, people like me, who have had the privilege of working at the AMS have been able to grow in professional, social and community understanding and expertise.

To all who have been a part of the AMS — Happy Birthday and congratulations.

signed Andrew Refshauge, M P

FROM THE CHAIRMAN, INDIGENOUS COUNCIL OF DEPUTIES SOUTH-EAST QUEENSLAND — BRISBANE — METROPOLITAN

May I offer my compliments and best wishes for the Twentieth Anniversary Celebrations of the Aboriginal Medical Service Cooperative Limited, Sydney.

I also extend my most sincere congratulations to you, both past and present Members of the Board of Directors, Support Committees and Staff on such an exemplary success in an undertaking that has been of so much benefit to the Aboriginal people of Sydney and afar.

In extending these words of congratulations, it behoves me to say I believe it is far from being too boastful to point out that work that was begun in the humble surrounds of a Redfern fish-and-chips shop in 1971 — attracting, at the time, the scorn of officialdom — was to give rise to an organisation in which not one cent has gone astray in twenty years; whose annual budget now stands at almost \$2 million; which has never defaulted in the provision of the services for which it has been funded, and provided more; which has inspired the establishment of some seventy similar Aboriginal Medical Services throughout Australia; which has heralded the study of community

medicine in universities throughout Australia; and which has helped to instigate the study and practice of community medicine as far afield as Africa.

It goes without saying, Madam Secretary / Administrator, that I consider it an honour and a privilege to have been associated with you in all the many years I have known you personally as a friend, publicist and political colleague, and in all the years of your long and distinguished incumbent administration of the Aboriginal Medical Service in Redfern.

However, I am particularly proud of having been involved in your work at the Medical Service and with all those associated with it.

signed Yours in unity,
John A. Newfong



FROM WU CHOPPEREN MEDICAL SERVICE LTD CAIRNS QLD

On behalf of the board of Directors and Staff of Wu Chopperen Medical Service, I am very proud to offer our congratulations to the Redfern Aboriginal Medical service on achieving 20 eventful years of service to the Aboriginal community of this country.

Not only has your organisation provided a vital medical, cultural and social centre for the Aboriginal community of Redfern, it has been instrumental in 'mothering' many other such services throughout the country. By leading the way, you have shown Aboriginal and Torres Strait Islanders that they have the ability to move forward to greater self determination and self management. Whilst we are unable to have a representative present at the celebrations, we will be with you in spirit.

May we take this opportunity to thank you for all the help and assistance given in the past and may we continue to see the successful operation of your service for years to come.

signed Nancy Long, Administrator

A Political History



INTRODUCTION

The Aboriginal Medical Service Cooperative Ltd in Redfern is one of the Koori community's most important organisations in terms of pioneering successful self-help programs. Established in 1971 by a small group of concerned Aboriginal people and their supporters, it has grown from a small shopfront clinic with a volunteer doctor and Koori nurse/receptionist to a major multi-faceted health and dental service whose operations extend throughout NSW and beyond, with 50 employees and an annual budget exceeding \$2 million.



Conceived, designed, established, controlled and run by Kooris, the AMS Redfern is living testament to the collective wisdom, courage and adaptability of Aboriginal people, clear proof that we can both control our own affairs and solve our own problems.

As the first community-controlled Aboriginal Medical Service it provided the example, impetus and in many cases physical and material support for Koori communities throughout Australia to set up and run their own health services.

The AMS Redfern today continues to play a leading role in the development of a rational national Aboriginal health policy aimed at continual improvements in Koori health throughout Australia.

COMMUNITY CONTROLLED COMMUNITY SERVICE

It is important to understand that the basic philosophical principle that

guides our work is "self-determination through community control" to appreciate fully the story of the AMS Redfern.

We believe that the Aboriginal people living in any given community are the real experts as to what is happening in that community, what the problems are in that community, and the best ways to go about solving the problems of that community. Therefore, in the case of non-traditional communities, any attempt to alleviate the problems of that community will fail unless the elected representatives of that community are the people who decide priorities and control programs, resource allocation and policy implementation.

Put simply, it means Koori control of Koori affairs, and in the area of health it has been shown to be the difference between success and failure of Aboriginal health care programs. Community control of our organisations and our own affairs is vital.

This may seem elementary to many in 1991, but the entire history of the AMS Redfern is one of struggling to assert and maintain this simple principle.

THE BEGINNING

The story of the AMS began the day the first British invaders set foot on Koori soil in 1770. The problems that confronted Redfern community leaders 200 years later in 1970 were a direct result of the invasion and subsequent mass destruction of Koori people, their society and their land. The refusal of British and Australian governments to even acknowledge their crimes, let alone provide reparations and recognition of

Aboriginal Land Rights, meant that Kooris in 1970 were nations of dispossessed refugees.

In 1967 an historic referendum in Australia forced the repeal of apartheid laws that had forced Aborigines to live on government and church-run mission stations and reserves (in reality concentration camps) for almost a hundred years.

In NSW the effect of the end of the official apartheid system was a mass exodus of Koori people from the rural areas of the state to Sydney. They went to escape the racism of rural areas, in search of jobs and a better way of life for themselves and their children. This meant that the Koori population of inner city Sydney went from approximately 4000 in 1966 to about 35 000 by 1968. This mass influx of impoverished refugees into the Redfern, Newtown, Waterloo and Erskinvile areas inevitably created tensions. Aboriginal community leaders became concerned about police harassment and other forms of discrimination against Koori people.

ABORIGINAL LEGAL SERVICE

The precursor of what later became known as "community-controlled, community-survival programmes", in which Aboriginal people began to take control of their own affairs, was the shopfront Aboriginal Legal Service (A.L.S.). This was established early in 1971 by a group of young Kooris led by Paul Coe and Gary Williams, and operated with volunteer lawyers working under the guidance of an Aboriginal-controlled committee.

During the early work of the A.L.S., it became apparent that extensive health problems existed in this community of refugees, and that the legal, health and social problems were all inter-related.

EARLY DAYS

In 1970 the Aboriginal community of Sydney was the largest in Australia and yet a Koori person seeking medical help had only two options — to visit a general practitioner or attend the outpatients' department of a public hospital. In reality, neither

option was satisfactory. At that time GP's and hospitals insisted on cash in advance from Kooris, and the overt racism experienced in all local hospitals discouraged Kooris from attending in all but emergency cases.

Exacerbating this situation was the fact that then, indeed until many

years later, there were no Aboriginal doctors. This was directly due to the systematic, historic exclusion of Kooris from the education system throughout Australia, to an extent unique in the annals of colonialism.

In Redfern the situation was so grim that workers of the Aboriginal Legal Service were finding in some cases that Kooris would literally rather die than be subjected to degrading, humiliating treatment at the hands of non-Aboriginal health workers.

In June 1971 a meeting was called to discuss the lack of appropriate health care for the Koori community. Among those who attended were Paul Coe, Shirley Smith, Gordon Briscoe, Dulcie Flowers, Professor Fred Hollows, Ross McKenna, John Russell of South Sydney Community Aid, and Eddie Neumann of the A.L.S. It was decided to set up a free shopfront medical service in Regent Street Redfern, adopting a similar "community-control" structure to the Aboriginal Legal Service.

So, in July 1971, the Aboriginal Medical Service Co-operative Ltd (A.M.S.) was born, initially staffed by rostered volunteer doctors, nursing sisters and Shirley Smith as field officer.

Within months it was apparent that we had clearly underestimated the enormity of the health problems confronting our community, and the limited service we were able to provide was totally inadequate. This



Koori control of Koori affairs



Gordon Briscoe, AMS foundation member, addressing a Redfern meeting in 1972.

led to increased demands for the Federal Government to accept responsibility and provide financial assistance so that the AMS could expand its operations to cope with the problems it had uncovered.

At that time the Federal Liberal/Country Party Government was still refusing to accept the responsibility for Aboriginal affairs that the 1967 referendum bestowed upon them, but the political pressure applied by the AMS and their supporters finally forced the Government to provide some meagre financial assistance, albeit with reluctance.

Indeed, the first submission to the government by the AMS was in August 1971 when we sought a total of \$29 700 from the Office of Aboriginal Affairs, forerunner of the Department of Aboriginal Affairs. We received a mere \$13 000. In February 1972 a second submission for \$69 000 was made to the OAA. The AMS received \$14 000.

The minimal financial support initially offered by the Government

was to set a pattern for at least the next fifteen years. AMS representatives were constantly battling inept and insensitive bureaucrats and politicians for resources, inevitably never enough to do what we knew was necessary.

Yet despite the financial restrictions and bureaucratic obstacles the AMS was able not only to survive adversity, but also to develop a range of related programs like the fruit and vegetable run which later expanded into a comprehensive nutrition program. The AMS in association with Sol Bellear, Shirley Smith, Paul Coe, Kaye Edwards and others, set up a "Breakfast for Kids" program in a caravan borrowed from the Wayside Chapel, in a park in

Newtown. The concept was taken over and developed by a group of strong and courageous Koori women into today's Murawina Aboriginal Women and Children's Centre. During those

early days the AMS established its operational philosophy of community-control, self-reliance and independence, attributes that would be vital for our survival over the next two decades.

THE 1970's - STRUGGLE FOR SURVIVAL

In March 1973 the findings of the W D Scott Report commissioned by the Department of Aboriginal Affairs were published. It was entitled **Problems and Needs of the Aboriginals of Sydney** and included the following findings:

70% of Sydney's Kooris were under the age of 30.

It was estimated that by 1982, 45% of NSW Kooris would live in Sydney.

80% of Sydney Kooris originated from rural areas of NSW.

The report commented that the patterns of living and values of the Koori community were distinctly different from those of the white community.

An exciting and dynamic time for Black Australia

7% of men and 9% of women had an Intermediate or School Certificate.

25% of Sydney Koori households had no hot water.

25% had no bathroom, compared with the NSW average of 3.22%.

15% of households shared or had no kitchen, while the NSW average was 1.5%.

Koori households were found to be twice as crowded as the mean for all households in the metropolitan area.

The health of the Koori community was 'appalling', but the report found that the AMS had had 'wide impact' despite being hampered by a lack of facilities. Over 40% of inner-city Aborigines were using the service.

The first decade of operations of the AMS Redfern was marred by a long battle to maintain our independence and secure sufficient funds to meet the urgent needs that governments were slow to acknowledge. The

The first decade was marred by a long battle to maintain our independence

the people go

hit of Sydney Medical Service... members have... Government funds to

munities, but also of the... communities.

service... It is therefore with extreme concern that we view the Government's decision to refuse to fund adequately the Sydney Aboriginal Medical Service which has shown itself to be the most effective organisation in this area.

The 23... to take a 50 per... receive less than



...less than they... or stop providing a... because they have to



...They decided at... meeting to... the service's... rather than b... laid off.

"It's terrible for n... on half wages, but I've... do it for my people... bara Polletti, 19, a... tionist earning \$125... said after the meeting.

agree

...inals... rate in the... on Aboriginal affairs, and... on administration and... men from here to there, and... managers in temperatures of... housing... continuing handouts



...er aim... lamper... row fr... m nee... id, bec... going... tion... oportu... "sor... have... get the... Lond... on... ans... tute... a for a... Govern... ise but... D. W... However, Dr... British anthropologist... ten a thesis on the... Creek, will



...to take scores... and staff to... age a demons... ore funds w... resumes... one was dem... shouting yest... ll looked wor... emed in a st...

...D. W... However, Dr... British anthropologist... ten a thesis on the... Creek, will



...willing to take... ut in you... AS... P...

drawn to the... health of this country's... population, and the failure of existing... health services to meet their needs. Most recently it was shown to be a... of the rural com... problem, not...

...of a formal... in the... is a... ant to thro... acles brave... Aborig... Service... The... obest... drabb... y's a... b, Red... medical... 1,000... Drul... althou... in the... to Cr...

...Mission... what it is... The Smith... unusual... unusual... when... her... first... children... straight... simply... where...

CANBERRA... among aboriginal... than 26 per cent last year. The Federal director of health for NT, Dr W. Langford, told the health estimates committee that the common causes of death were intestinal disease and malnutrition. He told Se... D. McClell (Labor, NSW) the mortality rose from... per thousand to 142.86... an incre... 107 infants... But Dr La... indications... medical... North... were... problem. Figures f... months of... to a cut in... this year.

Clockwise from top left: Foundation AMS member Mrs Edith Bostock. Elder Mrs Louisa Ingram and former Board member Heather May at official opening of new building 36 Turner Street on 10th November 1978. Naomi Mayers and John Newfong share a joke at a NAIHO meeting. Longest serving Board Member Elsa Dixon with former Board Member Edna Craigie. Naomi Mayers and Gary Foley 1982.

...The... DEN... e Aborig... Service... rd year... woman... first... There... panel, in... professors, charge... to a... out...



...Angry... respon... Senate... ponded... Langste... not b... figures... "I had... they were... a healthy baby... who they had... They asked who wa... last man, and were... sure this man was... father. They hurt m... people.

Early AMS identities Naomi Mayers, Dr Ross McLeod and Tony Coorey 1972

15,000 grant for self-help
The Minister for Aborigines has approved a \$15,000 grant to the Aboriginal Service in recognition of its...

...at 19, she was visiting... and aiding aboriginal... prisoners. Today she... remains the only... aboriginal with an open... pass to all prisons. Between then and the... start of the Aborig... Medical Service... and 'an...

...The... what it is... The Smith... unusual... unusual... when... her... first... children... straight... simply... where...

GOVERNMENT SUBSIDY
"So I went along and I... orked to this social... orker, see, and I... unched her in the... outh. Sometimes... u've got to be n... The serv...

Aboriginals High the Aborigines

Following is F.C. Holl and Director article was written by Prof. Hollows states...



...mild, ...ed. Indeed, ...'s budget for a ... Mr Tickner's ... social justice

...country, the ...d as those in ...aborigines is up ...origines suffer ...nd are 14 time ...tuberculosis. ...re employe ...me areas h ...deed a sad

...prestige for the bionic ear, little research has taken place ...the extent of hearing loss among Aboriginal children.

...Aborigines: 7.65 (females), 7.9 (males). ...Hearing ...pct: WI ...children. ...Child ...nals in ...und ...WA ...Blin ...origins ...back. ...fallen ...sand ...nil. ...N

...Aborigines: 7.65 (females), 7.9 (males).

...This is where the Redfern service comes in. So far, it has been able to do of its work has been amply demonstrated. For generations, Aborigines have

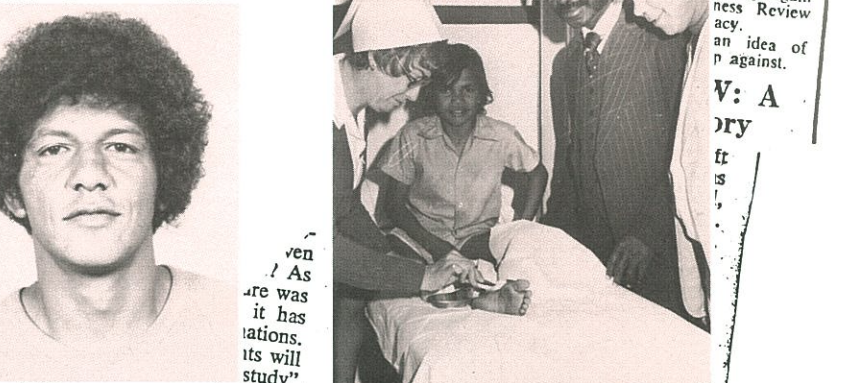
...written by ...iginal eye ...Health Project. ...ew Internationalist ...ed world wide.

...very substantial difference between Aborigines and most other ...acial groups is their enjoyment and use of the sense of vision. ...aborigines have an astounding ability to use their eyes to discern ...small detail, to notice minor changes and to record and interpret ...symbols. They inherit a vision-diminishing conditions have ...Some major vision-diminishing conditions have ...such as the need to wear glasses in ...sight in childhood (amblyopia), ...ess eyes. These ...and poor

...building in ...Church and is con ...cheerful, clean and friendly ...sound of hammering from alteration ...way: the staff was very busy and pre-occupied ...young doctor strode across the room and angrily ...told the receptionist that he had just been talking ...on the telephone to a woman who lived with ...several other families in a large room for which she ...week. After some scathing comments ...he returned to his room still ...in despair.



...State Direct ...Queensland ...N. Territory ...NSW ...W. Australia ...S. Australia ...Vic/Tas. ...Grand tot: ...ttemp



...As well as treating diseases and ill-health, the Aboriginal Medical Service wants — very properly — to embark on an intensive nutrition education medicine s exceedingly desirable, and should not be blocked by miserable penny-pinching in Canberra.

...Although their living standards are low, ...is up to the federal and state governments to coop ...determine that by the time of the Aborigines was a Cau ...Process of reconciliation ...country.

...Clockwise from top left : Long serving staff member Gail Daylight with Dulcie Flower 1988. Teddy Rainbow 1970. Former AMS staff member Dr Tony Owusu-Ansah Chicka Dixon at the "Aboriginal Embassy". Dental Clinic Co-ordinator Ricky Lyons. AMS Dentist Jack Featherstone. Former NAIHO National Co-ordinator Denis Walker.

...FOR Aboriginal children to be statistically door ...early death ought to offend the sense of "fair ...Minister, Mr Tickner, is right — and coura ...bringing to notice the shortcomings of his ...area of Aboriginal health. The ...given the appalling ...the fa



Foundation AMS Member Gary Williams at the "Aboriginal Embassy"

primary problem during this era was the bureaucracy of state health departments, each of which saw us, perversely, as "competing" with them for federal government monies.

Yet the early 1970's were an exciting



Bob Belleair, Bob McLeod and Tiga Bayles at "Aboriginal Embassy"

and dynamic time for Black Australia. The development of community-controlled legal, health, housing, and women and children's services, encouraged a broad political and cultural renaissance which saw the emergence of a younger, better educated and more radical leadership of the Aboriginal movement. Mass political actions throughout 1970 — 72 saw major demonstrations in all capital cities, culminating in the legendary Aboriginal Embassy protest.

ABORIGINAL EMBASSY

The Embassy protest was triggered on Australia Day 1972, when the then

Prime Minister, William McMahon, made a major policy statement on Aboriginal land rights. He declared that his Liberal/Country Party Government would never grant any form of land rights to Aborigines.

Aboriginal political activists in Redfern were determined not to let the Prime Minister's statement go unanswered. That same night five young Kooris were dispatched to Canberra to set up a permanent protest. Those five men set up a tent on the lawns of Parliament House and declared the site the Aboriginal Embassy. The rationale was that if we Kooris were being treated as aliens in our own land, then like other alien nations we should be represented by our own embassy.

By a stroke of luck, they found that there was no law preventing camping and protesting on the lawns of Parliament House and thus were able to stay legally.

The Embassy was the most politically effective demonstration ever mounted by Kooris. It won widespread support and correspondingly eroded support for the McMahon government. It became a major Canberra tourist attraction. Six months after the establishment of the Embassy a severely embarrassed government passed a law in the middle of

The Embassy had stirred the conscience of a nation



Lyn Thompson (nee Craigie 1948 - 1984) Foundation Member AMS, extensively involved in all important political actions of late 1960's and 1970's before her untimely and tragic death.



Billy Craigie addressing a meeting in Sydney

the night making it illegal to camp on the lawns. The subsequent demonstrations were described as the most violent in Canberra's history, but

made a major contribution to the downfall of McMahon six months later.

Because the Aboriginal Embassy had stirred the conscience of the nation, the

incoming Labor Prime Minister Gough Whitlam, in one of his very first acts as Prime Minister, declared that the Commonwealth would now assume control of Aboriginal affairs, and that in order to release federal funds a new department would be created to administer those funds; this would be called the Department of Aboriginal Affairs (DAA).

In 1973 the Aboriginal Medical Service Co-operative accepted its first major government funding. A long battle with bureaucracy followed from that day, to maintain the independence of the AMS and gain sufficient funds to cope with community needs. It seemed to us from the beginning that a paternalistic attitude pervaded the DAA. This was not surprising given that most of its senior officials were former staff of the old hated Aborigines' Protection Boards of the various states.



Health Worker Betty Ferguson with Juliette Kumari



Barbara Paii



Glynnis Simon



Dr Kerry Peel



Joan Sutherland



Veronica Button



Kay Nettey



Narelle Lyons



Malveena Welsh



**One of the A M S' best known identities
Harold Young**



Nada Shareef



Lyn Mundine



Leisl Pollock and Les Morgan



Dulcie Flower



Beatrice Tong



Lola Edwards



Adrienne Turk



Susan Slater



Lily Madden



Dr Trish Fagan with patient Wayne Murphy in A M S clinic



Marg Millgate



Ray Davison



Dr Cara Frame

A M S People

BISHOP

1991



Jeffrey Morris



Dr Mark Playford



Barbara Robson

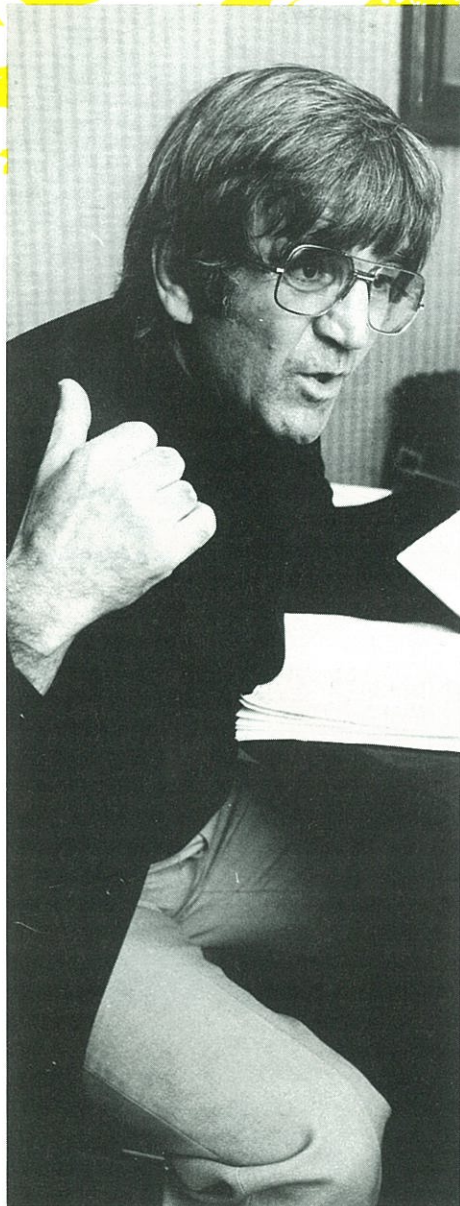


Ron Davison



Sister Pam Gooley

The conservative and racist attitudes of DAA officials led them to regard independent, community-controlled organisations as "subversive" to their dearly held concepts of assimilation, concepts which inherently implied the superiority of the invaders' culture. This did nothing to help the AMS in our repeated calls for more adequate resources to do our job.



PROFESSOR FRED HOLLOWES

Fred Hollows made a major contribution as a foundation member of the AMS, and in generating support in the medical profession support for the early Medical Service. He was Australian of the Year in 1990 and was awarded the 1990 Australian Human Rights Medal. His work in the field of Aboriginal Health and in Eritrea was recognised by the Order of Australia in June 1991.

The AMS began to seek support from the broader Australian community very early in its history, in an effort to alleviate the problem of lack of resources and also to fulfil the need for wider community education. From the start, we were amazed at the level of assistance we received. Indeed, it is true to say that without the generous and kind support of thousands of ordinary Australians over the past twenty years, the AMS would never have made it to this twentieth anniversary.

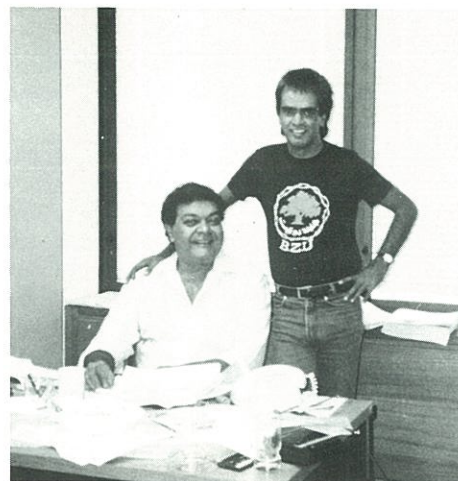
AMS NEWSLETTER

In the early 1970's there was still the extensive reservoir of sympathy and support that had first revealed itself with the extraordinary 1967 referendum result. The first AMS Newsletter was produced in 1971 by Bobbi Sykes for the purpose of raising funds and informing our supporters. The newsletter has continued to this day, and has been edited by a range of eminent Kooris including John Newfong.

In fact the "Appeals Account" of the AMS was largely responsible for funding the establishment of community health services nationally between 1974 and the mid-1980's, despite the DAA's deliberate policy of discouraging their development during that period. Consequently, Koori communities seeking to establish a community-controlled health service in their area were forced to seek Redfern's help, and we were able to provide the vital early financial support only because hundreds of regular donors and subscribers to our Newsletter supported us during the worst times of that decade.

NATIONAL ABORIGINAL & ISLANDER HEALTH ORGANISATION

During the seventies the AMS Redfern was at the forefront of the extension of community-controlled health services throughout Australia. Almost as soon as Redfern opened its doors visitors from other Koori communities sought assistance in establishing similar services in their areas. With wide accumulated knowledge and a strong support group, Redfern was able to provide help in the creation of almost 50 new Aboriginal health services around the



Two former editors of the Newsletter

country up until 1980. Each newly established service invariably decided to join the National Aboriginal & Islander Health Organisation (NAIHO) which in turn was to become the strongest national Aboriginal organisation of the late seventies and early eighties.

This rapid spread of Aboriginal Medical services created a crisis in DAA because their funding policies were out of date and based on discredited theories on health care delivery. DAA was spending approximately \$20 million annually on Aboriginal health. However, because of DAA policy, the health departments of the six states and two territories (not one of which employed one clinical doctor or delivered any primary health care) would share \$16 million between them, while about 50 Aboriginal medical services (each delivering co-ordinated preventative and primary health care programs around Australia) were expected to share \$3 million out of the rest.

NAIHO representatives, in particular those from AMS Redfern, constantly called for a re-evaluation of



departmental policies until in 1979 Prime Minister Malcolm Fraser personally commissioned a Programme Effectiveness Review conducted by senior public servants from a range of federal departments.

PER REPORT

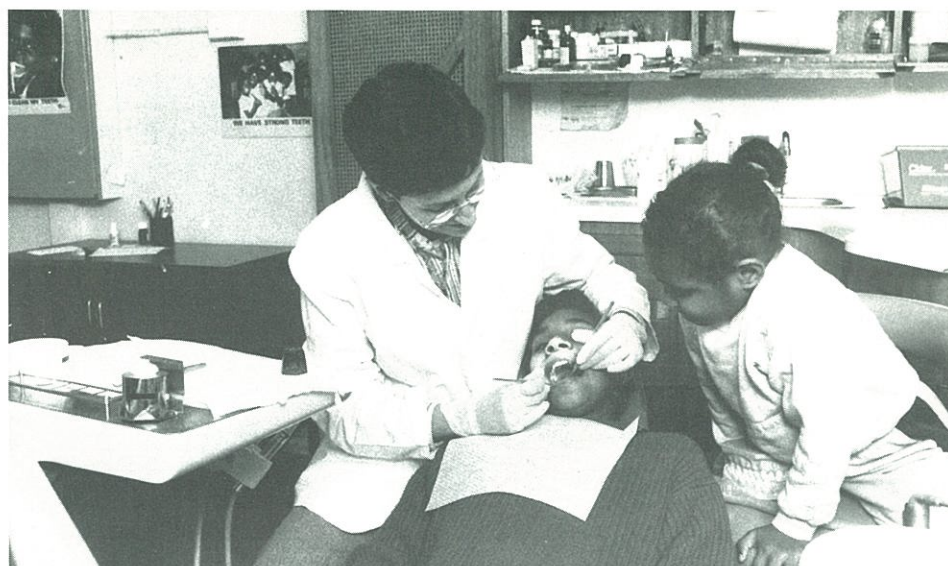
The PER Report created a sensation when Malcolm Fraser attempted to suppress its findings only to have NAIHO officials release them to the media. The PER Report vindicated NAIHO's stand on the iniquitous Aboriginal health funding policies of the DAA, and marked the beginning of change in government attitudes, although it has taken much longer for change to filter through to the upper echelons of the monolithic Canberra bureaucracy.

THE 1980's - CONSOLIDATION AND INNOVATION

The new decade began optimistically with an historic meeting between NAIHO representatives and the Royal Flying Doctor Service. Despite its rather glamorous image the Royal Flying Doctor Service had been viewed poorly by Aboriginal Health Services for some time. This meeting led to AMS Administrator, Naomi Mayers, becoming the first Koori ever appointed to the NSW Council of the Royal Flying Doctor Service. With the confidence born of practising our philosophy successfully for ten years, the AMS began to broaden its activities into direct involvement in changing general public health policies for the benefit of Kooris and all underprivileged peoples. The 1980's saw the overall expansion of the AMS. We had moved into and renovated our new premises at 36 Turner Street in Redfern in 1977, and this enabled a broad expansion of the health care programs offered to the community. By 1981, a mere ten years after beginning, the AMS HQ was regarded nationally as the best example of an Aboriginal self-help program. The following services were offered:

A General Clinic at Turner Street providing for all areas of general practice and home visits.

An Under 5's / Paediatric Clinic including regular medical & developmental assessment of pre-school children.



Claire Phelan with patients Monalisa Paii (8yrs) and Juanita Mara (4yrs)

Murawina Clinics — half day clinics at Murawina Aboriginal Pre-School Centre.



NAOMI MAYERS

The Administrator of the AMS has been a member of the staff since 1972. Naomi has been instrumental in the development and success of the Aboriginal Medical Service Cooperative. Through her work as a representative of the AMS and a delegate to NAIHO she has made a significant contribution in the field of Aboriginal Health nationally and raising the level of awareness of Aboriginal health problems internationally.

Ear, Nose and Throat Clinic — weekly half day clinics linked with hospital facilities for surgical procedures.

Diabetic Clinic — assessment and management of diabetes with emphasis on patient self-management.

Women's Clinic & Ante-Natal Clinic, operating two days a week, including management of gynaecological problems, family planning advice and counselling, and regular ante-natal care. The clinic was integrated with the Nutrition Program.

Specialist Physician Clinic — in conjunction with Nutrition Program, Diabetic Clinic and Weight Watchers.

Long Bay Gaol Clinic — a weekly half day clinic with assessment, diagnosis and treatment.

A modern Dental Clinic whose services included all areas of general practice, a Specialist Orthodontist Clinic, Preventive Dental Health Program and an In-service Staff Training Program.

With the increasing sophistication of primary health care services offered, there gradually began a change in community needs and demands whereby the AMS began to have increasing involvement in the development of policies affecting public health, and the design, production and distribution of community health education materials on such topics as HIV/AIDS, Hepatitis B, immunisation, breast feeding, and child sexual assault.

OF THE

By PAOLA TOTARO
Education Writer

Between them they represent four nations. They are democratically elected by their peers, they have an equal division of the sexes and their leader is a young Aboriginal to a Sydney bi

"I first became aware of the Aboriginal Apprenticeship Scheme when I read an advertisement for the entrance exams. I sat for the exam, and I am

When I finish my
apprenticeship I hope to gain a
permanent position as a qualified
person within the
Revolution
Debbie McDermott

Anti-clockwise
NEIKA TONG

TAMARA BELLEAR daughter of Naomi and Sol Bellear, is another young person who seems to have grown up in the AMS. She is seen here with AMS identity Gary Foley and Kirsty Tong (now 17) in 1983. Tamara (above) is 17 years old, has completed her HSC and works with Rabbit Photo.

MALU AND KALI BELLEAR, sons of Bob and Kaye Bellear, personify the ideal of the AMS to create opportunities for a healthier new generation.

Malu and Kali featured in the very first poster advertising the then newly established fruit & vegetable run, which was the forerunner of today's AMS Nutrition Programme.

Despite serious health problems in early childhood, Malu and Kali today are not only great examples of healthy Koori youth, but have already achieved an amazing amount in promoting positive images of Kooris.

Their achievements and potential are a testament to the love, care and nurturing of their parents, Kaye and Bob Bellear, both foundation members of the AMS and veteran Koori Rights campaigners.

Today Malu is 19 years old and in his third year of a carpentry and joinery course. Kali is 17 years old and is Captain of Vacluse High School where he is in his final year of HSC and has ambitions of being a Qantas pilot. Both have positive and bright futures before them.

JOSEPH MAYERS son of Naomi, is a veteran of numerous Koori rights demonstrations by the time he was 3 years old and the AMS was being established. Today Joseph is 23 years old and studying film production with Heuristic Video.

MICHAEL PENRITH is the son of Gary Foley and Bronwyn Penrith. This photo, with Michael, aged 6 months and Shirley Smith, appeared in the Australian newspaper in 1971 with a report of the opening of the AMS. Today Michael is 20 years old, works at the Redfern Aboriginal Dance Theatre, and on St. Patricks Day 1991, became the proud father of a daughter, Lavinia.

By the end of the day the box contained more than 160 medals.

M S he strongly
aged an airing of a different vi
the Bicentenary. He said the so
also be dedicating a special
grounds to the memory of Sy
original inhabitants.

W H O G R E W U P W I T

SUBMISSIONS

In the early 1980's the AMS involvement in broader related areas was in the form of detailed submissions prepared for the Royal Far West Children's Home Inquiry (1983) and the House of Representatives Standing Committee Inquiry into Asbestos Mining at Baryugil (1984).

KOORI PUBLIC HEALTH EDUCATION CAMPAIGNS

Later during 1983-'84 the AMS conducted a successful Koori public health education campaign to encourage breast feeding among young urban Koori mothers. This campaign involved the production of pamphlets and posters, as well as workshops and personal counselling services, and was so successful that it encouraged the AMS to greater involvement in health education programmes.

The greatest success achieved by the AMS in the area of public health education and resource production was in 1987 when as part of an HIV (AIDS) education program, the AMS produced a ten minute video called Spread the Word, of which 1500



Aboriginal Health Worker Education Program 1984

E. PELOT KITCHENER

copies were distributed. Later it won an international Health Education Award in Spain, and was later adopted by the World Health Organisation as an extremely good video for use in developing nations in Asia and the Pacific.

The fact that much of the health education material produced by the AMS during the 1980's has been

acclaimed and used all over Australia and the Pacific is in itself a tribute to the innovative nature of the service since its inception, which again is a testament to the inherent wisdom and resilience of Koori people.

ABORIGINAL HEALTH WORKER EDUCATION PROGRAM

In April 1984 the AMS began its own Aboriginal Health Worker Education



Tracey Moffat



HEPATITIS B IMMUNISATION



Internationally acclaimed products of the AMS Aboriginal Public Health Education Program



Ladies at the Nutrition Program

Program which grew from the realisation that non-Aboriginal training schemes were not really appropriate to the specific needs and problems of the Koori community and that the special skills and knowledge required by Koori health workers could best be imparted by people experienced in the work of a community-controlled Koori health service.

The AMS Aboriginal Health Worker Education Program has been conducted since its inception by foundation member, Sister Dulcie Flowers. To date 51 health workers have been educated, most of whom are currently employed in Aboriginal Medical Services around the state. Indeed, it was graduates of the HWEP who were responsible for the research, development and

establishment of the Allawah Hostel for Aboriginal Elderly in Granville. Other graduates are currently working at Daruk Health Service (Mt. Druitt); some now attend Cumberland College; some are dental health workers at health services on both the north and south coast of NSW and yet others are directly involved with assisting other communities establish their own health services.

NATIONAL ABORIGINAL HEALTH STRATEGY WORKING PARTY

During the late 1980's AMS Administrator Naomi Mayers was Chairperson of the National Aboriginal Health Strategy Working Party which presented its report to the Federal Government in March 1989. The report represents the first ever comprehensive overview of the current health status of Aboriginal Australia, and describes current institutions and services available. As well as identifying major challenges and proposing strategies for improvement, it advocates new organisational structures for policy development, monitoring, education and resource distribution. These changes represent some hope for the future in terms of Koori health.



Students of the Aboriginal Health Worker Education Program 1991

BISHOP

COMMUNITY-CONTROLLED

Aboriginal Health Services



NEW SOUTH WALES

Bourke
Brewarrina
Broken Hill
Campbelltown
Cummeragunga
Dareton
Grafton
Kempsey
Lismore
Moree
Mt Druitt
Narooma
Newcastle

Nowra
Taree
Redfern
Walgett
Wilcannia
Wollongong
VICTORIA
Bairnsdale
Ballarat
Dandenong
Fitzroy
Geelong
Lake Tyers
Mildura

Shepparton/Mooroopna
Morwell
Robinvale
Swan Hill

TASMANIA
Flinders Island

QUEENSLAND
Brisbane
Cairns
Innisfail
Ipswich
Mackay
Rockhampton

Townsville

SOUTH AUSTRALIA
Adelaide
Ceduna/Koonibba
Nganampa
Port Augusta
Yalata/Maralinga

WESTERN AUSTRALIA
Broome
Carnarvon
Geraldton
Halls Creek
Kalgoorlie

Kununurra
Perth
Roeburne
Strelley
Wiluna
Wingellina

NORTHERN TERRITORY
Alice Springs
Katherine
Kintore
Tennant Creek
Uluru
Utopia

31.3.49 The important role of the Aboriginal community-controlled health services, recognized in the National Aboriginal Health Strategy and discussed in some detail in the report of the National Aboriginal Health Strategy Working Party, has been stressed in submissions and evidence presented to the Commission. It has been put to me that these services, controlled locally by Aboriginal people, provide one of the best demonstrations in this country of the World Health Organization's ideal for the delivery of primary health care. The declaration of Alma-Ata, which encapsulates international thinking about the

primary health care concept, describes it as follows:

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the

overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

31.3.50 I have presented this quotation in full as I believe that it encapsulates the undeniable strengths of the Aboriginal community-controlled health services.

.....
From: Commissioner Elliott Johnston QC
National Report Vol 4 1991 Royal Commission
into Aboriginal Deaths in Custody p 241



AMS contingent in Paris for
AMS Fashion Parades 1987

During the 1980's the AMS also developed a major public health program with the employment of five Koori public health workers involved in health promotion and counselling in areas such as drugs and alcohol, child sexual assault and STD / HIV. In addition, during 1989 — 90 the AMS co-ordinated an immunisation program which aimed to provide Hepatitis B immunisation for all Aboriginal children in NSW up to 12 years old.

In 1985 an unexpected development in the Nutrition Program led to a series of Koori fashion parades featuring the exciting work of Koori designers and Redfern's young amateur models. These fashion parades were organised by Lily Madden of the AMS. Not only was money raised for the Service but the parades were successful in raising the confidence and self esteem of a group of young Kooris. This was especially so for those involved in the culmination of this project

when a group travelled to Paris in 1987 to strut their stuff in the legendary home of fashion. The local and international success of the parades were a source of great pride for the Aboriginal community nationally as yet another example of Koori achievement.

COMPUTERISATION

Another area of expansion and development during the last decade has been the computerisation of both the patient filing system and the administration. This project was co-ordinated by the late Joe Mallie whose sad and untimely death left a big gap in the work of the Aboriginal Medical Service Cooperative. Computerisation has meant that the AMS is starting its 20th year of operations well equipped to conduct the most comprehensive of public health programs, along with

intricate evaluation of their effectiveness which will enable a better, more cost-effective and cost-efficient service to the Koori community.

THE FUTURE

The future of the Aboriginal Medical Service Cooperative augurs well because of the calibre of the people it continues to attract to its Board and staff. It must be said that we still deplore the current situation of Aboriginal health, but one should remember the extent to which Aboriginal people have suffered over the past two hundred years. It is simply not possible to eradicate health problems that are a result of two hundred years of mistreatment and neglect overnight. Nevertheless, the positive changes that have occurred in the past twenty years show us that it is possible for those problems to be overcome ultimately.

The lesson of the AMS Redfern is that when the community is in control of the resources and facilities, and the people of the community are the ones who determine priorities and policies, it is possible to alleviate the problems confronting that community. There are many diverse viewpoints represented at the AMS but ultimately the AMS Board always arrives at its position regarding all policy matters through reasonable, rational discussion in which all viewpoints are heard and considered, and decisions reached through the Koori way of consensus. This simple adherence to basic Koori principles and values is what has made the Aboriginal Medical Service Cooperative what it is today, and will no doubt sustain it for as long as it needs to exist.

GARY FOLEY

Foundation member 1971
Public Relations Officer
1973-1975
Board Member 1983-1989

JOE MALLIE

Joe was responsible for the introduction of computers to the AMS, as well as being programs manager. Born in 1943 in Kubin village, Mabuig Island, he was educated in Cairns where he quickly learnt the English language despite initial disadvantage. When his family moved to Brisbane he worked on the railways to keep his family from being separated by Welfare. Eventually he became one of the first Aboriginal students to attend the University of New England in Armidale. He was involved in the activities of the local Koori community.

After working for many years at the then Health Commission as assistant to the Director of Aboriginal Health he joined the staff of the AMS Cooperative.

Several years later he was to become the first Aboriginal Director of the Aboriginal Health Unit and was responsible for initiating the input of Aboriginal Health Workers in policy formulation. He created an Aboriginal Health Education Division. He was one of the key people in the setting up of the Aboriginal Health Resource Committee. Adhering to the principles of community control, he was able to make the Department of Health more accessible to Aboriginal people.

Joe's philosophy was to encourage those who worked with him to use their initiative for the best possible result. He was always available to give help and consult with others. His unfailing calmness and the respect with which he treated others endeared him to all he met.

AMS Staff and services offered

1 9 9 1

The Aboriginal Medical Service Cooperative provides the following services

MEDICAL CLINIC & COUNSELLING

Including primary health care and medical services to the community, ENT clinic, Womens clinic, Psychiatric clinic, Podiatrist, Chiropractor, HIV/STD counsellors, Child Sexual Assault counsellors, Drug & Alcohol counsellors, patient transport, doctor education, and outside clinics at Murawina pre-school, Wunanbiri pre-school, La Perouse community and gaols.

DENTAL CLINIC

Employing 3 full-time dentists and 1 dental therapist and services



BISHOP

include dental clinic, Orthodontist visits, and training programs for dental workers from country and interstate AMS's and communities.

MOBILE DENTAL VANS

Providing a clinical dental service to NSW country towns.

NUTRITION PROGRAM

Includes a fruit & vegetable run providing

fresh fruit and vegetables to families in need, and a pensioners' morning when elders meet.

HOME & COMMUNITY CARE PROGRAM

Health Workers visit the elderly in their home, and assist with shopping, banking, paying rent and so on.

PUBLIC HEALTH PROGRAM

includes the production of community health education resource materials including diabetes booklet, HIV and Hepatitis B videos and books, pamphlets on Child Sexual Assault, womens health, breast feeding etc. Also involves co-ordination of HIV/STD workers and Child Sexual Assault workers. The P.H.P. also develops new services and programs such as the mental health program.

ABORIGINAL HEALTH WORKER EDUCATION PROGRAM

This was begun in 1984 and is co-ordinated by Sister Dulcie Flower. The Program trains Aboriginal people in para-medical and community organisation skills, as health workers are vitally important components of a community-controlled Aboriginal Medical Service.

ALLAWAH HOSTEL

Opened in 1987 in Granville, the hostel provides a home for older Aboriginal people and has a maximum capacity of ten residents.

HEPATITIS B IMMUNISATION PROGRAM

The AMS Redfern has been co-ordinating the Hepatitis B Immunisation Program in NSW since 1989. The Program aims to

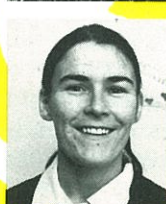


immunise all children up to age 12 years.

CONSULTATION & RESOURCE CENTRE

This serves as a centre for Aboriginal communities, non-Aboriginal health professionals, local and international visitors and schools as well as providing a lecturing service for universities, schools and community groups.

Public Health Education Co-ordinators
Dr Trish Fagan
and Pat Swan.
Julian West.
Carol Dempsey.
Rodney Gow.
Clair Phelan.
Anslem Delaney.
Beverley Briggs.
Mary Fleming.
Sister Mary Minogue



Acknowledgements

We wish to thank these people for their contribution to the work of the Service over the past twenty years.

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And a special thanks to the Koori community.

We are aware that other people also deserve mention, and apologise for any names omitted due to haste of production.

