The Historical Context of Developing an Aboriginal Community-Controlled Health Service: A Social History of the First Ten Years of the Central Australian Aboriginal Congress

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Since 1973, the Alice Springs-based community-controlled comprehensive primary health service, the Central Australian Aboriginal Congress Inc. (CAAC), has pursued a broad agenda addressing the social and health needs of the local population. This paper outlines the local and national context and the reasons why the central Australian Aboriginal community decided to establish its own organisation to address social issues and health service provision. The broad social and policy influence of the organisation will be considered in both its historical and contemporary context.

Established in 1973 as the political voice of Aboriginal people in central Australia, the Central Australian Aboriginal Congress Inc. (CAAC) has become a leading exponent of comprehensive primary health care in the country. Currently it has seven branches and fourteen targeted programs servicing more than seven thousand clients, representing far in excess of thirty-four thousand consultations per year.[1] Utilising historical documents and oral testimony, this paper outlines the conditions that led to the foundation and subsequent developmental path of the organisation. It places the organisation within the context of the various local and external influences in both the Aboriginal rights movement and the primary health care sector.

Before Congress: The first hundred years of colonisation

While it is beyond the scope of this paper to detail the effects of white occupation and government policies on Aboriginal people in central Australia, it is important to understand something of the historical context in which Congress developed. The development of Alice Springs as a commercial and administrative centre meant that greater control was brought to bear on Aboriginal people living near the town than those living further away.[2] While differences in identity among Aboriginal groups and individuals living on pastoral stations, reserves, and towns led to tensions,[3] they also created a rich tapestry of experience from which people would draw in their fight for better health and living conditions. In what follows, the contours of the first hundred years of colonisation of central Australia are sketched.

It was not until a decade after the construction of the Overland Telegraph Line, in 1870–72, and the discovery of gold at Arltunga in 1888, that Europeans came to the Centre in any numbers. In 1888, the town of Stuart, now known as Alice Springs, was proclaimed on the land of the Mparntwe Arrernte, becoming the major focus of European activity in central Australia. Subsequently, land along the telegraph line was taken up for the grazing of European livestock. At first, pastoral expansion concentrated on southern Arrernte land in the Tempe Downs region, then spread to Anmtayerre–Alyawarre country in the north-east and, later still, to Warlpiri and Luritja country in the north-west, with large areas of desert left as vacant Crown land.

European occupation of central Australia led to tensions with Aboriginal owners over rights of access to their country, the abuse of their women and the use of their labour.[4] The introduction of stock and feral animals had a profound impact on the water, flora and fauna on which these people depended, leading to numerous episodes of frontier conflict.[5] Deprived of their hunting grounds and their water fouled by livestock, the Aboriginal population was forced into a more sedentary lifestyle that, combined with poor living conditions, an inadequate diet and introduced diseases, led to the deterioration of their health and social status.

In the main, responsibility for Aboriginal health and welfare was largely left to non-government missions, cattle stations employers and police officers.[6] The latter were appointed as 'protectors of Aboriginals' and were expected to enforce the Northern Territory (NT) Aboriginals Ordinance.[7] The picture that emerges of European–Aboriginal relations prior to World War II is that of an unequal relationship, in which European settlers typically viewed Aboriginal people as an inferior 'primitive race' and held a 'strong sense of settler solidarity over against the aborigines and "the south".'[8] Aboriginal people entered into relationships with the predominantly male and unmarried European population, obtaining rations in return for work in the pastoral and mining industries, and as domestics and unskilled workers around towns.[9]

Despite official sanctions, children of white fathers were born to Aboriginal women. While accepted by Aboriginal society,[10] these children typically were treated as outcasts by European society, and many were separated from their Aboriginal families and left to grow up in appalling conditions.[11] For example, the 'Bungalow' that, according to one witness, was no more than 'a tin shed behind the hotel.'[12] Throughout the 1920s, there were approximately fifty children and ten adults of Aboriginal descent living at the Bungalow, supervised by the Matron, Mrs Ida Standley.[13]

As a result of southern publicity about the ill treatment of Aboriginal people in the NT, in 1928 the Chief Protector of Aborigines in Queensland, Bleakley, was asked to investigate their conditions and treatment. He recommended differential treatment of Aboriginal persons according to their 'colour,' including measures to remove lighter skinned children to institutions in Adelaide and to segregate so-called 'full-bloods' from 'half-castes.' In doing so, he also proposed the transfer of Bungalow residents who had less than fifty per cent 'Aboriginal blood' and could not be placed in employment or in a European institution, to a site eleven kilometres away at Temple Bar. The remainder of the Bungalow residents, together with an Aboriginal town camp comprising approximately sixty people, were to be relocated to the Hermannsburg Mission.[14] Noting that 'no medical help whatever' was available in central Australia, Bleakley recommended 'the provision of additional aboriginal

clinics, at centres where medical help becomes available,' and that 'regular medical inspection be provided for bush blacks.'[15]

In the event, the residents of the Bungalow were transferred to the new Jay Creek Aboriginal Reserve, and four years later on to the Old Telegraph Station Aboriginal Reserve. However, despite the appointment of a medical officer in Alice Springs in 1929, Western medical treatment for Aboriginal people remained limited, as the Australian Inland Mission Hostel did not admit Aboriginal patients. A medical hut was provided in Alice Springs in 1934, and in 1939 the Aero Medical Service and a hospital with a 'native ward' were established.[16]

With the advent of World War II, a number of Aboriginal people from Alice Springs and surrounding areas worked for the Australian Army on the construction of the Stuart Highway and unloading stores and equipment, receiving fair treatment and wages for the first time.[17] In the period following the war, official policy changed from a focus on the 'protection' of the Aboriginal population to one of assimilation.[18] In the NT, the Native Affairs Branch (1939–54) became responsible for 'hygiene, nursing services, nutrition, housing and environmental sanitation on settlements, pastoral properties and missions.'[19]

Native Affairs was replaced by the Welfare Branch (1954–72), which, in implementing Commonwealth policy, sought to enforce modes of social behaviour, customs, and values that mirrored those of the dominant population. Allowed little control over their lives, Aboriginal people were told where and how they could live.[20] Thus, during the 1940s, Aboriginal people from Alice Springs and the surrounding areas were moved to the Catholic Mission at Santa Teresa, to Jay Creek, and to Hermannsburg. Government settlements were also established to the north and east of Alice Springs at Areyonga, Yuendumu, Warrabri and Papunya, and large numbers of people from neighbouring cattle stations, reserves and mining camps settled there. Aboriginal people were prohibited from being in parts of Alice Springs after dusk, a situation that largely remained in force until the early 1950s when 'half-castes' and exempt Aboriginal people were permitted to live in those areas. In 1960, the government settlement of Amoonguna was established fourteen kilometres to the east of Alice Springs.[21] Gradually, however, increasing numbers of people moved in to

Alice Springs, where they were relegated to fringe camps, living in unsanitary conditions without electricity and water until the mid 1970s.[22]

Agents of change

By the late 1960s and early '70s, existing regional tensions were also influenced by external events. The land rights movement, with its genesis in possibly both the Nomads movement in the Pilbara region of Western Australia (WA) in 1945, and the Yirrkala opposition to the Nabilco bauxite mine in 1963–69, erupted in the NT with the famous walk-off of Aboriginal people from the Wave Hill cattle station over wages and conditions that ultimately led to the demand for lands rights in 1966–75. The political movement to regain the land spread across the NT and elsewhere and, by the 1970s, had generated a strong undercurrent of feeling throughout central Australia.[23]

Young Aboriginal activists from the region had also been active in the political movement at the University of Sydney. In 1965 Charles Perkins famously launched, from that campus, the student 'Freedom Rides' to highlight racial discrimination in outback New South Wales (NSW). Later, his nephew Neville Perkins also became an activist while studying for a law degree there, and then, through his directorship of ABSCOL—the university Aboriginal student scholarship program—became an executive member of the Federal Council for the Advancement of Aboriginal and Torres Strait Islanders (FCAATSI). 'There were a number of people that went to those meetings from the NT. Not just Joe McGuiness (FCAATSI President) from Flinders River up in the top end, but also Malcolm Cooper (Alice Springs).'[24]

After the 1967 referendum gave the Commonwealth Government the right to make laws affecting Aboriginal affairs and included Aboriginal people in the national census, many Aboriginal activists' attention moved from a predominately equal rights focus to pursuing the right of Aboriginal self-determination. This movement is most symbolically expressed through the land rights campaigns, but first gained concrete organisational form through the establishment of the Aboriginal legal aid and health services.

> We got some help from FCAATSI, in terms of funding towards Congress. Also we were helped and supported by the National Tribal Council (NTC), which was a break away group from FCAATSI. When Kumuntjai Perkins and Pastor Sir Doug Nicholls and others actually broke away from FCAATSI because they wanted a National Tribal Council (NTC), which was run by Aboriginal people. Because in the early days FCAATSI embracing not just Aborigines and Torres Strait Islanders, but church groups and trade unions, there were a lot of non-Aboriginal people involved in it. I remember at the meeting when there was a big break away in Canberra where we went to the NTC because we wanted our own Aboriginal organisation of Aboriginal people for Aboriginal people and run by Aboriginal people. So that kind of philosophy extended over into organisations like Congress.[25]

When Neville Perkins came home during a vacation break to work on the establishment of a legal service, a new Australian Labor Party government had recently been elected at the end of 1972 on a popular wave of social renewal. The Labor government's policy platform reflected the political climate generated by a range of social movements over the preceding decade. This included implementing a government policy of recognising Aboriginal people's right to self-determination and of giving legal form to Aboriginal land rights.

Perkins spoke both to town-based Aboriginal people and to those from bush communities about the need to have an organisation that would address injustice and argue for their rights.

> I spoke to people around the place and we talked about having another organisation that would represent the rights of Aboriginal people generally. It was mainly the bush communities who were really interested in having this Congress in town that they could come to and get help from, support from, and therefore we got a lot of support from Western Arrernte mob, Eastern Arrernte mob, Walpiri mob, Pintubi mob, Papunya and you know all those sort of people and you know some people in town, Malcolm (Cooper) worked with me on this.[26]

Under the umbrella of the Interim Central Australian Aboriginal Rights Council (ICAARC), Perkins and others—including Harry Nelson, Dennis Williams, Roy Dubois, Malcolm Cooper, Helmut

Pareroultja, George Bray, Milton Liddle and Stumpy Martin Jampijinpa—networked across the region.[27] A submission to the Minister for Aboriginal Affairs outlined a number of issues of concern to this group, including the following: the need for a permanent rights council and a legal service, a call for acceptance of Aboriginal people's right to identify as Aboriginal, improved treatment of Aboriginal people at the hospital, the removal of the NT welfare administrators, the implementation of land rights, and changes at both the Amoonguna and Jay Creek Aboriginal settlements (reserves). This submission, signed by twenty-three men and one woman (Miss K. Coombe), represented communities from Alice Springs, Amoonguna, Yuendumu, Pitjantjatjara Lands, Jay Creek, Docker River and Papunya, and the Aranda, Lurtja and Walpiri identified language groups.[28] On 9 June 1973, more than one hundred Aboriginal persons from both the town and bush came together in Alice Springs to consider legally establishing Congress's constitution, electing its office bearers and formalising the Legal Service.[29] The Central Australian Aborigines (in 1974 changed to Aboriginal) Congress was formed at this meeting. Initially Congress shared offices with the Central Australian Aboriginal Legal Aid Service (CAALAS), formed less than a month later, but soon moved to its own accommodation.

The formation of organisations like Congress and CAALAS is fundamental to the promotion of Aboriginal self-determination and identity. Prior to these services being established, there was a gulf between Aboriginal town residents and people living in the bush. As discussed earlier, this gulf reflected official government dealings with these groups and, in some cases, by self-assumed Aboriginal identity arising from these policies. Many Aboriginal people resented government practices to artificially segregate them on an arbitrary notion of how much Aboriginal blood flowed through their veins. This genetics-based definition—usually focused on visually obvious skin tone—had been the basis for the old caste system of the Assimilation policy.[30]

The founders of Congress deliberately and openly rejected the eugenic caste mentality of the assimilationists, and embraced the rights of all people of Aboriginal descent to identify as Aboriginal. This challenge to artificial divisions illustrates the

new sense of Aboriginal identity being articulated throughout Australia at the time. Even the name Congress had been inspired by Perkins' knowledge of Mahatma Ghandi's Indian Congress Party and its challenge to caste inequalities in India.[31] Later, Perkins, reflecting an affiliation with the anti-colonialist struggle elsewhere, referred to this Aboriginal identity as Pan-Aboriginalism.[32]

Some Aboriginal people in Alice Springs were suspicious of this new direction. This minority had established themselves within the regime of limited rights that had slowly been extended to them in the previous decades under the Assimilation policy.[33] They sought to distance themselves from what was linked by the media to the radical politics of the black power movement. Neville Perkins recalled that, initially:

> there were some of our own people in town who were a bit worried and sat on the fence and said … 'why do you have to have this organisation for you know, is it black power it is too political.' You know some who were I suppose in opposition in those days didn't even identify as Aboriginal because they were brought up under an old welfare system where they were required to be assimilated and to become white people.[34]

Johnny Liddle recalled being abused during a march organised by Congress in support of Land Rights legislation: 'me and Tracker (Tilmouth) were walking along with these banners and I remember both of us feeling shocked at our brothers coming out of the bar and abusing us for marching.'[35] Vincent Forrester was also abused during that march.

> I can remember being told I'm not black. Well, who the hell am I? 'You half-caste,' so that night I went back to Congress, I wrote the sign that's still there today, all non-Aboriginal people will pay five dollars to see the Doctor, it's still at Congress but it was aimed for the half-caste people. It was like they wouldn't identify as being black, so when we opened the doors I sat down, 'ah you mob black now, hey!' I could still give a bit of lip them days too. By jeez a lot of 'em turned black overnight (laughs). They did![36]

Dealing with racism in Alice Springs (and central Australia) was fundamental to much of the work of Congress and its founders.[37]

Both Vincent Forrester and Johnny Liddle give recognition to the role that activists like Charles and Neville Perkins had on developing the local political scene.

> Alice Springs being a very, very, very racist town. (But) we had a leader, Charlie, he'd come up and stir the posse in his day, and leave us to fight the battle. It was good fun … So we were pretty lucky, we had blokes like Neville … and they come back and brought those new types of radical ideas back to good ol conservative red neck Alice Springs.[38]

'A big agenda'

'In those days Congress had to have a big agenda cause there was nothing else and the legal service was just getting up and running.'[39] The big agenda included everything from dealing with store managers and used car dealers ripping off Aboriginal customers, through to government departments like the police, the welfare department, the newly established Department of Aboriginal Affairs and voting rights.

Two of the first programs Congress undertook were the Tent Program and the Night Pick-Up Service. The Tent Program started after a very wet season in 1975, when the lack of adequate housing was brought to a crisis point. People were living in shanties, car bodies and under old galvanised iron sheeting, and were being forced to move temporarily into large sheds at the Traeger Park Showground. Vincent Forrester and Geoffrey Shaw, both ex-national servicemen, organised the tent program:

> [We] knew this same old staff sergeant in Adelaide who had these army tents. So we get these army tents for free but we couldn't afford to bring them up on the train, the freight costs. So Uncle Milton (Liddle) sent me around to these old businessmen and they donated some money. Then we have to put these hundreds of tents up. They cost fifty cents a week to rent.[40]

In talking about the tent program, Johnny Liddle and Vincent Forrester reflected that two of the key elements of the new organisation were learning as you go, and having a sense of humour:

> Vincent Forrester: 'Then we got into a bit of trouble, tents and campfires don't mix very well.' Johnny Liddle: 'The idea of fifty cents a week, was to try and replace the ones that got burnt and buy new stock, but if you think about it, fifty cents, you can't buy many tents for fifty cents, even if they did pay, most people didn't pay. You went to collect the rent and all you saw were these big burnt remains.' Interviewer: 'Other than the tents burning down, how did people take to the idea of the tents?' Vincent Forrester: 'Oh they loved 'em. They lit a fire (laughter).'[41]

In addition to the tents, Congress also arranged water, firewood and food drop-offs. This program was the genesis of the town camp housing movement that today is Tangentyere Council.

After the *Welfare Ordinance* was replaced by the *Social Welfare Ordinance* in 1964, it became possible for Aboriginal people to have legal access to alcohol. Unfortunately, as in other places, alcohol abuse quickly became a problem in Alice Springs. In response, in 1975 Congress established a night shelter, and an after-hours pick-up service to collect people under the influence of alcohol before the police charged them with public drunkenness (at the time, grounds for arrest). In 1976, Congress bought a farm on the southern outskirts of the town as an Alcohol Rehabilitation Centre. Eventually, this facility was handed over to the Central Australia Aboriginal Alcohol Programs Unit as an independent Aboriginal community-controlled organisation that still operates today.

The issue of land rights was fundamental to the establishment of Congress.[42] Congress lent considerable support to the movement in central Australia, organising a delegation of elders to meet with then Prime Minister Malcolm Fraser in Canberra in early 1976 to ensure, among other things, that responsibility for the Act would not be transferred to the conservative NT administration. Congress also organised a march through Alice Spring's main street, the first such event by Aboriginal people. The march attracted close to a thousand people from both bush communities and the town's environs. Again, Congress played a pivotal role in bringing these two groups together.

As Congress was specifically established to argue for Aboriginal people's rights, this put it at odds with many entrenched views and privileges, including those held by government bureaucrats, politicians and other sections of the

local non-Aboriginal population, including some in the local media.[43]

Congress's trenchant criticism of the operations of the NT Welfare Department—including calling for and gaining an inquiry into its operations and treatment of Aboriginal people (1973–74)—meant that many regional public servants were reluctant to support the organisation. As Perkins recalled, Congress would get around these obstacles by developing a direct relationship with the relevant Ministers:

> It wasn't easy because we had opposition from the Health Department[44] and we had to rely on Dr [Doug] Everingham [Health Minister under Whitlam] and Gordon Bryant [Aboriginal Affairs Minister] to override the public servants because they [the public servants] did not want an Aboriginal controlled medical service because they wanted to control all the medical services.[45]

Years later, after NT self-government was established in 1978, Health Department opposition to Congress was still strongly evident, impacting upon clinical practice[46] and erupting in heated debate on policy matters.[47] Similar tensions were present in the relationship with the local Department of Aboriginal Affairs (DAA), as evidenced by the fact that the initial grant of $16,000 from the DAA (1973) to support Congress was delayed for more than a year.[48] Finally, in 1984, frustration with DAA obstruction over funding led Congress to openly confront the bureaucracy by closing the clinic and, for two weeks, moving its operations two blocks up the road to operate from the DAA car park in the centre of the business district. By confronting the DAA a 'sort of healthy respect' eventually developed between the two organisations.[49]

Reflecting its origins as a rights organisation, Congress actively promoted the involvement of Aboriginal people in the electoral process. Whether it was in its support for Aboriginal parliamentary candidates, or its encouragement of Aboriginal people getting on the electoral role, Congress confronted conservative opposition. Neville Perkins commented: 'It was absurd you know. They were trying to censure Congress and deny our people their rights to be franchised, to participate in elections, to be voters.'[50] While most of these attacks—from

politicians, local media, and CLP [Country Liberal Party] supporters—were verbal, things weren't always so civil out bush, as Johnny Liddle recalled: 'If you ever went up to one of those (pastoral) stations … these white fellas would come up and say where are you from, and you say Congress, they'd say right, piss off. Some of these blokes would point the gun at you.'[51]

Organisational strength and inspiration

Congress has weathered many politically motivated attacks in its time. Much of this resilience has been due to the strong community links that were present in its establishment and that have been nurtured, particularly in the early years, with remote communities. In addition to directly electing a Cabinet (Board) at its annual general meetings, Congress had a second governing process—the annual Congress Council meetings. These were held in remote communities, where hundreds of people would attend planning and policy formulation meetings that set the annual agenda and endorsed Cabinet actions. As individual commitments grew with the advent of community organisations in remote communities, and as funds became harder to obtain for such large meetings, Council meetings were discontinued.

In 1979, 'to make sure that the way we do things fits in with the way people want us to run our services,'[52] Congress embarked on a major community consultation across central Australia. This project involved a full year's fieldwork and culminated in a detailed report by Pam Nathan and Dick Leichleitner of how Aboriginal people viewed 'health business.'[53] Such an intensive research project not only strengthened people's ties with Congress, but also pioneered a social research design that firmly placed Aboriginal people as the owners of the research process and gave clear unequivocal voice to their concerns and aspirations. A second report about the outstation movement, *Settle Down Country* also by Nathan and Leichleitner (1983), further highlighted the value of this research approach.[54]

Ray 'Speedy' McGuiness, a Congress employee, noted how Congress was seen as a focal point for regional activity: 'everyone looked at Congress as a hub in them days … we worked for the people … a lot of things were voluntary and family orientated

… we gained strength from that.'[55] Congress's credentials as an organisation that stood up for people and got things done is still proudly recognised throughout the region today.[56] Lena Taylor, a former welfare program worker, highlighted the impact that Congress made on the lives of its workers:

> Congress made me who I am today, you know. I used to be ashamed, you know when you see Aboriginal people, they were really shame jobs you know. And you too scared to talk, but Congress really made me open up you know Congress is the place that gave me that opportunity … it helped a lot of people really.[57]

Health focus

Congress and the primary health care movement

From its inception, Congress identified the need for a comprehensive approach to health development for the local community. This was explicitly stated in a submission to the Commonwealth Minister for Aboriginal Affairs[58] regarding the shortcomings in existing approaches to dealing with the parlous state of Aboriginal health. In this submission, the founders of Congress outlined the need for an approach that encompassed: measures to address the high mortality rate, especially for children; the nutritional level of the population; the economic conditions of the population; and access to appropriate health services. In a joint submission both to the Commonwealth Minister for Aboriginal Affairs and the Minister for Health in late 1974, Congress applied to establish a health service. This service was to have 'both a preventative and curative approach' and was to include 'a long-term, suitably designed training programme for Aboriginal health workers, including Traditional Healers and Interpreters, who will play a significant role in the Service.'[59]

There were two clearly articulated points in this submission regarding the provision of health services to Aboriginal people in central Australia. One was that primary health services needed to be delivered under community control, and should be comprehensive, not selective, medical services in order to

address Aboriginal health needs effectively. The second and related theme was that existing services provided through 'the European system' did not and could not meet these needs.

The envisaged health service was to have a 'community orientation that could comply with the expressed aspirations and needs of the community.' It was to provide primary care, where Aboriginal patients would be able to consult directly with the doctor in an informal and confidential setting, and would 'be able to return regularly to have continuous service.' Home visits would also be available. Simple procedures, requiring no more than a local anaesthetic would be performed, and pathology specimens collected. The service was to include facilities for patients to see traditional healers 'either before, after, or with medical staff.' The clinic would have a well-articulated relationship with the secondary and tertiary medical sectors, providing specialist referrals with case notes, inpatient hospital visits by Congress medical staff and patient transport from Congress to other services.[60]

Later models for health service development for the remote communities of Papunya and Utopia prepared by Congress doctor, Dr Trevor Cutter, reiterated the principles of a comprehensive approach to health service delivery. In Cutter's *Report on Community Health Model: Health by the People* he contended 'that healthy living cannot be developed without total community development under total community control.' This view involved three key elements: approaches to health need to have a preventive approach, not just curative; there needs to be community-control of health service delivery; and health factors must not be considered separate from housing, education, employment, land rights, food provision, recreation facilities and community development.[61] In his introduction to this report, CAAC General Secretary Neville Perkins, after identifying a comprehensive range of social determinants of health that required significant improvement, summed up the position as 'the principle of health for the people, by the people and of the people is critical here.'[62]

The second main point consistently raised in these submissions was the inherent failing of existing non-Indigenous health services to meet the needs of Aboriginal people. At the time, there was only one general practitioner serving the town on a fee-for-service basis, which meant that access to health

services for Aboriginal people occurred predominately through the Alice Springs Hospital. Only recently de-segregated in 1969, many of the hospital's practices were alienating for Aboriginal people. There were many identified barriers to the establishment of meaningful practitioner/patient relationships including cross-cultural misunderstandings, an alienating waiting room atmosphere, limited opportunity to spend adequate time with practitioners, and a consequent perception that health programs were being forced upon the patients/community without consultation.[63] Hospital doctors treating outpatients were characterised as practising 'veterinary medicine due to lack of interpreters or only tackl[ing] one problem at a time.'[64] The lack of interpreters at the time was a major stumbling block to many Aboriginal people being able to understand hospital procedures or medical treatment. The experience of Aboriginal people outpatient services or inpatient hospitalisation was characterised as 'traumatic.' This sense of trauma, coupled with the lack of working practitioner/patient relationships, meant that 'most health education programmes, if implemented at all, are ineffective.'[65] Former Congress Deputy Director Betty Carter recalls: 'If you were sick you went to the hospital. For minor things you didn't go anywhere. You went without. Black people wouldn't bother to go … people were very intimidated by the hospital.'[66]

Congress developed its health service at a time of intense debate both in Australia and overseas about the nature of health services worldwide and their impact on population health gain. Drawing heavily upon the experiences of health care service provision in 'majority' world countries and by the Indian Health Service in the United States of America (USA), the debate argued persuasively for a re-orientation of health services towards a mission of preventive health care and social empowerment.[67] Eventually this primary health care movement gained international recognition through the World Health Organization's (WHO), *Alma Ata Declaration of Primary Health Care*.[68]

In Australia, no doubt influenced by overseas events, similar debates were being held and conclusions drawn. In 1972, the Centre for Research into Aboriginal Affairs at Monash University in Victoria held a seminar entitled 'Better Health for Aborigines.'

The seminar was co-chaired by Professor Basil Hetzel, whom Trevor Cutter described as his 'mentor and teacher, who led me to this enjoyable task' (the community health model report).[69] Other participants included Gordon Briscoe (then president of Redfern Aboriginal Medical Service), Jim (Yami) Lester, and the Rev. Jim Dowling (United Church in Northern Australia, Alice Springs). Lester and Dowling presented papers on the shortcomings of existing health service practice in central Australia in meeting Aboriginal cultural needs. Briscoe's paper focused on the strengths of the Aboriginal community-control model of health service provision. There was also a paper on the strengths and population health achievements of the Indian Health Service in the USA. The workshop's final recommendations highlighted the need for community control of health care programs that address a broad range of health determinants and that health services be community-based, educative and preventative in their focus.[70]

Gordon Briscoe had been involved in the Sydney Legal Aid Service with Neville Perkins (then studying at the University of Sydney), as well as being originally from Alice Springs. He remembers talking in Alice Springs with Neville about the need to establish a rights council (later Congress) the day after the historic December 1972 Australian Labor Party federal election victory.[71] Perkins also cites Professor Fred Hollows and Dr Archie Kalakerinos as supporters of Congress in its formative years. As was the case in the development of the Aboriginal rights movement, around this time there was a lively engagement with, and potential for, considerable cross-fertilisation of ideas in the primary health care movement. In this context, as the third Aboriginal Medical Service to be established in Australia, Congress can be viewed as a participant in the primary health care movement's formative years. Not surprisingly, after 1978, like other Aboriginal community-controlled health organisations (ACCHOs), Congress cited WHO's *Alma Ata Declaration* principles (principles that, albeit indirectly, they had been part of forming) in support of the program of action it was established to pursue.

The service gets off the ground

The Congress medical clinic and health service developed from humble beginnings. The first doctor had been recruited via a

growing network of non-Aboriginal professionals identifying Alice Springs as an important site for community development action. Utilising people like Fred Hollows, Archie Kalakerinos and Ross Howie—a lawyer working for CAALAS—Melbourne-based physician Dr Trevor Cutter had been approached on behalf of Congress to 'come up and have a look,' which he did in 1974. Neville Perkins recalled that Cutter commenced by assisting with submission writing to seek funding for the medical service:

> We got him to join up with Congress before the medical centre was actually set up there in Hartley Street. But he was helping us to develop it because we had to have meetings and negotiations with government. We had to fight the Northern Territory Health Department and the Commonwealth Health Department because they were against having an Aboriginal medical service.[72]

During this time, Cutter also started to visit the town camps and surrounds of Alice Springs. Reflecting on this period, he later wrote:

> When I came to Alice Springs in 1974 it was an exciting time. Change was in the air. For the first time in Australian history all Aboriginal people were being encouraged to speak for themselves to demand their rights, and actively take control of their affairs, or so I thought. I was stunned when I arrived. Instead of such new developments, I met an oppressed people, still burdened by a hostile and racist society and in as much poverty and disease as those in third world countries that I had visited.[73]

Cutter also discovered that many Aboriginal people found it hard to believe that a doctor would come and work for an Aboriginal organisation, and some even questioned his credentials: 'When I first started some Aboriginal people thought I was a charlatan, some Health Department people thought I was a communist spy.'[74] However, it did not take Trevor Cutter long to establish his *bona fides* with the local Aboriginal population and his reputation is well honoured to this day in the local Aboriginal community.[75]

One of the early innovations of the Congress service was the employment in 1975 of Aboriginal Health Workers

(AHWs) alongside the doctor. The first two AHWs at Congress were Kathy Abbott and Loraine Pepperell. These women and subsequent AHWs were trained in health care procedures and acted as cultural brokers in the practitioner/patient relationship. In its early years, while Aboriginal men were predominant in the CAAC's governing body**,** women were often taking the lead in its Aboriginal workforce.[76]

On 10 October 1975, Congress moved into a converted house on the edge of the Alice Springs central business district. In its first year of operation, there were around four thousand medical consultations. By 1976, this had grown to 9,750 and a dental service and welfare services were also provided. Although cramped, the new facility provided a focal point for the community. The house contained the clinic—with a reception area, a room for doing dressings, two consulting rooms and a waiting area—as well as offices for the welfare section, staff development office for health worker training, a storeroom for the pharmacy, and an office for the clinic co-ordinator. Affectionately referred to as a warren, the premises had another building in the back yard for administrative staff, including the director, the accounts section and the bank—part of the welfare function of holding welfare cheques for clients with no postal contact. There was also a room for the bus drivers, and a kitchen that was used for staff and, later, for a school lunch program.[77] A transportable building was also added later to ease the pressure. All this was on one house block, which made it so crowded that many patients had to wait outside with their families in the yard. By the late 1980s, overcrowding had become a critical issue:

> In 1985–86 there were approximately 28,000 medical consultations, 1,200 dental consultations and 25,000 welfare services—approximately 190 people per working day. As the greatest concentration of medical services are in the morning, the welfare assistance being given on three days a week, this means that 200–300 may be in the Congress area at the same time during the day.[78]

In 1988, Congress moved to new purpose-built premises in Gap Road, which it still occupies, However, since then two adjacent blocks of land have been acquired (in addition to the Alukura block, five kilometres away) to deal with the growing demand for its services.

Program growth

In keeping with the original vision of Congress to provide a comprehensive health care service, the services grew to extend beyond the clinical to include much-needed welfare, housing, alcohol rehabilitation, childcare, health worker training, health promotion, family support and town camp programs. Initially, however, the main functions of the welfare division were to enrol people with government departments for their welfare entitlements and, later, to administer welfare payments, hold cheques and operate a bank. This section also helped to organise funerals and the transport of bodies out bush from the Alice Springs morgue, bus children to school and prepare their lunches, and provide general family support. Margaret Liddle, then Senior Welfare Worker recalled how the program worked:

> Our counselling in those days was when the people came in looking for help for food. We had food vouchers, where they used to go to Woolworth's. I think they still do that at Tangentyere today … we'd sit down and talk to them about how to budget their money and we taught a lot of old people; most of them are all gone now … The last 5 people that got buried while I was working at that office … we'd helped them save their own money to bury themselves. That's terrible isn't it?[79]

The preparedness of the organisation to take on issues, despite the lack of secure funds, further strengthened the faith of different Aboriginal communities in the organisation:

> [By] worrying about the people that's how Congress got so strong, and then catering for all different things like when they started off the school lunches. Then the school bus service, and oh, it just amazed me how we used to get these other new projects goin' … with no dollars, no dollars, absolutely no dollars.[80]

The subsequent growth in programs reflected attempts to improve people's health and wellbeing in all areas of daily life by providing services not readily available to local Aboriginal people at the time, and facilitating access to existing services. This meant that, in the first two decades of operation when there was no public transport and few Aboriginal people owned vehicles, Congress's roles included liaising with the hospital and

community health centre to ensure proper treatment, providing transport for essential services, and bringing health services to people in town camps and the gaol. In 1993, the Town Camp Program broadened to become the Community Health Program, providing services in Alice Springs, town camps and outstations such as the Bush Mobile Program, the Frail Aged and Disabled Program, Children's Services and Schools Program. Congress's initial housing advocacy role became part of an independent Aboriginal housing information and referral service. In 1981, Congress established a childcare centre. In addition to the specialist clinic and dental surgery, an on-site pharmacy was established and other programs developed in the areas of social and emotional health (1995), male health (1997) and hearing services. Congress's initial informal on-the-job training for AHWs became an accredited training program in 1995. In addition to being active on policy research issues, Congress has always had an effective research program that has highlighted issues around community health, social and emotional health, the impact of health promotion and women's health.[81]

The Alukura women's health service grew out of comprehensive participatory action research conducted by Congress. In this research, women voiced deep concerns about the culturally alienating conditions of mainstream maternal and child health care. Cabinet member and chief investigator Betty Carter recalled that: 'we went and talked to all the ladies around central Australia, literally every community we went into [and] we asked them what they wanted.' Among a range of issues, cross-cultural miscommunication and inappropriate institutional patterns of care were identified as factors contributing to maternal and child health issues, including failure to present to hospital for antenatal care. The extensive bush consultations culminated in a meeting of more than three hundred women at Basso's Farm, Alice Springs, in which the Congress Alukura health and birthing service was proposed. The following extract from a statement on the matter indicates something of the intensity of the women's feelings: 'We have lived by our strong Grandmother's Law for a long time now. Our law has been violated since the white man came. Our babies die. Our women are shamed.' [82]

As explained by Alukura researcher and current Cabinet member Margaret Liddle: 'Women didn't want to go to the

hospital; they didn't want to go to the hospitals because there were men doctors.' [83] Betty Carter added:

> Men weren't supposed to go where women were having babies and that was the custom all over the central Australian region, so they wanted to put that into practice … the model was set down by the women, the Aboriginal women of central Australia … we had lots of opposition from the hospital … But now … we complement their service within the hospital.[84]

Although funding constraints mean that the original vision has not been fully realised to date, the establishment of a separate Alukura facility has enabled Congress to better focus on women's health issues resulting in improved pregnancy care and child health outcomes.

Helping to establish other Aboriginal organisations

Congress played an active role in assisting central and northern Australian Aboriginal communities to set up their own locally controlled health services. Driven by a local community's desire to have its own service, Congress undertook community consultations to ensure that the service would meet their needs. Congress would then support community members to lobby for government funding, an often prolonged, difficult, and some would argue still unfinished, process. Trevor Cutter was seconded to work with the communities at Papunya, Utopia and the Pitjantjatjara Lands to develop service models. In 1977, the Angarappa (later to become the Urapuntja) Health Service at Utopia, and the Pitjantjatjara Homelands Health Services at Pipalyattjara—the latter to merge with other Pitjantjatjara clinics into the Nganampa Health Council in 1984—were established**.** The Lyappa Congress at Papunya was set up in 1978.

The Pintupi Homelands Health Service situated at Kintore (six hundred kilometres west of Alice Springs, mainly via sandy track) was established in 1983.[85] Two years before, the Pintubi people had walked back to 'settle down' their country. The Pintubi had come in from their country in the 1960s as part of a government policy to house Aboriginal people in reserves: in the Pintubi's case it was related to the need to secure their lands for the Woomera Rocket Range.[86] The Pintubi people had experienced the early development of a community-controlled

health service through the Lyappa Congress while situated at Papunya and had continued to be serviced by it up until its demise in 1982. Pintubi aspirations for their community were clearly articulated in the Nathan and Leichleitner *Settle Down Country* report,[87] and Congress and the fledgling National Aboriginal and Islander Health Organisation (NAIHO) took up the Pintubi request for their own service. Ray 'Speedy' McGuiness remembers Congress's hallmark hands-on approach when supporting communities to get their own health service:

> It was in the early '80s when we helped set up Kintore. I had to get a Congress Toyota and NAIHO, that National Aboriginal and Islander Health Organisation bought this poxy little ten foot caravan, we loaded it up with medicines and drug(s) from Congress, there was a doctor and a couple of health workers from the Victorian Aboriginal Health Service and it was new year's eve or Christmas … and I took them out there (Kintore).[88]

NAIHO was a collaboration that existed in the mid-1970s between Congress and the handful of ACCHOs—including Redfern in Sydney, from 1971, and the Victorian Aboriginal Health Service, from 1973—then operating. McGuiness went on to become an NT executive member on NAIHO. He remembers Congress having a vital role in NAIHO's work at that time: 'they got strength from Congress too; in them days Congress was the biggest independent medical service in Australia.'[89]

Over time more services were established, including the Mutitjulu Health Service at Uluru in 1986, Anyinginyi Congress Aboriginal Corporation (now Anyinginyi Health Aboriginal Corporation) at Tennant Creek in 1985, Broome Regional Aboriginal Medical Service in 1978 (now part of the Kimberly Aboriginal Medical Services Council)[90] and the Ampilatwatja Health Service in 1994. Congress supported services in a number of ways, initially by providing doctors, health professionals and/or administrative functions until they developed the capacity to run their own services. Ongoing support was provided by regular contact between services—either through direct visits or, as described by Pip Duncan then a nurse at Utopia, through providing a radiotelephone schedule for remote services to talk to each other—and by Congress discussing patient follow-ups when staff attended hospital in Alice Springs. Congress also

helped by arranging stores and supplies, or just keeping people up to date on where people were and political events impacting on people's lives.

> It was a really great networking time for all the health services to talk to each other. The Congress schedule was so much more friendly and supportive (than the Territory Health Services schedule) and I think relationships between those health services was a really supportive way of getting them going … I know a lot of community members sat around that radio and were involved in that stuff.[91]

Just as was the case for Congress, each of these new services had to struggle for funding from the Commonwealth Department of Aboriginal Affairs. The NT Territory Health Service was often openly antagonistic to community aspirations to establish such services.[92] Pip Duncan recalls a situation that confronted the fledgling Kintore service:

> it was their (Pintubi) very early wish when they went out bush from Papunya, to have their own health service and Territory Health were not happy and actually usurped attempts to get that happening, and I know of a particular case when Scrim (Kintore doctor) went to get patient records [and] they said to him that he could photocopy the patient records but he was not allowed to use their photocopier and he was not allowed to take the records out of the office.[93]

With the advent of funding through the National Aboriginal Health Strategy,[94] Congress joined lobbying efforts to establish a number of services in the Top End (northern NT) such as the Danila Dilba Health Service in Darwin. The process of supporting the establishment of new services is ongoing, with Congress assisting communities at Hermannsburg (Ntaria Clinic) and Areyonga (Utju Health Service) through the employment of medical staff and the provision of management and human resources support. The emergent Primary Health Care Access Program Health Board in the Willowra/Yuendumu/Nyirrpi (Warlpiri) Health Zone has engaged Congress as its auspicing body, while its new health service is established.

In addition to health services, Congress has assisted in the establishment of a range of other Aboriginal organisations. As

already noted, some grew out of existing programs—like the Tangentyere Council and the Central Australian Aboriginal Alcohol Programs Unit—and others from campaigns such as the land rights campaign. Congress supported the establishment of many organisations by providing buildings (Arrernte Council), auspicing services (Central Australian Aboriginal Child Care Agency) and lobbying for their development (Central Australian Remote Health Development Services, and the Cooperative Research Centre for Aboriginal Health). This proud tradition prompted founding executive director Neville Perkins to note that 'people should remember that in many ways Congress is the mother of all the Aboriginal organisations in central Australia.'[95]

Health financing

Like most Aboriginal organisations, funding uncertainty has always dogged Congress. Every time people wanted to start a new service or program they met lengthy delays, what were often felt to be excessive bureaucratic requirements, and a failure to appreciate or accept the validity of Aboriginal community control as a necessary factor in program design. Underlying it all was the inadequacy of funding for Aboriginal affairs, whether for health or for other issues.[96] This had two detrimental effects: firstly, unhealthy competition was promoted between various service providers rather than inter-sectoral collaboration for health gain; and, secondly, insecurity in program planning because of uncertainty around annual funding cycles.

It was during the occupation of the Department of Aboriginal Affairs car park in 1984—when the Congress clinic worked from the back of a van—that Johnny Liddle, then Congress Director, realised that Aboriginal organisations had to stop being forced to compete with each other for funding.

> We had to go to a programming conference and fight for money to run all them places and from then we realised we don't want to be fighting against CAAMA,[97] against IAD,[98] Tangentyere and the organisations, let's see if we can get specialised health money from [the] health department and it took about fifteen years to get that.[99]

Initially, Congress attempted to get secured funding at a local level, through both the regional Aboriginal and Torres Strait Islander Commission (ATSIC) Council, with Johnny Liddle successfully being elected a Regional Council Chairperson, and through lobbying for a cross-sectoral regional health planning partnership. However, competition over inadequate funding scuttled any hope of collaboration, setting up Aboriginal people in competition with each other and undermining local solidarity. In an ABC radio interview, Johnny Liddle recalled the feeling this process created:

> We need to go along and basically compete with every other person in our area. I think that's the hardest part of all where say, the health priorities are lined up with say legal aid or our local radio station or the youth centre … Sometimes it's hard with this Regional Council process to be a friend with everyone in a small town. Because when you are at a negotiating table you have to look after your own organisation or your interest. And sometimes that can create ill feeling. Everyone can blame the Commissioners or the Regional Councillors when they don't receive funding for their projects or funding goes in an opposite direction. It is all designed to take the heat off the minister and ATSIC itself and point it at the blacks. We're blaming our own mob. And I think that's a brilliant strategy, for the government to make us fight ourselves.[100]

Congress—and its sister ACCHOs in the umbrella Aboriginal Medical Services Alliance (NT)—then took the struggle to the national level. They commenced a campaign for control over regional health planning by local health services, and for direct funding of Aboriginal community-controlled health services by the Commonwealth Department of Health and Aged Care (DHAC). This campaign succeeded in 1995, when responsibility for health service funding was transferred to the DHAC, and regional health service planning through the State and Territory Agreements in Aboriginal Health commenced. A detailed history of this campaign can be found elsewhere.[101]

A number of valuable reforms to Aboriginal health funding have flowed from this decision, including improvements in funding levels, access to Medicare and the Pharmaceutical Benefits Scheme and, later, the introduction of the Primary Health Care Access Program.[102] While there are still major

obstacles to overcome in the financing of existing services and the development of new services, the original vision formed in the DAA car park has had far-reaching implications for the funding of Aboriginal health services. It has also acted as a bulwark against the constant threat of the erosion of Medicare, actually extending its application, and provided a working service delivery financial model for other sectors.[103]

Conclusion

This brief history of the Central Australian Aboriginal Congress illustrates just some of the difficulties that central Australian Aboriginal people have encountered in exercising their right to self-determination: the struggle to breach the internal community divides engendered by a eugenic assimilation policy; the intransigence of local non-Aboriginal power elites to accept Aboriginal people's rights to basic services and living conditions; and the vast gap between the rhetoric of government policy in support of Aboriginal self-determination and the reality of inadequate government funding and ineffective and obstructionist regional administrative support. In the current Aboriginal affairs policy debate there is scant recognition of these realities; too often Aboriginal people and their organisations are held to blame for the ongoing malaise that exists in many Aboriginal communities, particularly in central Australia. Few commentaries note the innovative approaches taken by the Aboriginal health services or the positive roles they have played in reforming Australian health policy. Rather, they too often fail to consider the immense social cost that government inaction and obstruction of these innovations has had for Aboriginal people.

Similarly, the role of Aboriginal health services in the development of the primary health care movement has largely been ignored. Often, ACCHOs are characterised as mere camp followers of the WHO's *Alma Ata Declaration*. When recast as active participants in a worldwide social movement, Aboriginal people rightfully take their, albeit small, place alongside others as shapers of a significant international policy development.

Organisations such as Congress are one representation of Aboriginal people exercising their right to self-determination. The persistence of these organisations, seemingly against the

odds, is testament to their communities' regard for them. The questions remain: to what extent have broader social attitudes towards Aboriginal people, and the social conditions in which they survive, changed; and does government action support the notion of a people taking control of their destiny? Are we again hearing 'empty promises'[104] while blaming those most disadvantaged by social inequalities?

Central Australian Aboriginal Congress

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