

"Joan was a pioneer in so many different areas ... I found it amazing that when she came to Townsville in the 1950s, she was the only social worker in North Queensland ... the fact that she was the first woman on the Townsville City Council is also significant.

The text strikes a balance between the professional aspects of her life, spiked with humorous incidents. I loved the story about the outsize corsets."

Dawn May

"Sometimes one person stands out in a community for their courage and determination in working for the betterment of those around them - Joan Innes Reid is such a person. Her distinguished record in the fields of social work and local government in North Queensland is extremely well recorded in this Tropical Odyssey. It is a story which readers will find captivating and most enjoyable."

Mike Reynolds, A.M.

"This is a great story... I became enthralled with the kaleidoscope of images and colours that emerge from the pages of this story of one woman's life ... it is a history that must be told... this tells the story of a professional woman, challenging the frontiers, and bringing to a community her knowledge and skills in a way to foster the growth, development and caring role of the community."

"It is a serious and yet light hearted explanation of a community growing from adolescence and postwar adversity into a maturing vibrant city. And it is the history of the life of one woman who was significant in that change."

Ginni Hall



JAMES COOK UNIVERSITY
OF NORTH QUEENSLAND

Tropical Odyssey of a Pioneer Social Worker in North Queensland

Joan Innes Reid
with Ros Thorpe

Tropical Odyssey

of a Pioneer Social Worker
in North Queensland



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TROPICAL ODYSSEY
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Joan Innes Reid
with
Ros Thorpe

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PROFILE OF ROS THORPE

The Initiator of this Project



Ros Thorpe is currently Professor and Head of the Department of Social Work and Community Welfare at James Cook University of North Queensland.

Ros moved to Townsville in 1985, following seven years in social work education at the University of Sydney. Prior to that she had worked in both child welfare and community social work in Britain and at Nottingham University where she obtained her doctorate.

Together with Jude Irwin (previously Petruchenia) Ros has published several books on social welfare work as action for social change. The most recent of those concerns women and violence (due July 1996).

Ros shares Joan's interests in environmental protection, community development and creative arts. She is a keen bushland birdwatcher, an avid reader of contemporary women's literature and somewhat a compulsive purchaser (and player) of classical compact disks.

ACKNOWLEDGEMENTS

In these acknowledgements principal recognition is due to Ros Thorpe who, shortly after joining the Social Work and Community Welfare Department at James Cook University of North Queensland in 1985, became palpably aware of the total absence of a collated database covering the earliest days of social work practice in Northeastern Australia. Initially convinced of the urgency of recording an eye witness account of pioneering ventures into social planning and action, Ros was instrumentally responsible for launching and sustaining this project, as its editor, which has materialised in *Tropical Odyssey*.

Originally envisaged as a series of informal taped interviews, transcribed by Ros' husband Tony Routledge, this method of spontaneous dialogue proved unsuitable for delineating the beginnings of interventions by welfare professionals, dating from the 1940s, targeted at enhancing client, group and community life in North Queensland.

The preparation of the text has entailed an inordinate amount of re-processing – a herculean task laboriously engineered by Gail Kern and Gloria MacDonald, members of the administrative staff of the School of Behavioural Sciences at the University, in their off-duty time. I thank them for their operational efficiency, their teamwork skills, and their infinite patience.

Review of the completed manuscript has been generously undertaken by two senior academic staff of the University: Ginni Hall, Senior Lecturer, Department of Social Work and Community Welfare, Douglas Campus and Dr Dawn May, Senior Lecturer, Department of History and Politics, Cairns Campus. Their scholarly commentaries from the perspective of their highly relevant disciplines have provided a valuable complementarity of perceptions and recommendations for which I am singularly indebted.

As author of *Tropical Odyssey* I have high hopes that these reproduced imprints of the first faint footfalls made on Queensland's tropical terrain by a coterie of pioneer dreamers and doers will find a legitimate place in the historical annals of the State of Queensland, and will also have social input for the wider Australian community.

Joan Innes Reid

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PREFACE

Shortly after I moved to Townsville in early 1985, I met Joan Innes Reid at the Palm Sunday Peace Rally in Queen's Gardens. Joan invited me and my husband, Tony Routledge, back to her 100-year-old miner's cottage in North Ward for tea and beer bread.

This was the first of innumerable similar occasions: fascinating recollections; challenging philosophical discussions; environmental debates; artistic reflections; and always a feast of fine vegetarian home baked or home grown food.

As a social worker I was intrigued to learn of Joan's pioneering work in the 1950s, the only social worker north of Brisbane. As a social activist I was impressed to hear about Joan's experience in local government in the 1960s, the first woman deputy mayor in North Queensland. And as a feminist I was delighted to discover the part Joan had played in the emerging women's movement in conservative Queensland in the 1970s.

My initial motivation in helping Joan to write her story was to record the early history of social work in North Queensland. As we progressed with the book I realised that, beyond preserving the historical record, Joan herself was and is an inspiring example of a social worker with a broad commitment to community welfare – precisely the sort of professional I aspired to nurture through my work at the University.

For Joan, from her hospital base, the starting point was invariably the individual in distress. Joan, however, was always quick to perceive the social conditions that contribute to individual distress and she saw the development of new or improved social services as an integral part of her role as a community social worker. It was this that lead her, in time, into local government.

Prior to becoming a social worker in North Queensland Joan had studied humanities and visual arts and she had travelled, studied and worked overseas. Clearly, these broader perspectives on life enriched Joan's perception of community welfare, leading her to play a significant role in the development also of the visual and performing arts in Townsville.

The breadth of Joan's interests provide a compelling challenge to the present-day tendency for welfare and social work courses to be, in my view, too narrowly focused.

I feel honoured to have had the opportunity to work with Joan and, in the process of writing this book, I have found a very dear friend and mentor.

Since her retirement in 1981 Joan has received a number of public honours. In 1981 the Townsville City Council established the "Joan Innes Reid Prize" awarded annually to the most outstanding social work student graduating from James Cook University.

In 1984 Joan was made a Member of the Order of Australia, and in 1989 life membership of the Australian Association of Social Workers was conferred at the 21st AASW Conference, held in Townsville. Also in that year Joan received the "Woman of the Year" award from the Soroptimist International North Queensland, for dedicated services to the community.

Most recently, in 1995, Joan was awarded an Honorary degree of Doctor of Letters by James Cook University. In this she was yet again a pioneer, being the first woman to be recognised by the University Council as worthy of the award of an Honorary Doctorate.

Joan is a wonderful role model, for social workers and women especially, but also for us all. I hope you will be as delighted and inspired in reading Joan's story as I have been in helping her to write it.

Ros Thorpe

June 1996



(Above) Sir James Ramsay, Governor of Queensland in 1984 conferred on Joan the Order of Australia (AM) in Townsville General Hospital, where she was recovering from a broken neck.

(Right) The Mayor of Townsville, Ald Mike Reynolds in 1983, presented the annually sponsored City Council "Joan Innes Reid Prize in Social Work" to Mrs Nancy Nicol as the year's most outstanding social work student.



INTRODUCTION

The main setting of *Tropical Odyssey* is the region of North Queensland stretching between the Tropic of Capricorn in the south to the tip of Cape York Peninsula including the Torres Strait and other offshore islands in the far north, extending westwards to the border of Northern Territory. The main theme of *Tropical Odyssey* is the well-being of people living in this region whom I encountered in the processes of working as a medical social worker for Townsville General and Cairns Base Hospitals beginning in March 1954.

My first impressions of the polyglot population of tropical Queensland were based on patients converging on wards, clinics and counselling chambers in the two main northern hospitals. To these early 'in-house' experiences I had many subsequent opportunities, through flights and field forays, to see people on site in their living and working locations – far inland, far upland and island – the periphery of Far North Queensland.

Based in Townsville, seconded fortnightly to Cairns, I was for eight years the only practising social worker in the northern half of the State of Queensland, estimated at that time to have a population of 250,000 people. My caseload came from referrals by medical staff and other hospital personnel, and from self-referrals of those seeking consultation with the only social welfare specialist outside Brisbane.

From the outset I was impressed by the capacity of provincial Queenslanders, particularly those who lived in remote districts, to cope with the entrenched deprivations of the 'outback', entailing inadequate health care, unavailability of supporting facilities for disablement, age and chronic frailty, the absence of post-primary schooling and skills training, and so on. Pioneering conditions were characteristics of their lifestyles: and pioneering tends to breed its own hardiness, tenacity and courage in the face of unrelieved stringent circumstances.

Not that life was exactly easy in the larger centres of North Queensland in 1954. Townsville itself had been an advance base for the allied repulsing of the Japanese invasion into the southwest Pacific zone. In order to prosecute the counterthrust, Townsville as a civil community had been substantially dismantled by wartime imperatives, including massive evacuation of women and children, dramatically replaced by a population majority of military personnel. After the Japanese surrender and the cessation of hostilities, the city cooperated with the throughput of personnel in uniform returning through its port to civilian life.

With the return of peace and the civilian evacuees, the North Queensland population turned its energies to combating the 'old enemies' – embedded physical hardships, overwhelming distances and poor transportation, wet season washouts, communication blackouts, limited urban facilities, minimal peripheral rural services. These, along with such perennial hardy frustrations as arbitrary decision-making by centralised governments, were some of the inbuilt and unresolved problems which continued to impact on community well-being in North Queensland.

Throughout the Pacific offensive, the Australian Red Cross had maintained a strong local volunteer presence in Townsville supporting allied combatants in transit. In the demobilisation period, the Red Cross executive in the south assigned to their Townsville offices in 1946 a trained social worker, then referred to as an Almoner, whose brief was to provide a specific casework service for injured, disabled, dysfunctional veterans and their families. This move was to be a quantum leap in the distribution of social work services, introducing the first social work practitioner into northeast Australia. Emerging as a new caring profession in the 1930s, social work had previously been confined to the southeastern state capitals.

The general reader may be wondering just what social work is. From my student days and throughout my working career, I have hoped to compose a short brilliant statement which I could confidently quote, possibly satisfying professional colleagues, the intellectually curious, and the mystified public. Among my early clients in hospital, I remember an octogenarian who really appreciated whatever service I rendered, responding with "You've been a real mother to me!" Some have sought to encapsulate a definition of the profession by outlining its fuzzy parameters, or listing its differentiated roles. Some prefer to spell out its philosophy and articles of faith. Its ideology enjoins social democracy, social justice, a concern for "the other". The 'other' can signify the 'one', the 'family', the 'group' who are endeavouring to cope with disadvantage – social, economic, physical, intellectual, ethnic.

Through intervention in problematical human situations, and issues, the social worker acts as a facilitator to encourage clients towards maximum functional competence and independence, and a fair deal in the community. The aim is social change at the personal, family, sectional or political level.

Between 1954 and 1975, from my vantage-point in the hospital environment, dealing with major stress areas confronting the patient population, I had ample backup data to list high priorities in community planning, the developments of which became grassroots initiated 'pioneering' ventures, such as centres for disabled, chronically ill and aged persons, marriage counselling, child guidance and rehabilitation facilities.

The progressive establishment of these collateral community resources, and the political hassles associated with the processes, are described in the following chapters.

Another unanticipated phase of community pioneering commenced for me in 1967 when, in the one-hundred-year history of the city's local government, I became the first woman elected to Townsville City Council, an office I held until 1976, with the three final years in a new pioneering role as female Deputy Mayor. These civic offices opened up new opportunities for social pioneering which are set down in the final chapter.

Tropical Odyssey is the outcome of initiatives taken by Associate Professor Ros Thorpe of James Cook University of North Queensland. As a faculty member of the Department of Social Work and Community Welfare, she recognised the urgency of retrieving, before it is too late, an eye witness's account of regional social history after World War II, spanning new establishments of human service and new shaping of community priorities. With her enthusiasm, her sense of collective responsibility, her commitment to the project, and her close collaboration as editor of this exercise, I have been motivated to set down my own memories and perceptions of community welfare developments in North Queensland after World War II.

This retrospect is presented as a series of discrete chapters, approximately chronological in sequence, written informally, occasionally descriptive, gently philosophical. While *Tropical Odyssey* lacks the rectitude of meticulous research, and while it makes no claim to social theory, I hope it may be a groundsheet from which continuing, more comprehensive, applied research will fill in the blank spaces.

In order to put my North Queensland theme in perspective, I have used an initial flashback to indicate some early influences, familial, possibly genetic, which set in motion my 'long voyage home', from a pioneer infant on Burley Griffin's ground plan in Canberra, to a heartsease childhood in rural Victoria, to developing 'itchy' feet through schooling in Melbourne, departure for Canada and entry into the United States where I was to be domiciled for fifteen years, 1938-1953, then back to Australia, and in 1954 on to Townsville to take up permanent residence beside the Coral Sea.

CONGENITAL ITCHY FEET

There has been a fair amount of restless dynamic associated with my forebears, the Philip/Reid families, since they decided to migrate to Australia in the nineteenth century.

In September, 1846 my great grandfather (maternal line), Captain John Philip, his wife, Margaret (nee Robertson) and their two children embarked on the barque Morayshire in Aberdeen, Scotland, arriving in Melbourne in January 1847. By March 1849 they had purchased a sheep run, *Victoria Lagoon* in the Western District of Victoria, with an estimated area of 20,000 acres, and a carrying capacity of 4,000 sheep. A two-room homestead was built, with a detached kitchen, a hut for the employees, a store and a woolshed, as well as several outstation huts.

John Philip's transition from his occupation of Sea Captain around the North Sea to that of a pastoralist in Australia accounts for the title of the Philip family history, *From Ship to Sheep*, published in Hamilton, Victoria in 1984. In June 1867, the family sold *Victoria Lagoon* and purchased *Miga Lake*. (Horwood (Ed) (1984) *From Ship to Sheep: The Philip Family of Miga Lake and their Descendants*. Victoria: Hamilton Spectator Print.)

Researches of the early family life have recorded a number of dramatic incidents. One such involved two young sons, James, aged 5 and his brother, 7, who, having no access to schooling, undertook the daily shepherding of their father's flocks, which entailed herding them into the "bush" and watching over them as they grazed on the natural pastures. On one occasion, the sheep strayed and the boys, seeking to round them up, became lost and were not located until two days later. When found, James was close to death from exposure.

Later James, himself a grazier, married and with his family, including my mother, took up a property *Rifle Downs*. As there were no schools in the district, the children were taught by a governess. In 1884, James was elected a Councillor for the local Shire of Portland, where he retained office until 1893. Again in 1904, he was re-elected to the Portland Shire Council, serving for an apparently short period, as he died in February 1905.

The Philip side of the family established themselves as settlers on the land, closely attached to the soil on which they reared their livestock. Descendants of the 'beached' Sea Captain have lived continuously in that sector of Victoria where the family took up a sheep run almost 150 years ago.

On the paternal line, my grandparents were also British. John Bentley Reid, a Scot, born in Aberdeen, his father a dock owner and master mariner, and his wife, Sibyl, English-born, first came to Australia in 1850. At one stage they took up land in Queensland, probably in the Maleny district. Later they returned to Britain where grandfather studied for the Presbyterian ministry, returning to Australia shortly after ordination.

Her seven voyages between 'the old Country' and Australia, including passages around both Cape of Good Hope and Cape Horn in no way interrupted my grandmother in her child-bearing. At least one of her children was born on board ship, died and was buried at sea.

The Reid's oldest son, Stanley, also a Presbyterian minister, was killed in the Boer War, c.1901; his younger brother, Francis, a doctor, also served in the Boer War, but returned to practise medicine in Victoria. The third son, John (my father), a civil engineer, was killed in action in the First World War in Belgium in 1917 and posthumously awarded the Military Cross. The youngest son, William, a doctor, survived his war service to work as a general practitioner in Melbourne. One of the two daughters, Ethel, was a missionary in China; the other, Winifred, married a Presbyterian minister.

What with the sequences of these grandparental voyagings between England and Australia, with a quartet of sons involved in foreign wars in South Africa and Europe, a daughter braving the mission fields in China – not to mention the predilections of members of the family to live and work in various states of Australia, the Reid family line established patterns of mobility which seem to have been transmitted to a number of their descendants, such as myself.

Additionally it seems as if there was a gravitational pull in my paternal grandparents family towards the 'caring professions': within three generations there were five in medicine, one in the ministry, one in the mission field, and two in social work!

My mother was reared on two properties in western Victoria – *Rifle Downs* and, later, at *Morven* where she and her siblings received their primary education from a governess. Her secondary schooling was at *Clarendon Ladies College*, Ballarat, where, it was said, she was the first student to matriculate. She went back to the family home, where she was known as an experienced horsewoman skilled in driving a four-in-hand. She was also a competent artist.

My parents met when my father came, as a civil engineer, to survey the *Morven* property which was subsequently divided into twenty-four small farms. After their marriage my father took the position of resident engineer in the area destined to become the Australian Capital Territory in-charge of an encampment of thirty, including my mother and a male cook. With the



The family home during the surveying of Canberra, 1913-16.

assistance of officers in training at the nearby *Duntroon Military College*, my father headed the survey team which prepared the site of the future capital, *Canberra*, to accommodate the winning architectural design submitted by *Walter Burley Griffin*.

In recalling those days, my mother would relate that our father, in putting the *Burley Griffin* plan onto the site of the

Australian Capital Territory, surveyed "around the trees": it was open country where every tree counted. He was surely one of the *Capital Territory's* first practising environmentalists!

There being no hospitals or lying-in facilities in the district, my mother elected to return to *Victoria* for my birth in 1915 which took place in a nursing hospital overlooking *Port Philip Bay* in *Sandringham*. We must have returned quickly to the area designated the *Australian Capital Territory*. There are family photos of life on the campsite. One of our campsites was on the land now occupied by *Yarralumla*, the residence of *Australia's Governor General*. On the slopes where the original *Parliament House* was built, my brother and I are said to have chased rabbits. Father drove a dignified convertible *Ford*. On the banks of the *Molonglo River* my mother sat with her portable, hand-operated sewing machine making garments for the family.

The only buildings in the vicinity which I recall my mother mentioning were the historic *St John's Church*, built to serve the families on properties in the district, and *Acton Lodge*, occupied by the



(Left) Joan with her mother and brother, Stanley, in the surveyors' encampment, Canberra, 1915.

Federal Administrator, Mr Scrivenor, and his family, where we enjoyed regular hospitality.

In 1916, when my father left for World War I to serve in Europe, my mother went back to the western district of Victoria to be near her extended family. In Branhholme, a small town established in 1843 to be a service centre for the surrounding sheep stations, she bought *Stonehouse*, built in 1858 by a Mr Howarth, a magistrate and shopkeeper, reputed to be a "fine old English gentleman", who wore a grey bell-topper hat. The original grey stone of the building was believed to have been ballast from a sailing ship; in 1865 a front section was added, constructed of local blue-stone and cedar woodwork.

The district had a large percentage of Scottish families as well as English, Irish and German settlers. On the flats by the creek there were market gardens tended by Chinese who at Christmas time gave their customers stoneware pots of ginger.

Afghans and Indians periodically visited the district selling a range of wares from their horse-drawn wagons. One of the travelling salesmen whom my mother recalled visiting the Western district was Sydney Myer in the beginning years of his merchandising business, when he travelled through rural Victoria as a small-time "hawker". He was to become the founder of the large Myer Emporium in Melbourne.

In Branhholme we enjoyed a rural-style life, fairly idyllic, surrounded by an attractive countryside of indigenous trees, flowers, birds and animals. Our domestic environment included a white pony called Snowy, always a smooth-haired sheepdog, a milking cow, poultry and motherless lambs, brought in each lambing season for the children to rear as pets.

Being a small rural town, Branhholme people were fairly close to each other. It was a caring community which was aware of the more financially vulnerable families. There would be plenty of examples of neighbourly concern about families who had "fallen on hard times".

In the early 1920s I recall a mini "meals-on-shoes" service which my mother and aunt provided for some years to an old woman, a doctor's daughter, living alone in a derelict stone house. Being mentally vague she didn't bathe, or clean house or make meals. In the late afternoon my mother and aunt took a daily walk to the Town Common with their children, first calling in on the old woman and leaving a bounteous hot meal. But although I was aware of people living simply and frugally, I don't remember seeing real destitution.

Our first schooling was at the Branhholme State School, built in 1857, to which some of the pupils rode their ponies, tethering them in an adjoining

paddock. The schoolhouse had two teaching rooms – a smaller room for the young grades and a larger room for the older groups – with long desks and benches where discipline prevailed to enable different classes to learn in an undisturbed environment. The atmosphere for learning was congenial, with seldom-changing headmasters inculcating scholarly attitudes and acceptable social behaviour.

As we approached the age when many country people traditionally sent their children to boarding schools in Melbourne and Geelong, our mother made a decision to move to Melbourne where we could have the equivalent schooling as day students. Our suburban home in Hawthorn, Melbourne, enabled my brother to attend the school his father attended, Scotch College, while my sister and I went to Tintern Church of England Girls Grammar School. This was another historic establishment which attracted a dedicated staff who encouraged the students to develop "a healthy mind in a healthy body". The school motto was *factis non verbis* (deeds not words).

I must admit that my inclination to study has been continually distracted by an addiction to the great outdoors (perhaps attributable to my postpartum life in a surveyors' camp!). At school I satisfied this outdoor obsession by participating in sport, representing the school in tennis, athletics, basketball and baseball teams, while managing to be one of the keen learners in the classroom.

With my mother budgeting on a small War Widow's Pension, neither my brother nor I would have been able to have tertiary education had it not been for a scholarship which my brother won and for the help of a Legacy bursary which covered my university fees. In our upbringing, mother had so instilled in us a "no fuss and bother" attitude that in 1936, when my brother graduated as a doctor and I as a Bachelor of Arts, we discouraged her from attending the conferring of degrees at the University of Melbourne. In hindsight I realise we deprived her of one of the special occasions when mother could have legitimately felt that her nurturing influences had achieved a successful outcome.

During my tertiary studies I was so preoccupied with the excitement of learning that I gave little thought to what I might apply myself after graduation. In those days a BA, while it opened up new horizons of evocative knowledge, did not provide a variety of occupational possibilities. As I was not interested in the idea of teaching I explored the open market for possibilities. The options boiled down to two – a hostess in the head office of a chocolate manufacturer or a publicity officer for Rocla Concrete Engineers, an Australia-wide industry. I chose the latter and then discovered that I had displaced a young man who had been efficiently handling the firm's publicity for a couple of years. Positive discrimination in the making!

I was immediately catapulted into the nonstop arena of product design via the media of press and radio, technical bulletins for no-nonsense shire engineers, booklets targeted at engaged couples urging them to specify the company's concrete roof tiles and patio paving for their homes. When I actually applied myself to the publicity I realised I had no experience in the visual elements - the format, the layout, typography and design principles. So I quickly signed up at Swinburne Technical College to take night classes in art - drawing, composition and design. These were not only valuable in the workplace but exciting in themselves. I must have already had a natural attraction to the world of art - my mother had a penchant for painting, although little time to indulge it. I recall some of her oil canvasses of landscapes. Later, in the USA, I was to do further studies in the visual arts and eventually to teach art full-time for almost a decade in Illinois.

This publicity position in a company which had branches across Australia proved an excellent training ground for literary and graphic communicating. My brief was to sell the virtues and specific qualities of a reputable brand of concrete products - pipes for water supplies, drainage, irrigation, sewerage, culverts, septic tanks and animal watering troughs. I recall directing publicity on the 'municipal hardware' to shire engineers across Australia including those in Townsville, North Queensland, where thirty or so years later, as an alderman on the Townsville City Council, I was to scrutinise such tenders for local authority projects.

With dreams of an eventual overseas trip on my mind, I lived frugally on my salary of £3 a week (\$6.00) but without prospects until an uncle left me a small legacy which enabled me to buy a round-the-world ship ticket for £116 (\$332.00). The family did not favour the idea of my going off on such a solo voyage. At that time it was not customary (and particularly in our family circle) for young women to go overseas alone. Being in my early twenties I felt that all would be well, or so it looked from the perspective of my protected family environment: by buying a round-the-world ticket I figured that, if things became difficult, I could return home at any time.

Australia was at that time preponderantly Anglo-Saxon: I had a longing to meet peoples of other nationalities. When I purchased the ticket I had not programmed the voyage for any particular duration: it was an open circumnavigation ticket, acceptable at that time on any number of ocean liners plying the high seas. My general plan was to 'rubberneck' about the world until my finances ran out. My general direction was influenced by a family friend, a young man himself, who had visited the USA and recounted his experiences in Chicago, mentioning accommodation he had briefly had in International House while studying merchandising in the large firms of the mid-west. At that stage I had not visualised doing a

postgraduate course of study but I had thoughts of fitting in some short-duration learning in a university.

My brother, who tended to play an *in loco parentis* role to his two younger sisters probed my itinerary. He put the question, "Sister, just what do you propose to do?". When I replied, "I think I might go via Chicago", he exclaimed, "Chicago! That sink of sin. That's the hub of the gangsters and underworld characters; the place is full of criminals - including the taxi drivers! The men are *wolves in sheep's clothing* - and the women are just as bad. You'd better not talk to strangers!"

As I did not know anyone in Chicago I didn't see how I could carry out his recommendations. Not actually knowing *anyone* on the American continent I saw myself in a real dilemma. What really stuck in my mind was his comment about men who were 'wolves in sheep's clothing'!

Despite some unconfessed misgivings I was driven by unknown forces to carry out my plan. I farewelled my family in Melbourne, travelled by train to Sydney and there embarked on the SS *Aorangi* in March 1938, destination Vancouver, Canada, with an open ship-travel ticket from East Coast USA to Britain and the European continent and home via Suez and India to Australia.

NEW CHUM: NEW WORLD

An Eager Beaver in Canada

Several months in Canada, from late Spring (May) to early Autumn (September) provided a general introduction to the lifestyle of the western hemisphere, beginning with an unexpected sojourn in British Columbia with distant relatives whom a great uncle in Australia had located and alerted during my trans-Pacific voyage. As the *SS Aorangi* pulled into Victoria on Vancouver Island, I began to have reservations about my decision to travel abroad alone, to combat which I agreed to accompany shipboard friends ashore to look over the city by night.

When we returned, shortly before the ship was to move across the Juan de Fuca Strait to the mainland, and I disconsolately descended towards my cabin, I was accosted by a tall elderly gentleman who asked my name, then explained that he and some members of his family had been waiting on the wharf for several hours, expecting me to disembark. When I expressed the thought that it was too late to do anything about it, he reassured me that my luggage had been taken off onto the wharf. Weakly, I dallied further, mentioning that my pyjamas were under the pillow: he drew them out of his overcoat pocket! I was exultant, joined the new kinsfolk in their three-storey home in the city and discovered they were the branch of the Aberdeen family which had migrated to the New World, somewhat later than the Philips had emigrated to Australia.

Feeling as disconsolate as I did the night I approached the American Continent, I might have succumbed to homesickness and returned downunder, but this unexpected encounter seemed an indicator that I should proceed with my very vague plans. The hospitality of the family braced me for the next phase of my round-the-world trip – traditional porridge breakfast, playing billiards and snooker with Uncle Alf and his sons, accompanying the family up the Malahat Drive to their houseboat on Lake Shaunigan where I insisted on diving into the deep blue water surrounded by dark and forested mountains – the ice-cold water was numbing, but I was quickly revived by copious amounts of hot tea.

After several weeks of good hospitality I proceeded eastwards with a new zeal on the Canadian Pacific Railroad to Toronto, where I checked into the least expensive accommodation I could locate: it was the Willard Hall, run by the Women's Christian Temperance Union, a boarding home for

working girls. Here again I began to feel apprehensive and homesick, resolved to discipline myself and enquired about a live-in job as a waitress. The manager said "no vacancies, but I do need a pantry maid". Accepted! Just the right therapy! And just the right type of activity I needed to introduce me to the outlook of the vast communities of menial workers who live close to the breadline, are short on work options, educational opportunities and social justice – the general deprivations which I was later to confront academically and practically in social work studies.

For some weeks I was to turn my energies towards being a 'satisfactory' pantry-maid – to develop skills in salad-making, meal serving, tea and coffee brewing, and then to officiate at the sinks to wash the vitrified porcelain of the dining-room plates and cups after 150 boarders had eaten their meals. After the regular evening wash-up, the other pantry maid and I sat down to a relaxing talk over tea. This workmate was an earnest kindly elderly woman born in England, where she had worked for the moneyed families "'igh-hups", as she described them. She confided in me that "me faver died of 'ardening of the harteries, which 'astened 'is hend."

With the summer moving in, the heat and humidity of the pantry became oppressive, but I was overcoming my initial nostalgia for Australia. I had entered into correspondence with the University of Chicago for admission in the forthcoming academic year, commencing in September, and I was not drawing on my letter of credit reserves.

By June I had visions of escaping from pantry-maiding, and sat with rows of skilled and semiskilled "Cooks General", and others, in the Employment Office. There were few prospects until I was advised of a summer job as a companion to a professional family who spent their long vacations in the Canadian woods on Lake Huron. Here, at Point-au-Baril on Georgian Bay, I was to spend an idyllic holiday, with cultured and sensitive people. The family had a lodge and other buildings on a picturesque headland. By day, as a de facto children's nurse, I shared with the four children in swimming, canoeing, boating, picnicking, exploring the woods – by night I shared the separate quarters of the grandmother and her semi-invalid daughter, as a companion and housekeeper.

As the pleasant weeks passed, my health and spirits waxed strong, and I received official authorisation to pursue postgraduate studies in the September Quarter of the academic year at the University of Chicago. This was a definitive endorsement of my intention to study abroad. Each stage from Victoria, Australia, to Victoria, British Columbia, to Toronto, to Lake Huron, had programmed me to get on with my vague study plans!

Wolves in Sheep's Clothing

The day came when in late August 1938 I purchased, with some trepidation, a Greyhound bus ticket from Toronto to Chicago which traversed the US/Canada border at Windsor, Detroit. Arriving at the outskirts of Chicago at dusk, the bus route was through the industrial south-side area, where factories and workers' dwellings jostled for space.

Eventually the bus turned into a broad thoroughfare, with divided traffic interspersed with wide lawns. Suddenly the driver announced that the road was the Midway, and he drew attention to the buildings of the University of Chicago on the right. The thought of making a quick exit at that juncture, thus avoiding the necessity of going into the city, seized me.

I buzzed the bell and asked the driver if he would let me down: he quickly scotched my idea by remarking – "we don't set people down in transit if they have baggage in the boot". As I slumped into the nearest seat, he must have noted how pale I had turned, and he apparently changed his mind, stopped the bus, opened the boot and deposited me and my two suitcases on the kerb, suggesting I hail one of the passing cabs. Remembering my brother's comment about the 'gangster cabmen', I resolved to find my own way to my lodgings. Confronted with two suitcases and an attaché case, I tried to look composed as I struggled with the three items.

Finally, I resorted to carrying two items across the midway and returning to retrieve the third. With my morale at an all-time low, I proceeded towards the campus sidewalk. It was twilight, but I was able to discern a tall figure coming in my direction. Trying to look nonchalant, I hoped this man was merely crossing to the other side, but he came straight towards me – tall, well-dressed, with a confident walk. Remembering my brother's counsel, I was trying to figure out how not to be drawn into conversation with him!

The stranger's first remark was that it wasn't such a good idea to leave baggage in the middle of the Midway, and immediately offered to help. I thanked him for his offer, but felt I could manage. He wasn't to be dismissed. Enquiring where I was heading, I said meekly "International House". This led him to say that he and his friend were going in that direction, and they would be happy to give me a lift. Two men! – double trouble!

Confronted with his authoritative manner, and now resigned to my fate, I found myself carrying the attaché case while the stranger, walking briskly with the two suitcases, led me to the kerb where, sure enough, a large black Cadillac (the type of powerful machine I had always associated with the really big criminals) was turning into the Midway. The relatively short distance to a sombre tall grey building seemed an eternity to me. At the kerbside stood a big negro in livery. With racing thoughts about the 'White

Slave Traffic' to which my brother had also alluded, I saw this third stranger possessively pick up my baggage. As I alighted from the limousine, the tall stranger, who, during our brief encounter, had ascertained that I was to be a University of Chicago student, introduced me to his colleague. "This is Professor Woodward", he said. Then, shaking my hand, he wished me well in my studies, adding "You may see me around on the campus – my name is Hutchens".

For some time, I had had no idea who had been my escort and benefactor, but, shortly afterwards, when I was sharing an International House breakfast with a mature student from Colorado, he casually asked about my mode of arrival in Chicago. I related the bus journey, the ominous feelings I had as we proceeded into Chicago, and how I had been deposited by an unpersuaded driver to alight on the Midway, where I had been 'picked up' by a tall dark handsome man who called himself Hutchens. Thereupon my table companion roared with laughter, then explained "Joan, that was the President of the University."

My 'wolf in sheep's clothing' was none other than Robert Maynard Hutchens the President, later Chancellor, of the University, who, I was later to discover, was one of the leading academics in the USA, a graduate of the Harvard Law School, Editor in Chief of Encyclopaedia Britannica, and co-author, with Professor Mortimer Adler, of the classics series *The Great Books Of The Western World*.

Campus Challenges

Having been so impressively introduced to my campus lodgings – the imposing multistorey campus facility known as International House, a campus facility established by the generosity of John D. Rockefeller, Jr. – I set about enrolling myself for postgraduate course work in Sociology. Such studies I believed, at that stage, would introduce me to the 'melting-pot' character of the USA.

But life operates adventitiously. While ironing my clothes in the International House laundry, I was chatting to a fellow resident who enquired about my studies. I mentioned that I had come to the USA to learn about its multiracial population, and had enrolled in Sociology with this in mind. She queried this, commenting, "after coming all this way, it's crazy to sign up in Sociology – you can study *that* in the library of any university if you want to meet all sorts of Americans, why don't you sign up in Social Work. In that School you will meet up with real live Americans – the poor, the unemployed, the prisoners, the delinquents, negroes, meat-packers, the Caribbeans" Before she had finished her argument, I was already persuaded. I hurried over to the School of Social Service

Administration. Once I explained that I was from Australia, the staff showed great interest in my enrolling with them, explaining it would be easy for me to transfer over from Sociology.

Several faculty members took part in the interview: they mentioned their international students from just about everywhere – except Australia! This I found to be true: there were students from Canada, South America, Europe, Britain, Asia, Africa, as well as Americans from just about all the 48 states. They proved serious scholars, mature, from diverse backgrounds. There was a strong enrolment of men in the course.

During my years at the Melbourne University I had only a vague awareness of Social Work as a course of study. I knew of a cousin, Betty Dow, who was doing a Hospital Almoner's course, requiring studies both at the Institute of Hospital Almoners (leading to a Diploma of Social Studies) and at the University (leading to a BA degree). It was not until I travelled across the Pacific and 'discovered' the very intriguing postgraduate course in Social Service Administration at the University of Chicago, that I had any awareness of the ideology and theory and practice of social work to which the early professionals such as Betty Dow were committed.

After my return to Australia, I learned that Betty had been involved in many developmental fields of social work practice and education. As an Almoner, Betty had set up the Social Work Department at Prince Henry's Hospital, eventually becoming Chief Almoner at Royal Melbourne Hospital, a post she held for many years and which included the establishment of a Student Unit for Melbourne University in the Hospital. During World War II, she did fieldwork for Red Cross in New Guinea; in the postwar reconstruction in Europe, she served with the United Nations (UNRRA) in Germany in re-planning for displaced persons. Later she set up a Social Work course in Jordan.

As a pioneer in the early negotiations for recognition of the social work profession, Betty applied herself assiduously to establish a Wages Board for social workers in Victoria, because in the 1960s many of those employed were unprotected by any Award. Her research of this *terra incognita* and her negotiations with the Department of Labour and Industry culminated in the first award of Salaries and Conditions, an achievement which her colleagues hailed as "a demanding task and an impressive input". Betty continued to involve herself in various fields of social work practice and education until her death in 1985.

Because of a casual encounter in the International House laundry, I had quite inadvertently placed myself as a postgraduate student in one of the oldest, largest and most prestigious Social Work schools in the USA. The social, national and international significance of the School

of Social Service Administration I was to discover in the next two years. From as early as 1901, social welfare courses were given in the Institute of Social Sciences, which was an Extension Department of the University of Chicago. Other courses in social welfare were also offered by the University in the Philanthropic Division of the School of Commerce and Administration.

In 1920, Sophonisba Breckenridge, Dean of the School of Civics and Philanthropy, also a faculty member of the University, united the two courses into a School of Social Service Administration. Although a separate School, the Dean of the School of Commerce was also its Dean. Complete independence of the social work course was achieved in 1924, when Edith Abbott was appointed Dean. The School was a charter member of the American Association of Schools of Social Work, the first accrediting agency for the profession in USA. Over the years the School has sustained a high reputation in scholarship and authorship, including the regular publication of the *Social Service Review*. By 1953, it had established the Social Work Research Centre, with a staff devoting full time to research.

Quite fortuitously I found myself officially enrolled in this promising centre for studying the human condition – one of the undeclared goals of my travel overseas. Although I had not actually sought such a convenient El Dorado – I had accidentally stumbled upon it! Dean Abbott personally interviewed me: she was pleased to have an Australian in the School and hoped that I would complete the Master's Degree. By studying four academic quarters each year, Autumn, Winter, Spring and Summer, for two years, including the writing of a thesis, I should be ready to graduate with a Master's Degree.

Having entered the USA on a tourist visa, valid for six months, and with limited finance, I was doubtful about my capacity to complete the course. But I was intrigued enough to get started. Already favourably impressed with the faculty's degree of care and concern for the overseas student, I thereupon ventured into a course of study, which seemed a fortuitous mix of philanthropic history, humanitarian philosophy, welfare administration, theory and practice in social service. There was an urgency and a contemporaneity in the coverage of the academic and applied course work – a 'here and now' challenge, with sufficient social history, and comparative methodology to provide a global perspective of the welfare arts in the late 1930s

Between September 1938 and June 1940, I undertook the following courses:

THEORETICAL:

Child Welfare Problems	Public Assistance
The Law and Social Work	Community Organisation
Social Investigation	History of English Philanthropy
Social Statistics	Social Insurance
Child Welfare Case Work	Psychiatry for Social Workers
Medical Lectures I	The State in Relation to Labour
Medical Lectures II	Public Welfare Administration
Social Case Work	The Treatment of Juvenile Delinquency
Children in Institutions	Contemporary Problems in Public Administration

PRACTICAL:

- Family Welfare Field Placement (Two quarters)
- Child Welfare Field Placement (Two quarters)

ELECTIVE (non-credit):

- The Philosophy of Education (Seminar Course led by Professor Robert Maynard Hutchens, Chancellor of the University of Chicago, and Professor Mortimer Adler).

MASTER'S THESIS:

- The Dependent Child in New South Wales – 1788 - 1938.

In preparing my dissertation on an Australian theme I was surprised to find so much relevant data in the University's library stacks – documents such as the Historical Records of Australia, NSW Statutes, Official Year Books, Parliamentary Papers and Reports of the NSW State Children's Relief Board; even Reports from Poor Law Boards in the United Kingdom and Correspondence of Emigration Commissioners. The Library of Congress loaned extra data.

As a foreign student, seeking new challenges, new environments, new lifestyles, even a new idiom, I found this an exceedingly stimulating interlude in my life.

There was an Oxbridge atmosphere about the campus. The original buildings were constructed of grey stone, in the Gothic Style of architecture, with an overall quadrangular design. Within the complex were many additional structures – the Institute of Oriental Studies, the Theological College, designed by Frank Lloyd Wright, the cathedral-sized Rockefeller Chapel; a number of Fraternity and Women's Residential Halls for freshmen and sophomore students, the University Billings Hospital and Clinics.

Of significance, in 1938, was the Ida Noyes Hall, positioned midway between the University buildings and International House. Here in a large attractive building was the image of a strong feminist presence in the life of

the university. A veritable and visible women's centre for social, recreational, intellectual and cultural activities, men could only enter Ida Noyes Hall if accompanied by a woman. Pleasant facilities included lounges, dining facilities, music rooms, a swimming pool, a gymnasium and meeting rooms. That was in 1938 – a solid part of the campus resources. The feminist movement had already had a history and a foothold in the University!

At the Lake Michigan end of the campus, was International House with its complement of 500 postgraduate students, researchers and academics. Eminent world scholars regularly visited this Midwestern learning centre, giving lectures and seminars which, as tempting distractions to the study schedules and assignments, were invaluable for intellectual stimulation.

“Working your way through college” – a legitimate American lifestyle for students, was a way of life for many University of Chicago students. The University made available a range of part-time work for both men and women students in “bussing” in the cafeterias, in the library stacks, in grounds maintenance, in furnace-stoking, in departmental cleaning. It was an accepted and respected form of self-help, enabling financially precarious students to achieve tertiary education and, eventually, professional careers. Elitism was not a feature of the campus: it was social democracy in action.

I was fortunate to have this commonsense policy applied to me personally after Australia became embroiled in World War II. When the regular bank drafts which sustained me on campus failed to arrive, I became consternated and went to see Dean Abbott who encouraged me to persevere, immediately offering me a departmental scholarship which would halve my tuition fees. I, too, was able to “work my way through college”, by spending a specified number of fairly routine work hours in the School's administrative offices.

My starry-eyed concepts of the USA as an affluent society in a land ‘flowing with milk and honey’ were soon disenchanted by the realities which surfaced in the course work. Until the New Deal was introduced by President Roosevelt, the principle which applied for unemployed, homeless and impoverished persons applying for public assistance was to return them to their original localities. If a state could establish that its applicants for charity were originally from, say, Alabama, or Kentucky, these people could be despatched to their counties. Here was a hangover policy of ‘parish responsibility’ as it was first written into the Poor Laws of 16th century Elizabethan England. Destitute persons were actually sent from large northern cities such as Chicago to small southern states for whatever welfare provisions were available there.

Prior to the New Deal, the 48 states had their own state policies on welfare: there were vast differences in the availability and level of welfare services between counties and between states. One of the strategies adopted by the New Deal to improve caring provisions across state boundaries was to offer matching grants to those states which sought to upgrade their levels of care to their citizens – whether aged, unemployed, dependent, handicapped, illiterate or unskilled.

Historically, the late 1930s were a socially significant period in the national life of the USA. Roosevelt's New Deal policies were directed towards restoring vigour to the national economy. Innovative programs were devised to restore the morale of the unemployed masses, by engaging the citizenry in meaningful projects targeted at urban and rural renewal. Idle youth were recruited into the Civilian Conservation Corps which planned work detail schemes, such as re-forestation. Farmers were aided with subsidies to help feed the nation. Works programs were devised for out-of-work musicians and artists in community enhancement projects – setting up municipal orchestras, engaging graphic artists to embellish public buildings with murals.

The *Social Security Act 1935* asserted federal recognition of specific vulnerable groups across the nation – the aged, dependent children, disabled, unemployed, sick and chronically ill. This constituted an assertion by the Federal Government in Washington that welfare, hitherto jealously guarded as the responsibility of separate states, was within the definition of the Reserve Powers of the Federal Government.

In historical terms, the New Deal was a watershed, redirecting the nation's thinking about its citizenry. Substantial funding incentives in the form of matching grants were used to encourage the states to align themselves to a new set of community welfare standards, developed and promulgated in Washington. In this epoch of sweeping changes I became aware of the part played by the Abbott sisters, Edith, Dean of the School of Social Service Administration in the University of Chicago, and Grace, Head of the United States Children's Bureau in Washington. Both had influential input into Roosevelt's New Deal for the American people.

In conjunction with the theoretical studies on campus, I had the benefit of field practice over twelve months which dramatically increased my awareness of the socio-economic conditions in the USA. In 1938, the nation was still in the throes of economic depression: there was massive unemployment and dire poverty, many of the industries had ground to a halt, many banks had foreclosed.

My first concurrent practicum, i.e. field practice in association with theoretical campus subjects, was in a generalist agency, the Chicago Relief

Administration in a district of South Chicago – an industrial area where heavy industries and factories were in close proximity to workers homes, apartments and tenements. My clients were an interesting mix of whites, blacks, European and Puerto Rican immigrants, chronically poor, ranging from semiskilled to ‘middle executive’ victims of the depression.

My caseload seemed to be full of unrelieved human distress. An early home visit was recommended by my supervisor to one of my clients – a woman living in a depressed district with her young son. She had been diagnosed as having ‘General Paralysis of the Insane’ (Neurosyphilis). Although she was said to be no longer infectious, her behaviour was unpredictable, taking the form of outbursts and violence against anyone who tried to persuade her to have a medical checkup, or monitor the well-being of her son. The Chicago Relief Administration had recommended a review of her situation.

With some trepidation I made an early evening home visit when she was most likely to be home. Her small upstairs apartment was in disarray, cluttered, a pile of unwashed dishes in the sink, no evidence of clean clothes. Her initial surprise and hostility at my arrival was to be expected; I was just hoping that it would not exacerbate her state of mind. When she simmered down, she insisted on making me a cup of coffee which, I noticed, was served in a chipped, cracked and grimy cup!

Besides this woman’s personal predicament as a single supporting, almost illiterate, mother on relief, there loomed even larger issues in the form of a squalid oppressive slum environment which needed much more than interpersonal casework to normalise them both. I could empathise with her and her son, caught up in a seemingly inescapable trap, facing a future without prospects.

I began to see casework as an insufficient methodology if it only sought to treat the aftermath, and overlook the predisposing causes. The clients were part of an alienated subculture, who, subsisting in congested, harsh, bleak, and unhealthy surroundings, had almost no escape route. Their general prospect was basic survival.

Here was the raw material, the live evidence of the dehumanising sociology of poverty in crowded cities. I became impatient with the fragmentary person-specific approach to problem-solving such as casework when the fabric of whole neighbourhoods remained untreated.

The caseworker *in situ* has little chance of reworking entrenched helplessness. But the database which the caseworker can construct out of the heartaches and indignities of such a clientele can provide indicators for a categorical imperative in community-focused restructuring.

It was hard to reconcile the sordid aspects of a fatigued faltering economy and its human victims with the gracious, civilised, highly motivated and comfortable life in International House. But there was invariably relief from emotional tension of the workplace. One night, returning from my field work, and walking down a more attractive residential street, shaded by trees, I noticed a lad whooping for joy, with the street virtually to himself. As I approached, I discerned that the lad was highly excited, with no one to share his elation. He was waving aloft an item which he had taken from its wrappings. Thinking I should share in his enthusiasm, I enquired. He replied quickly “Look at my pilot’s helmet – it’s got goggles and all”. I agreed it was something special and asked him where he got it. Quick as a flash, he exclaimed “I got it by selling fifty *Liberties* and one *When Jesus Christ comes to New York*.” (*Liberties* were the ‘girlie’ periodicals of that day.)

My second six-month concurrent field placement was in Child Welfare. I worked out of the Children’s and Minors’ Service – an agency which dealt with fostering, adoption, parental and child guidance, and family support. Housed in an early stone building, it was originally an orphanage. The large sign over the portal testified to its past function with the words, *Home for the Friendless!*

The placing and supervision of children in caring homes and families offered this Social Worker some emotional relief from the massive payouts and material assistance which characterised the Chicago Relief Administration field work. Once I recall visiting a woman who lived in a small neat house in an outer suburb who was impatiently waiting for a child to be placed in her care. She followed up my home visit to assess the domestic situation with a short note which restated her impatience with the waiting period. She finished up her comments with “As long as it is an American and has no disease is all I ask, and I can love any little tot”.

Besides the practical experiences in the community, there were other processes used by the School to stimulate the learning processes, such as field trips into the community life in the area. One such visit was to Hull House, one of the early Chicago Settlement Centres which had been organized by a social worker, Jane Addams the first Social Worker to be awarded a Nobel Prize, to bring together, in multicultural districts, the ethnic groups to share in community-type programs and services and education courses. This was an early type of pro-active programming to enhance urban community life in the more vulnerable suburbs.

Among the institutions which I visited as part of student familiarisation were the large county and state centres for special categories of clients requiring acute and chronic inpatient treatment. The Cook County Hospital was the city’s main public hospital where a high ratio of patients were ‘charity’ admissions – low-income people unable to pay for private care. It

was an overcrowded facility, and there were patients lying on stretchers in the corridors, without privacy, without any bedside comforts. Overcrowded conditions invariably intensify the dreary landscape of an excess of humans whose first need is for tender loving care.

The Illinois State Hospital for psychiatric patients in a rural setting was a series of institutional buildings. To the modern student, this vast complex would be a piece of clinical history. For the benefit of the group of visiting social workers, a psychiatrist officiated at a clinical session, during which patients with 'typical' psychiatric conditions were brought in to be interviewed. I recall the discrete range of psychiatric states to which the students were introduced: their diagnoses – Hebephrenia, Catatonia, Paranoia; Involutional Depression; Dementia Praecox; and General Paralysis of the Insane. Amazingly all the patients accepted their audience nonchalantly. When the psychiatrist asked them why they were in hospital, most of them replied "Because I am mad".

Psychiatry in the 90s has come a long way from the prevalent practices in the 1930s of long-term institutionalisation and specific disorder classifications. The contemporary one-way viewing screens obviate the need for patient/clients to be interviewed in front of visible learning audiences.

The Illinois Home for the Aged, in a downstate rural area, contained hundreds of persons placed for custodial care. With a miscellany of ages, physical complaints, and intellectual disabilities, intermixed in the hall-like wards, their numbers, debilities, crude attire (many half-clothed) presented a depressing scene.

It was a system groaning under the sheer, unrelieved weight of its internal population. For the majority of residents, this would be a point-of-no-return, many forgotten by their own families. On that first visit I can't recall any activity programs for the inmates: those not confined to bed, were confined strictly to barracks.

Some thirty years later, when I returned to Illinois as part of my Townsville Hospital long service leave, I had an opportunity to revisit this State Home for the Aged which had been radically rehabilitated including a general softening of the institutional environment, smaller clusters of patients, homecrafts and group activities – and a caring atmosphere.

Another indelible image was the visit to the Cook County Jail where the structural design featured multistoreyed rows of caged cells and clanging gates. No gardens, no trees. Here masses of prisoners were herded together in aimless boredom.

The whole antihuman scene culminated in the starkness of Death Row, where in mini cells the condemned were lined up waiting for their execution. The short distance between cells and electric chair was referred to as 'the longest mile on earth'. The plate-glass death chamber, it was explained, reputed to be sound- and aroma-proof provided a clear viewing of the execution by the required number of legal witnesses to the event. The only piece of furniture was the awesome metal chair fitted with a number of seat-belts, electrodes and a metal face mask. Unarguably Exhibit A in the line-up of arguments against capital punishment!

I remember a visit to a delinquent Boys' Reformatory where each dormitory contained 30-50 beds, so closely placed there was hardly walking space between them. No space for a table, desk, or personal possessions. The overall impression was of stern discipline, and no comforts.

When another group of students, fresh from a course in statistics (retaining mental images of "median", "mean", and other technical terms) visited an equivalent institution for 'wayward' girls, one of our male students enquired of the Matron "What is the mean age of girls in this place?" She gave a reply in non-academic terms "my girls act up worst around twelve to fourteen years of age"!

Some of the industrial 'giants' of Chicago industry were on the list of field trips. I remember one visit to a meat-packing plant, which used production-line slaughtering and processing systems. I felt great sympathy for the operatives who had their special functions as slaughtermen in this red-blooded industry. Here began my first inclinations to vegetarianism!

A student-oriented trip to New Orleans in the 'deep South' gave me a perspective on interracial attitudes in that era. The scene was reminiscent of a historical flashback. In the cotton-growing belt, there were the primitive living conditions of the negro sharecroppers, contrasting with the stately white colonial mansions of the property-owners.

Below the Mason-Dixon line, the battlefield of the Civil War, 1861-65, the gas filling stations offered facilities for WHITES ONLY clearly painted on the washroom doors. In the cities blacks travelled in the rear sections of public transport.

The deep South had a colourful ethnic population – French and Spanish occupancy preserved in architecture, and in entertainment in the Latin Quarter, in the names of places – e.g. Baton Rouge, capital of Louisiana, plus the colourful trading posts along the Mississippi River.

We students lodged in minimally-priced rooming houses. We discovered an ultra-cheap way to survive – on *Po-Boy* poor-boy bread rolls, almost nine inches long, stuffed with meat and salad and costing 25 cents. This longer

excursion provided plenty of case material on rural poverty, illiteracy, racism, inequality and injustice.

Coincidentally and fortuitously, the last course I took at the University was a seminar led by Professor Hutchens (my first escort in Chicago!) on The Philosophy of Education in which the assigned texts were from *The Great Books of the Western World*, ranging from Homer and the Greek philosophers to Freud and Whitehead.

The seminar was restricted to thirty postgraduate students. We sat around a large oval table, with the two learned mentors, President Robert Maynard Hutchens and Professor Mortimer Adler at one end, adducing from the awed class, through vigorous and rigorous discussion, their comments on the processes of learning. If the class thought they would use the course to bask in the wisdom of two eminent thinkers, they had to do a quick rethink.

At the first session, I recall the eerie silence around the table until Hutchens posed the first question – “What do you think of our definition of education?” (as stated on a distributed sheet), looking down the class list at the same time. Thirty nervous students waited for someone’s name to be called. I was particularly relieved to hear that first name “Mr Hegerty?” Others were relieved – but not for long! The professors’ definition of education alluded to habituation in sound habits of thinking, philosophically phrased. When Mr Hegerty responded, tentatively, something along the lines, affirming that the definition was “pretty good, Sir” Hutchens proceeded – “Defend your position, Mr Hegerty”. And so began a thirteen-week Quarter in intellectualising. I still recall the complexity of the topic of the final paper – “What essential principles from mathematics, physics, etc. are essential to education”.

That seminar was my second actual encounter with the stranger who picked me up in 1938! In June, 1940 at the graduation in Rockefeller Chapel, my MA parchment was handed to me by Chancellor Hutchens, who gave me a broad smile as he congratulated me. I wondered whether he was recalling that eventful day in September 1938, when he unofficially welcomed me to the campus, forestalling my brother’s version of a ‘fate worse than death’ – falling into the hands of a Chicago cabman.

There was a follow-up to that first encounter of which he may have been aware. Once, with a group of foreign resident students I took part in an NBC broadcast across USA – International House on the Air – in which I used my airtime to narrate the incident of being collected from the Midway and conducted to my lodgings by a possible ‘wolf-in-sheep’s clothing’ who turned out to be the Head of the University of Chicago. The anecdote made the campus papers! Then there was the seminar course which Hutchens led, which was the intellectual highpoint of my studies at the University.

During my two years on campus, I was to learn that it was the genius of Hutchens who had transformed this Midwestern university from one of the sports-focused Ivy League campuses and had aligned its character with the traditional centres of scholarly education such as Oxford, Cambridge, and St John’s College in Maryland USA. It is significant that during the presidency of Hutchens, the University of Chicago took over the publication of *Encyclopaedia Britannica*.

After my graduation, I received a letter from Dean Abbott expressing the hope that I would not give up my connection with the School of Social Service Administration. She wrote: “You did such very nice work here that we should be glad for you to go on with some further work on a scholarship basis if you continue to be interested...” A virtual invitation to proceed to doctoral studies! It was tempting – but after six years of tertiary studies, I felt the need to break out into some three-dimensional living and working, making my second sortie from the protected and intellectually-centred environment of a university.

International House Interlude

From 1938-1940 my home was International House: it was a unique living experience, a mini-global village with its five-hundred residents, who were postgraduate students, visiting faculty, researchers, and a few short term scholars in transit. Planned primarily for overseas scholars, it also comprised a small ratio of Americans – an amalgam mutually beneficial to both the host and hosted communities. During my stay, there were some 34 nationalities in residence, of which I was, except for a couple of short intervals, the only Australian.

There was a continuum of dialogue among its residents covering the wide spectrum of academic disciplines on the campus, with an in-house program facilitating cultural, sporting and social interchanges. Geared to accommodate to variations in student’s finances, to university schedules, to residents’ preferences for ethnic foods, with informal living, cafeteria, and coffee shop, lounges and meeting rooms, and a well-stocked library, “Int. House” was a congenial living and work place.

Social democracy prevailed in the administration of the House, with a Resident Students Council meeting regularly and participating in the planning of its activities. Nominated onto the Council, I recall an International Night in which I found myself the key organiser. After the event, I happened to share breakfast with Warren Henry, a PhD in Chemistry, who was a negro academic from Duke University. He commented that he had been impressed by the organisation of the event. When I mentioned the difficulties involved in synchronising the different



A multicultural celebration at International House, University of Chicago, 1939. Joan and a German colleague lighting the central candle.

groups, and added "It's like trying to mix oil and water", "Yes, Joan" he replied, "it is hard to mix oil and water, but you proved a mighty fine emulsifier".

Shortly after the event, I received a letter from Dr Price, the Director of International House. "I want to record more formally" it read, "thanks and appreciation for the splendid work you did in making International Night 1940 such an outstanding success. You showed a quality of leadership which is rare and which should serve you in good stead in the years to come. To head up and to coordinate so successfully the membership effort in such a heterogeneous group as we have at International House was no mean feat and you did it supremely well. International Night was the finest demonstration of what this House stands for that I have yet seen and much of the credit for it goes to you." A surprise wrap-up for the lone Australian!

Meals, weekends, and group activities offered relaxations with the 'internationals' – tennis with the crack players from Puerto Rico; chess with the Russians, classical concerts with the Europeans, tea ceremonies with the Japanese, dancing Viennese and Latin American, and swims with other inter-ethnic amphibians in Lake Michigan, and so on.

Among the popular features of the House life were the Sunday Night Supper programs. This was a more formal affair, held in the main hall, generally organised around the visits of eminent persons to the campus. I recall one of the speakers was Jan Masaryk, Czech patriot; another was Lord Casey. Lord Bertrand Russell came, as did a series of poets, musicians, and politicians.

The cafeteria and coffee shop and lounges at International House were open to the public: campus personnel and city people came to share meals and conversations with the internationals. Then there were relaxing occasions when residents were invited to dine in family homes – gastronomic treats for students surviving on low-cost economy meals in the cafeteria. One dinner invitation was to the home of Professor Holly Compton, of the Physics Faculty. We dined on turkey and wild rice, the cereal crop which was exclusively grown by the Indians of Minnesota. During the dinner, Professor Compton commented on his pleasant sojourn in Australia and New Zealand where he had been researching cosmic rays.

From community organisations and schools there were continual invitations to foreign students to be guest speakers. I remember being a guest of the Chicago Professional and Businesswomen, who at that era of my life, seemed awesome, efficient, self confident women in top executive roles in metropolitan commerce and industry. At that stage, I had had no experience in public speaking and found such occasions heavy weather.

Then there were the schools which were keen to have foreigners give talks on their homeland. An invitation from a primary school sent me looking for some visual images to animate my talk. Finally, I found, in the Chicago Public Library, a set of black-and-white unexciting slides on the Australian Wool Industry. Armed with the slides, I found myself addressing a group of fifth and sixth grade pupils. Instinctively aware that it was a dreary topic, with the slides adding dullness to the dull commentary, I persevered until an arm shot up among the young audience, and a lad said "Ma'am, how do you play cricket?".

Chicago provided any amount of distractions for book-and-paper-fatigued students. In summer, there were the fresh blue waters of Lake Michigan in which to cool off from the humid summer weather. In winter, the wide sunken lawns on the Midway, facing the University Quadrangle and International House, became a series of ice-skating rinks, offering the novice at first many spills, but gradually smooth skating among the experts, woolly as bears in their heavy outer gear, bright caps, ear muffs and gloves.

In the summer, too, the Chicago Symphony Orchestra gave open-air concerts in the lakeside park. Once, arriving late, I could see no program seller, so I asked a police officer at the rear what the orchestra was playing. "Don't ask me" was his reply "I am only here to keep out the communists". This was about the time when "McCarthyism" – a political witch-hunt against radical leftists – was beginning to polarise American society. This movement culminated in an ultimatum to US teachers requiring them to sign a declaration of loyalty to the American democratic system, and to testify they were not communists.

As I was dependent on regular bank 'drafts' to maintain myself as an out-of-country Australian, the involvement of Australia in the war both in Europe and the Middle East, and later in the Pacific, made my source of financial support tenuous. At one stage I approached the Administration of International House about the prevailing room rent, which was as I vaguely recall about \$7.50 a week. Here again, in the same magnanimous spirit as the School of Social Service Administration, the management granted me a half-rent scholarship, in return for office duties. There was never any stigma about students working their way through "college". Large numbers of students literally earned their intellectual rites of passage!

Two years of residence in International House – sharing life with half a thousand co-resident 'brothers and sisters' accepting one another in a collective home life, and having a common bond of seeking knowledge, had reinforced my steadfast faith in the concept of 'the family of nations'. Meal times, meetings, walks and casual conversations provided favourable conditions for sharing ideas and interests. In that pleasant accepting

environment, although we residents remained aware of our individualised aspirations, we were able to tolerate our differences, including our diverse political perspectives, which in an intellectual atmosphere can be lived with peaceably.

That is, until the calamitous events in Europe and the Far East degenerated into the holocaust which was World War II. It was only then that we experienced the polarised alignment of allied and axis powers. Quite suddenly, students from Europe and Japan withdrew or were withdrawn from their studies, returning to their homelands. About that time, when aliens resident in the USA were being repatriated, a local newspaper published a front-page photograph of a family returning to Nazi Germany, with one small boy, probably born in the USA, mounting the gangplank blithely singing *Deep in the Heart of Texas*.

Tragically, it was not the rational nationals, but the fanatics who had precipitated the showdown which was World War II. The faraway drawing of the lines between friend and foe had a graphic impact on the peaceful atmosphere of International House. But those almost utopian days of living in an altogether stimulating international community lingered on long after I left the University of Chicago.

In the postwar years when I was living in California with my American family, at Sausalito, a Portuguese fishing village just over the Golden Gate Bridge, the house we occupied looked from watershed ranges out upon the picturesque waters of San Francisco Bay, in which two islands were visible – Alcatraz the rock prison on which the 'lifers' spent the rest of their days, and, close by, Angel Island – a greener spot which had been nominated as a possible site for the United Nations Organisation. Its pristine appearance, its detachment from the big-city life of the West Coast and the East Coast seemed to make it an ideal site for a new world order. There would no doubt have been logistic problems associated with its setting.

The place chosen for United Nations, was, alas, Manhattan NY, the hub of high finance, technological power, population pressures, air pollution, partisan politics. In 1967, still starry-eyed about the possibilities of world government, I revisited New York, staying with a friend who had a position in the UNO, which gave me a rare opportunity to enter into its high ideology and impressive headquarters with the national flags against the facade confidently asserting its global perspective.

A special pass allowed me to enter a chamber where there was to be a discussion on "The Peaceful Uses of Outer Space". I was thrilled at the prospect and arrived punctually just before 2.00 pm on a Friday. A few other favoured people occupied the gallery. We sat and sat, with now and then a man in livery crossing the floor below, looking businesslike. By

somewhere around 3.30 pm there was a slow procession of internationals to the central table, including one Australian delegate. The Chairman called the meeting to order, and invited discussion, which quickly centred on a definition of 'navigable space' without which, it was agreed, the topic could not be proceeded with. By then it was almost the beginning of the diplomatic weekend. It was resolved to adjourn the meeting until the following week, with an instruction to the international gathering to come up with a working definition of 'navigable space'! So much for the eminent national spokesmen who constituted the United Nations peace-keepers of the world! So much for the lack of a sense of urgency among the nationals who were the international protagonists for peace in the headquarters of the United Nations in the centre of New York City!

SENSING COMMUNITY

Chicago

In the Rockefeller Chapel of the University of Chicago, on June 25, 1940, I graduated with a Master's Degree in Social Service Administration. My future as a new social worker was to be influenced by a second major event in the same month: my marriage on June 30 to a fellow-student who had just graduated with an MA in Fine Arts. We had met at International House: as our friendship deepened, we discovered we had many shared interests such as ongoing learning, multicultural society, the arts, physical fitness. A Chicagoan, he was a practising artist, an educationist, a vocal and instrumental musician who owned a fine old French Vuillaume violin; he was congenial, personable, athletic. Like most graduating students, we were poor, but optimistic about our prospects. My changed status as a married alien was that I would be required to leave the USA in order to make application for re-entry as a permanent resident.

While the necessary procedures were being explored, my husband and I took on a temporary assignment as resident teachers in a private primary coeducational school in Chicago. Some months later my husband was offered a position as art teacher in a secondary state school in Michigan, a location which enabled a convenient border-crossing into Canada for purposes of my required exit from USA in order to regularise my re-entry on a permanent basis. In the two preceding years, I had experienced some of the vicissitudes of being on a tourist visa, initially granted for six months, then regularly renewed to complete my course of study at the University of Chicago.

Detroit

Having chosen Child Welfare as my special area of postgraduate study, I looked for congenial work in Detroit. My initiation into case work practice came when I took a position in a philanthropic child welfare agency which occupied a modern well equipped building housing the administration, the supervisors, and the thirty case workers employed. The social workers shared large offices, each occupied by two workers, who had their own set of furniture including desks, dictaphones, filing cabinets, and the joint use of a Chrysler car.

The procedure was for half of the social workers to make their home and other field visits during the mornings, leaving the office clear for the roommate to plan, conduct interviews, dictaphone reports and correspondence which were processed in a typing pool.

In this children's agency, I was assigned to the Unmarried Mothers Section the majority of my clients being in the 13-16 age group, with some 12-year-olds. The majority were Negro. Under the prevailing State of Michigan policies there was some form of Bastardy Laws which required the identifying of the 'guilty' party or partner. Under this legislation, paternity suits could be instituted to enforce the father to maintain mother and child for an extended period. If the offending person was an adult, statutory rape was investigated as a criminal offence leading to imprisonment. The socio-economics of the client group and their male associates who were either in school or unemployed, made a nonsense of such prevailing 'find the culprit' retribution systems.

A number of expectant mothers in my caseload were understandably reluctant to disclose the identity of their sexual partner(s); some were vague about the child's actual paternity. The black community lived in a Harlem-like district where the few whites who entered were a noticeable minority among the locals. I remember one young client who divulged a youth's name as a close friend, indicating the most likely place to locate him – around a cinema in the Negro district. Carrying out official agency policy, I made an early evening visit to the designated spot where there were a number of milling youths. When I mentioned the name of the 'friend' of my client, no one seemed to know of him. I retreated no more informed than when I arrived, quickly realising they were wise to the mission of an intruding white woman.

Quite early in this 'welfare' organisation, I felt myself disagreeing with the agency policies. I recall a normal child illegitimately born to a mildly retarded but devoted mother, living with her parents. From my supervisor I had received a virtual brief to arrange for a foster placement of this child. I considered this a situation where good family support and professional guidance could have maintained the tender caring relationships in this particular family.

There were other disquieting features about the agency: it was highly structured, authoritarian. Much attention was given to proper professional dress, with the workers required to wear hats and carry gloves for their home visits. I am sure the administration was pleased with my decision to resign!

The birth of our son on December 30, 1941 necessitated a radical change in the type of community work I was able to take on. Early in the same month, the Japanese air strike on the US Naval Base at Pearl Harbour in Hawaii, brought the United States officially into World War II as an aggrieved ally.

The all-out war effort of the nation was to have an almost immediate effect on our family life and activities.

It wasn't long before I found myself involved in more pro-active ways of promoting child welfare – in summer vacation programs for school-age minors. My first community assignment was as a vacation-time employee of the Highland Park City Council's Recreation Department, where I organised sporting and arts and crafts programs for a large group of suburban children for the three-month holiday period – June to September. These were young people from the surrounding residential areas, most living in apartments where there was little space for recreation for active youngsters, whose parents were not in a position to take them for extended holidays. It was standard policy in most municipalities of USA to offer these constructive activity programs to children who might otherwise be playing on the streets. These community-oriented programs, conducted by local authorities reinforced the family principle and the constructive use of leisure-time for a range of ages of children from preschool to the 17 and 18-year-old high school students.

During 1940 and right up to December 1941, when the Japanese bombed Pearl Harbour, the USA, although not embroiled in official combat, was heavily supplying the allies with military equipment. The US policy was still based on the Monroe Doctrine which proclaimed the western hemisphere as a zone for American concern, and a reluctance to involve itself in other spheres of conflict. However, this stance did not mitigate against the USA becoming the main arsenal of munition supplies for the allies, embattled in Europe and North Africa with the Nazi and Fascist regimes of Germany and Italy.

Detroit happened to be one of the main industrial centres for the manufacture of heavy machinery – viz. planes, tanks, – supplying the allied war effort in Europe. The 'colour' discrimination, so historically prevalent in the deep south of USA, resurfaced in the north where many blacks had been enticed north to sign on in the heavy industries offering better pay and conditions than south of the Mason-Dixon line. The white workers in the Detroit area resented the convergence of Negroes into the factories, competing with them for employment.

There were sporadic incidents of physical violence when I took on my first summer vacation program organised by the Highland Park Recreation Department to provide children in primary and secondary schools with ongoing activities during the long vacation. Many people felt that the racist hostilities surfacing in Detroit should have been redirected outwards to the greater threat – the fascists' over-running Europe, and the stricken state of the allies trying to stem their blitzkriegs. The intensification of the American efforts to defeat the European dictators saw the flaring up of race-rioting in Detroit, with loss of life, destruction of automobiles and property.

The seething racial violence exploded one summer Sunday afternoon on Belle Isle, a recreation venue on the Detroit River. This triggered off a series of hostilities in the city. The state militia was called upon to intervene, but the Governor was not prepared to do so. Finally the US Army was brought in. The soldiers encamped in the public parkland surrounding the City Library and the Detroit Art Gallery. At that time my family and I were living in an apartment adjacent to these cultural facilities, which suddenly became encapsulated in a bivouac, with round-the-clock patrols of jeeps, tanks and sundry armoured vehicles.

The local authority took steps to maintain order. Because it was the long summer vacation break, the idle children were likely to be embroiled in the race rioting. I became involved in one of the recreation centres designated by the Detroit City Council to provide pro-active programs for youth and children. The state school in which I was appointed to direct activities was in a mixed ethnic suburb close to both industrial and commercial districts.

The young people who converged on this centre were an ethnic mix – Poles, Mediterraneans, Negroes, Puerto Ricans. Initially the atmosphere in the school grounds was tense: the older youth milling around tended to reflect the interracial hostility of the adults. Naive enough to think that any aggressive energies would be effectively released by vigorous ball-games, I brought out some equipment for baseball and basketball, and proceeded to encourage team games. When the players lined up in these 'body contact' games, I was horrified to see knives emerge among the contestants. Wondering how blood-letting could be avoided, I quickly thought up an alternative. "Buddies, I can see you've got some fine knives there, but you haven't any way of protecting the blades ... we've got some leather, how would you like to make sheaths for your knives?" With a few of them intrigued by the proposal, they swung into leather-working projects – first making sheaths, then interested enough to proceed with other items, dog leashes, comb and purse cases, leather wallets. Most of the leather was used up – constructively! This was when I became convinced of the therapeutic possibilities of the arts in reducing hostility, tension and aggression: later I was to observe it, at close range, introduced to help quell the Alcatraz prison riot in San Francisco Bay.

When, in December 1941, the Japanese bombed Pearl Harbour in Hawaii, President Roosevelt immediately proclaimed the USA in a state of war against Japan and the central axis powers. There was an intense escalation of the US war effort. Both my husband and I were appointed by the Federal Public Housing Authority as Project Officers in Norwayne, Michigan, to be stationed as residents in a model community designed by an eminent architect, Eero Saarinen, to house workers and their families who were involved at the Willow Run plant where the B17 and B29 bombers were

being manufactured around the clock. This was a strategic phase of the total mobilisation of the USA to help defeat the axis powers.

The workers who converged into this industrial community came from all parts of the USA – representing a broad mix of backgrounds and occupations – cowboys from the western prairies, Bostonians, Dutchmen from Pennsylvania, Negroes from the south, New Yorkers, Latin Americans, Californians.

The Project Officers' role was to fuse this disparate population into a workable and peaceful community. The challenge provided great scope for the imagination and use of resources to organise an array of activities for all the members of the families – preschool and after school programs for pupils, day and night diversions and relaxations for industrial workers on shiftwork.

Norwayne was an attractive village, with trim villas for the families, equipped with all modern conveniences – there were shopping centres, gymnasium, library, sports fields, medical centre, schools, child-care centre.

The Detroit and rural Michigan work experiences set in motion my interest in group work, affording me opportunities to apply theories of community development studied at the University of Chicago.

San Francisco

War Comes to the South Seas

*taffeta tides
where lush corals live
ripped by the lust of
an alien
primitive*

*suddenly
such vandalism
and savagery
in bright gardens
tended by polypi*

*jungle giants
that touched the sun
guttured
by the sullen
hiccuping gun*

*topgallant orchid
and liana vine
wreathing their last
on montana pine*

*mitsubishi steel
in amethyst seas
all hell let loose
on the new hebrides*

*blistering sands
invading wheels
carolina cotton strewn
over misty hills*

*by atoll sands
once pristine white
blood red the ocean flows
with frenzied gunpoint
ravishings
of virgin archipelagoes*

*nevermore
languid lotuslands
and islands of escape
the dreamtime of innocents
shattered by rape*

When my husband enlisted in the Navy in 1943 and was posted to San Diego, the family transferred to California. We managed to find accommodation on the Stanford University campus – in a cook's cottage at the rear of a fraternity house.

During the summer, I accepted a position conducting a day program for the children of Palo Alto. The 'day camp' concept for urban children was an entrenched part of municipal communities across the USA. The programs were to provide municipally-directed activities in appropriate centres, such as schools and parks, a cost-free service to resident families, many of whom had both parents working, consequently unable to take their children for holidays, or share day time with them in their homes. Long before 1940, local authorities in the USA had recognised the sociology of the average family, where one and almost as often two parents were employed, precluding their sharing the summer vacation period of three months with their children. Annual holidays for average working families were two weeks. In the larger cities many of the children would be unsupervised, living in apartments without play space either in- or outdoors, likely to be roaming the streets and looking for things to do. Latchkey youngsters! Undoubtedly, the vacation centres reduced the possibilities of misdemeanours and antisocial behaviour in the juvenile population.

In the spirit of the Stanford community, including the professors, I pedalled a bicycle to my workplace, double-dinking my son – to the park where the Palo Alto Recreation Centre functioned for the summer. This proved an idyllic assignment with responsive children from good caring homes presenting daily and enthusiastically for activities. They enjoyed the focus on creative projects – making things, art, music, dance performances – theatricals, processions, exploring the world of nature, games and sports.

As a mother of a preschool son at a time when child-care centres were a rarity, this type of day camp constituted a practical workplace for me as my son was able to accompany me and share in the activities of the centre.

Ohio

When my husband was transferred to the University of Columbus in Ohio for specialised training as a Recognition Instructor, i.e. the recognition of air and surface craft of both the axis and allied powers, we moved as a family back to the Midwest.

New York

With the course completed, the next posting was to New York City, where we located an apartment in Manhattan, in a brick terrace building close to

Times Square. The landlord was a doctor who ran his surgery from the ground floor. In the basement he kept large vials of pharmaceuticals and other mysterious objects, providing a weird atmosphere about the place. Our upstairs apartment proved conveniently sited in the metropolis. Outside the winter was arranging its own stage-sets with snowfalls and blizzards, filling the streets with powdery whiteness and ice, rapidly converted by the incessant traffic into slush.

City Snowfall

<i>from jet black etchings</i>	<i>lave with gelid suds</i>
<i>break out blossoming orchards</i>	<i>the unscrubbed city</i>
<i>pelt evanescent petals</i>	<i>thin the din</i>
<i>in never-ending festival</i>	<i>of dynamos</i>
	<i>swathe your silken scarves</i>
<i>herd frost-bitten machines</i>	<i>on garbage railroads coal</i>
<i>as fleecy flocks</i>	
<i>huddled beside curdled kerbs</i>	<i>moonlight entrap</i>
	<i>as gulls in flight</i>
<i>soften the angle</i>	<i>and with keen bristles</i>
<i>round out the square</i>	<i>of your gusts at dusk</i>
<i>whitely emphasise</i>	<i>scour restore</i>
<i>the horizontal-wise</i>	<i>or mercifully inter</i>

In a lower Manhattan navy centre my husband instructed allied merchantmen in Air and Surface Recognition of both allied and axis ships and planes engaged in the combat. With the French language in which I had majored at Melbourne University, I was able to contribute to the teaching sessions by translating the vital data needed by French crews for the split-second identification of the distinguishing features of both enemy and friendly vessels and aircraft – a life/death matter at sea and in port. The speed at which the classes were expected to respond to a black silhouette thrown on a screen was set at 1/500th of a second, evoking a knee-jerk response – "SB2C Helldiver", "P38 Lightning", "Zero", "Messerschmitt", "F4U Corsair", etc.

Portland

Our next transfer was to Maine, where my husband was assigned to a naval base on an island off the coast from Portland – a pleasant New England town with a history, including the birthplace of the poet Longfellow. Luckily we found a happy retreat at a quaint fishing village, Old Orchard Beach, south of Portland where we spent a white Christmas, surrounded by gentle slopes suitable for snow skiing. In fact, we were able to ski down our street right onto the beach, where the Atlantic storms descended seemingly from the skies onto a wide sandy beach. Some of the

seas were so mountainous that the shipping to the naval base had to be 'secured' in port.

After the storms the residents gathered on the beach to collect the hen clams which were washed ashore: they liked the clam meats for their chowders. Our interest, odd to the locals, was the castoff shells which were flat, smooth and large as a side-plate or salad plate, with a mother-of-pearl lustre, each with a decorative flesh-pink circle where the clams had been attached to the shells.

Sausalito

*my glen is a'sheen
with seas of evergreen
eucalypt
bay and conical pine
surging to engulf the clouds
and infiltrate the sunshine*

*my glen is immense with pulsing energy
leaning on a sea-weaned breeze
preened by licks
of crisp angora mist
roving from upland declivities*

*with leaf and feather
are its rhythms dressed
my glen is unperturbed motion
and utter rest.*

In 1946 after the termination of the war in the Pacific, the family moved to Sausalito, which was a small Portuguese fishing village just over the San Francisco Golden Gate Bridge. This was a picturesque bayside town, with a marina of small and ocean-going sailing ships. Between the coastal strip of shops, offices, homes and the northern highway into the redwood and sequoia county, were steep hillsides on which pleasant houses clung to the slopes, shaded by giant eucalypts, and other trees. We lived in one such house with a lofty view commanding the broad waters of San Francisco Bay beyond which the city of Oakland could be seen, including the timbered country around the University of California at Berkeley.

In the summer, it again seemed logical, as a mother of an active preschool son, to conduct a program of activities for children in Sausalito, Marin County, California, just north of the Golden Gate Bridge. The centre was a primary school, with a well-equipped playground, offering facilities for team and individual sports. Here again, the constructive zeal of the

children proved itself. Through the cooperation of the Education Department, basic tools – hammers, saws, files, etc. were available. I used our family jeep to load up end cuts of wood from the local timber yards, and both boys and girls converged on the workshop area. All sorts of things were made – doorstops, dolls furniture, boxes, trains, boats, one dog kennel, bridges, stools, whatnot! The sawdust flew, and many a mishit nail! Boys as well as girls indulged in the woodwork and the sewing – of sails, rugs, bedding, whatever!

Parents who give their children complicated, expensive, pre-assembled playthings, which the recipients systematically dismantle, could benefit by auditing such sessions where the children start from scratch and ingeniously devise objects which may be misshapen, possibly temporary, but which afford them tremendous satisfaction. My consistent observation has been that such constructive projects provide valuable experiences, and stimulate the creative potential in young children.

Unlike many school pupils, who "crept unwillingly" to regular school, there was no juvenile reluctance to accept the sort of learning-by-doing offered at the Recreation Centres. By the time the supervising adults arrived, about 9.00 am the children were waiting en bloc at the gates. It was generally a long day – until nightfall around 9.00 pm: salaries were modest, staff were recruited from teachers on holidays and university students. It was an informal, self-directed type of child learning – developing group and communicative skills, applying themselves to opportunities to explore their local environments, to innovate, to devise their own entertainment.

The whole concept was family-oriented – a bonus to parents, who knew their children were physically safe, and constructively involved in peer group activities.

Lake Forest

In 1946, the postwar era, my life took a different direction, both geographically and occupationally. From the pleasant Californian environment, I found myself returning to the Midwest, because of a series of coincidental happenings.

From the Chicago area, I received an invitation to accept a position as art teacher in a coeducational day school at Lake Forest, situated on the shores of Lake Michigan, in a commuter's suburb, some 35 miles north of Chicago. At the time, I was just winding up a vacation job of directing a summer recreation program in Sausalito, and my plans were to join my husband who was proceeding with doctoral studies at the University of California as a World War II veteran, while lecturing at the Bauhaus Institute of Design in Chicago.

The several positions I had taken during the war years – in Illinois, Michigan and California – involved children's vacation programs in the various municipalities, where I apportioned much of the activities around the arts – graphic and plastic arts, crafts, informal 'free expression' construction, original theatricals, projects focusing on the environment and so on. The group work was all vigour and enthusiasm, there were no reluctant members in the sessions. The idea of being a full-time art teacher in a coeducational school ranging from Kindergarten to Ninth Grade, the first year of High School was formidable. I had never taken any official courses on how to teach although I had studied art and design in both Australia and USA, and found it an addictive pursuit. By August 1947, my son and I headed east in our yellow jeep, looking forward to two exciting prospects – the family reunion, and our new roles as art teacher and first grader respectively at Lake Forest Day School in Illinois. My new workplace in Lake Forest, was a Chicago commuters' garden suburb, characterised by park-like estates where the families of the Day School population lived in tasteful, well-designed homes. Lake Forest was considered a millionaire's community – its comfortable lifestyle reflecting the wealth of its resident captains of Midwest industry, its professionals, and leisured classes.

The school was on the outskirts of the Lake Forest community which entailed the commuting of the pupils in chauffeur-driven cars, a sit-down substantial midday meal in the dining room, a large gymnasium which, with a performing stage, doubled as an auditorium/theatre. In winter, when the snows fell, the gymnasium provided indoor athletics and basketball. Out of doors were skating rinks and playing fields.

And so began nearly eight years of sharing with young pupils the exciting world of arts and crafts – fine art, plastic arts, creative woodwork, photography, printing, the exploration and manipulation of materials.

With experimentation, and individual expression, the students were excitingly creative: they had the benefit of stimulating surroundings in their homes, with well stocked libraries, landscaped spaces, after school sporting clubs, holiday travels around USA and Europe, winters skiing in Aspen, or swimming in Florida.

Interestingly Art was a required subject, with the students rated on their performance. Music was also a required subject. One of the obvious goals of the School was to develop study, intellectual skills, cultural interests. The families had high ambitions for their children. Those who faltered in their ability to learn were referred to the remedial teacher, a psychologist, for extra coaching. Failure was not acceptable!

Most of the children completing Ninth Grade, would enter the prestigious secondary schools in the Massachusetts, New England region, and of these,



Faculty of Lake Forest Day School, Illinois, 1950. Joan, Art Teacher (standing centre).

the majority would move on to tertiary studies at Yale, Harvard, Princeton, Smith, etc.

The benefit of being employed in a well-financed, private school, was that the art teacher's budget was an open one – enabling a wide range of materials, class outings to Chicago Art Gallery, 40 miles south, and ceramics studios. The wide corridors between buildings constituted natural gallery space for exhibiting classwork, where I introduced exhibitions in a designated Junior School Gallery and a Senior School Gallery.

While the children were well-equipped and tended in their own homes (with the young having nannies and nursemaids to tidy up after them), I discovered they enjoyed the challenge of making “something out of nothing” in an art class, and could invariably be inventive with scrap materials and throwaways: in other words, they were imaginative young people.

The children's responses were natural: one lad who brought “teacher” a red apple, when asked how he had made it so shiny, replied “ear wax!”.

A girl who admired a pair of sandals which I had made, commented: “They're really cute – they're just like Jesus's”. No doubt those portrayed in the Holman Hunt drawing.

Our living arrangements over those Day School years in Lake Forest were varied and interesting. When we arrived in the community, we were offered temporary quarters on one of the lovely estates, which included on the property a replica of the authentic Abraham Lincoln cottage in Springfield Illinois. This model had been specifically built for the Chicago World Expo, with its layout like the original. A large room with a large fireplace (by the light of which in the family home Lincoln had studied law), a loft above, reached by a vertical ladder where the family slept, windows which looked out on the split sapling fences through which black sheep peered. A few additions were added for contemporary comfort – such as a modern kitchen and a bathroom (in which was installed the shower recess of Sally Rand: a fan dancer at the Chicago Fair): this had been also purchased and added to the ‘historic’ atmosphere of the Lincoln cottage. These seeming incongruities were, I felt, typical of the polarities in American life – ranging from the serious to the frivolous, the rational to the razzmatazz! Living in the Lincoln atmosphere was altogether a delightful interlude.

Our second lodging in the Midwest was an actual gatekeeper's lodge on a property at Libertyville in rural Illinois. Its owner was Samuel Harper, gentleman/farmer, a current Trustee of the University of Chicago. He was a descendant of the founder of the Harper Magazine who had been a central figure in the establishment of the University. The mansion was a converted barn of ample dimensions, with large rooms, wide staircases, a picturesque

garden, and a few domestic crops. The original silo which had stored stock-feed had been transformed into a multi-level library, lined with impressive volumes. There was a swimming pool.

Our two-storey lodge had a large fireplace in the living room which proved useful for cooking meals when blizzards cut off the electricity supply. The winter allowed us to indulge in snow-baths and then warm up by the fireplace! Commuting daily to school down the ice-slick country roads was a quite hazardous adventure, with every prospect of being ditched en route!

A heavy snowfall and the whole environment was transformed – blanketing the fields, carpeting the motorways, decoratively etching the trees, wrapping up buildings, bridges and automobiles like gargantuan Christmas gifts: strictly graphic art – white on black. I tried to capture in verse the winter scene in Illinois, followed by the reviving processes in spring.

WINTER GEOMETRICS

*scattered are the reams of white
deep and keen the pencils write
verticals of trunks project
horizon's curve with boughs bisect
sharp the compasses of winds that blow
incising arcs on road-graphed snow
silverpoint parabolas of brooks
isosean plummetings of rooks
rectangled walls, rhomboidal roofs
parallel the dots of moving hoofs
the sod a tangent to the seeded form
suppressed the lush the bright the warm
can we presume that there will be
after all this angularity
after the planes of winter panoply
volumes pregnant with vitality
can all this white and black transform
into multifoliate vomed form
and under this cold leaden black
does the sap pulse to bring
bright blossoms back*

After the Californian sunshine, the 1947 winter proved particularly cold and portentous. As I set down the environmental images of Winter

Geometrics in Illinois, I realised it was also a metaphor for a personal winter which I encountered on my return to the Midwest – the realisation that my marriage had become destabilised. Two long winters! The vernal season returned, but not the solid family life.

SPRING

*the hard sod yields
to the flaccid worm
the black bough rips
with multiple birth

the grass blade sheds
its shroud of snow
exhumed from
sepulchral earth

small glossy creatures
of the dark
gravitate
to warmth and light

from its coffin chrysalis
the caterpillar
exults in flight

out of the soundless
aerial voices trill
of cells re-animate

and in these morgues
of black and white
red corpuscles
resuscitate*

Our third lodging, this time for my son and myself, was in Highland Park beside Lake Michigan, where we occupied the upper floor of a home owned by descendants of the Penn Quaker family of Pennsylvania. Our landlady, was a gentle, caring person, who was prepared to be a child-sitter when I had evening appointments. She provided us with bountiful evening meals which were the ideal wind-up to a long working day school hours 8.30 am – 4.30 pm with always a big cleanup to do in the studio after a continuum of creative classes.

Our landlady's mother, Mrs Pennington was in her nineties: she could recall one of her Pennsylvanian ancestors in the Penn lineage having remarked to her husband "When *thee* says 'you' to me, methinks *thee's* mad at me!"

Living in such a 'sheltered' community as Lake Forest was agreeable, but I could discern that I would not be able to afford to send my son to one of the wealthy secondary schools where his mates would be going. What brought

this home to me was a casual remark I overheard him make to someone "We haven't any money, but we're snobs!"

Time to strike out in another direction! With an interim plan to revisit the family in Australia and ascertain whether two Americans – one by birth, and one by naturalisation – might find a new niche! At the end of the Lake Forest Day School year, June 1953, my son and I packed our personal gear into sea chests and headed west to California in our yellow postwar jeep.

For fifteen years I had been living in the USA and Canada, with one return visit to Australia during a school vacation. During these fifteen years, I had moved extensively about the American continent – residing in two Canadian provinces, British Columbia and Ontario; and in six of the United States – Illinois, Michigan, California, Ohio, New York State and Maine. Between September 1938 when I took up my first residence at International House on the campus of the University of Chicago, until June 1953, when I resigned as art teacher at the Lake Forest Day School in Illinois, I had moved house twenty times. Of these, thirteen were connected with the US involvement in World War II, and were typical of American families' experiences in the massive mobilisation of the total population. In reflecting on my years in Lake Forest, I appreciated that it was an environment in striking contrast to my first student social work exposures to the industrial slums and depressed neighbourhoods of Chicago, the congested crowded penitentiaries, the regimented psychiatric institutions, the concentrations of ethnic migrants in urban areas, the rural poverty of black communities in the 'deep south'. The Lake Forest period offered an opportunity to experience the other side of the economic scene – the financially empowered and socially secure society in which my students lived.

Any misgivings I might have had about the art syllabus and myself as an unqualified teacher were relieved by the final commentary given by the School Principal in June, 1953, at the end of the school year:

For the years that Joan has presided over the studio, it has been the favourite haunt of students from the first through the ninth grade, a wonderful world in which a wide variety of projects has been carried out in an amazing range of materials – paint, chalk, metal, wood, linoleum, cardboard, cloth, wire, steel wool, confetti, egg boxes, to mention but a few. A typical cross-section of the results is currently seen in the passageway gallery between the two buildings. These walls have been the background for numerous attractively presented exhibitions out of almost nothing but her ingenuity, versatility, and well rounded art scholarship. For plays and parties, good-looking make believe, from jungles to interplanetary space, has been miraculously generated by the children under her direction.

All of which confirmed my own philosophy – that the skills in teaching art to primary and even secondary students lie less in pedagogic instruction

than in engaging their imagination, their enthusiasm, and their manual dexterity.

Summer Camps for Juniors

During this seven year period of formal teaching, I used the summer vacations to be involved in the recreation programs for children in other lakeside communities such as Highland Park and Evanston. This I could do because my son could share in the programs, which were healthy, out-of-doors, and relaxing – the latter state applying to the consumers, not the supervisors! Then in the early 50s I accepted an invitation to conduct an arts and crafts program in a girls residential summer camp, Moss Lake, in the Adirondack Mountains in Upper New York State. Resembling somewhat a boarding school in a rural setting, the camp attracted children from advantaged families who paid high fees for their children to have a healthy action-packed and structured learning holiday in a mountain/lakes/woods setting.

In comfortable chalets with a community centre for meals and social activities, studios for arts and ballet instruction, riding rings and trails for horsemanship, sailing boats, canoes, tennis courts, an archery range, swimming and diving facilities on the lake – the young campers had their days scheduled with a continuum of skills learning in a range of fields. Faculty included a Davis Cup tennis player, a Russian ballerina; archery, marksmanship and horsemanship were taught by ex-Russian and Polish officers, sailing, diving, canoeing and swimming by American specialists.

The camp was divided into a Junior and Senior section: the youngest campers from six to nine, the oldest girls ten to nineteen. They came from East Coast families, from the Southern states, and from US based Embassy staffs from Latin America. A number of the Seniors would be in the category of Boston debutantes. The type of curriculum of this camp – Moss Lake – obviously had the characteristics of a finishing school where, in a picturesque environment, each student developed social, cultural and physical skills. Although the camp provided preponderantly for the affluent families, there were a few children on scholarships or reduced fees. As the art instructor in a Midwest private school, I wondered how I happened to be invited into that elitist set of young people and the highly selected staff. I learned that the 'grapevine' had been active, and my innovative approach to teaching had been recommended to the Directors. My classroom successes in student exploration, manipulation and shaping of natural and synthetic materials from the natural and human environments was seen to be appropriate for young people developing their skills in an outdoor setting. When I presented my lists of required arts and crafts raw materials for the season, the Directors did not blink an eye at the

copious amounts of blueprint paper, liquid plastic, textile paints, clay, sketching pads, dyes, carving tools, etc.

As often as possible, my students and I made sorties into the woods and along the lake, sketching and gathering specimens for studio action, foliage and grasses for drying, arranging, mounting; flowers, nuts and seeds for embedding in liquid plastic: I recall some aesthetic effects sealing lotus, red blossoms and fern in plastic cubes. It was an art program which related closely to their camp experiences. For their plays and concerts, they made the scenery, costumes, masks, accessories; on sketching tablets they captured the sailing, the canoeing, the diving, the horses. This 'sister' camp under the spruce, birch and larch trees was a lovely environment.

The Directors also ran a 'brother' camp some miles away on another lake – Cedar Isle, set on an island in another scenic spot. My son was one of the freeloading campers and I did not expect to see him often. But a sudden resignation of the arts and crafts instructor led to my being invited to run sessions for the boys, who did a lot of carving, woodworking, construction and creative expression utilising the natural raw materials on the island and on the lake shores. Twice a week I drove my jeep to the boat landing for the Cedar Isle camp.

This summer widened my learning experiences, including learning how much easier it is for the financially secure to live well, how many resources they can draw upon to supply their interests and to give fullness and meaning to their days. Here were young people, not idling their days away, but fully programmed to develop an array of interests. The syllabus required everyone to systematically develop skills – not only skills in athletics, sports and cultural expression, but also the concomitants of self-development, of poise, physical fitness, self-assurance, a sense of their own worth.

The Directors must have been satisfied with my fairly unorthodox style of arts instruction: I was invited to return the following summer! But I had other things to do.

RITES OF PASSAGE

My resolve to return to Australia was based on my plan to devote some time to my ageing mother, to test my son's adaptability to life 'downunder', and to investigate the possibility of finding congenial work in my homeland.

With this imminent move, I began to sort out my accumulated possessions. Among the documents, I came upon my half-used steamship ticket purchased in 1938 applicable for circumnavigating the Pacific and Atlantic Oceans, the Mediterranean and the Indian Ocean. It was fifteen years since I had used up the Pacific leg of my world trip: now the ticket appeared obsolete and useless. I was also conscious of the fact that the shipping line which had issued the ticket had had some major losses in World War II.

Casually I showed the remaining ticket to the Chicago travel agent who was arranging ship bookings for us. When he sighted it, he thought it worthwhile to contact the Canadian Pacific Line offices. Eventually, this netted a reply that a total of sixty pounds, ten shillings and elevenpence (Australian), over half of the original total price was available which could be applied against cost of my future transportation. This letter was dated 1953. After fifteen years, my ticket was still valid!

The unused balance was applied to meet part of the costs of travel on SS *Wangaratta*, a Swedish freighter leaving San Pedro, California on July 12, 1953. Regretting that we had to leave behind our cherished possessions – an extensive book collection, art works, and our very favourite Swedish crafted French Officers' chairs, with interlocking demountable elements, and rich orange leather upholstery. More regretfully leaving wonderful friends, we set out on our last long jeep ride to the coast of California.

Exhausted by the twenty-four hundred or so miles, we sold our trusty vehicle, farewelled good friends in San Francisco, and entrained south for Long Beach where we refreshed in the surf, and set our sights for downunder. Long Beach was a dynamic seaboard community, full of surfers, tourists, and clusters of day-and-night operating 'attractions'. One evening we were attracted by a fortune-teller sitting on a stage while a scout drummed up takers in the crowd. Next to us stood a young man in civilian clothes who had ventured his fee for his 'fortune'. He was told the name of his State, one in the deep South and his hometown, his career in the Navy, and the actual number of his driver's licence, briefly held by the scout. After that, we decided to speculate: the fortune teller began by saying we had just

made a long journey, that we were going further: I think she mentioned a ship, but that we would return, and a couple of other correct details which I have forgotten. We did return – separately: my son to commence his working career in California, and I revisited twice – thirteen years later for a world trip during my long service leave from Townsville Hospital, and again in 1981, to undertake Special Studies Leave from the Behavioural Sciences Department at James Cook University.

The voyage was idyllic, with fair seas and no ports-of-call until the *Wangaratta* berthed at Newcastle, New South Wales. The freighter had a complement of twelve passengers, all of whom sat at the Captain's Table, ensuring social equality. One small hitch was the Captain's mighty obsession with card-playing – even after the big dinner celebrating the Crossing of the Line. On this festive occasion, my son and I decided to sabotage the card game by a 1953 version of street theatre – ship theatre. Our favourite co-passenger, a French woman, was the only card player who really delighted in our antics: at breakfast she confessed she had almost wet her pants with laughter.

Having completed seven years of full-time art teaching in Illinois, possessing a Master's Degree in Social Service Administration, and with substantial wartime and postwar years of community work across the States, I pondered what my career prospects were. I was uncertain whether my social work qualifications would be recognized in Australia. But I had an inbuilt optimism!

The family were still occupying the family home in Hawthorn, Victoria from where I had set off on my maiden voyage. Melbourne had become a more cosmopolitan city, with a large ethnic population as evidenced in continental type restaurants, espresso coffee bars, and the like, adding colour and vitality to the community life.

An opportunity to further discover the changed Australian scenario came when my mother and I decided to board the *SS Mooltan* in Melbourne on her final voyage to Brisbane where we visited friends, and later travelled some ninety miles north to Nambour where my sister and her family lived on a pineapple farm. This was my first adventure into the Queensland tropics. It was a lush picturesque region, with crop cultivation on the gentle hills, dramatic mountain ranges, and magnificent sunbathed coastal stretches enjoying mild climates which were in striking contrast to the rigours and subzero temperatures of winters in Chicago, New York, Maine, Michigan and Ohio.

As my most recent occupation was teaching art, I took the opportunity while in Brisbane to make enquiries at the Queensland Education Office about equivalent positions for art teachers in the State, and was informed

that the Department did not have special art teachers in either primary or secondary levels of schooling.

Redirecting my efforts towards the field of social work, I made a somewhat casual enquiry at the outer office of the Department of Social Services in Brisbane, where I was quickly ushered into the office of the Registrar who proved particularly interested in my qualifications. He indicated there was a dire shortage of social workers. I seem to recall him mentioning there were only a couple practising in Brisbane, one of them being in his Department. Unfortunately, this employee had just returned south and he was unable to fill the vacancy. Apparently he had little chance of recruiting a local replacement, and expressed the hope that I might submit my qualifications. I found it difficult to disengage from the interview, but indicated that I would seriously consider the opportunity.

I must have decided to explore other avenues, as I remember glancing through the positions vacant in the *Brisbane Courier Mail*, where I observed a listing for the position of a Medical Social Worker for Townsville General Hospital which carried with it regular fortnightly visits to Cairns Base Hospital:

TOWNSVILLE GENERAL HOSPITAL

Applications are invited from qualified persons for the position of
**MEDICAL
SOCIAL WORKER**

TOWNSVILLE HOSPITAL

Duties include also fortnightly visits to Cairns Base Hospital.

Salary Classification: £654/3/4-£714/3/4 per annum, inclusive of Northern Parity and Basic Wage variations to date.

Commencing salary payable in accordance with qualifications and experience of appointee.

Daily average. Townsville Hospital, 280.

Applications close 18th December, 1953, and should be addressed to –

The Secretary,
Hospitals Board,
Townsville.

Certified copies (not originals) of Certificates and Testimonials should be forwarded.

Applicants must state full name, age, and marital status, and advise full details of qualifications and experience.

Mainly to test out my overseas credentials, I wrote to the Secretary of the Townsville General Hospital hardly expecting anything to eventuate, almost immediately returning to Melbourne where I explored other work

prospects in Victoria, including that of a Talks Assistant for the Australian Broadcasting Commission. To my surprise I received a reply from the Townsville Hospitals Board stating that I had been appointed to the hospital social work position and was expected to report for duty at my earliest convenience.

With the family urging me to remain in Victoria I felt ambivalent about this Queensland proposition. My brother who had been a RAAF Wing Commander/Surgeon during World War II and had been through Townsville at the time of the Battle of the Coral Sea, had negative images of the city, stressed the intolerable heat in the summer, the jumbo-size mosquitoes, the dangers of infection from the coral reef causing chronic skin ulcers ...

While I temporised, there was a follow-up letter from the Hospital Secretary, enquiring about my movements northward, and indicating that I was expected to report for duty by March 1, 1954. Reasoning it would be relatively easy to disengage from the post if it proved uncongenial, I came to Townsville on an exploratory basis, not knowing the nature of the two-hospital assignment, unaware of my tolerance to tropical living, and the solo work role I was to fill in North Queensland for many years.

Leaving my son in the care of my brother, and enrolled in a Boys' Grammar School, I flew north with one suitcase and a portable typewriter.

CHECK-IN: NORTH QUEENSLAND

Mise en scène

Townsville, my new port-o-call, was situated midway between Queensland's border with New South Wales and the tip of Cape York Peninsula. This region of northeastern Australia contained a long unwritten history of inhabitation by Aboriginal people, estimated more latterly to have been in the order of 40,000 years. In the 1950s, the nature of that history was virtually unknown in the urban centres of Australia. What were known and recorded were European-led sea voyages and land explorations over the last few hundred years.

Coral seas and reefs, islands with their alabaster beaches, rugged ranges and rainforests, and lazy sun-drenched serpentine streams stretching their Limpopo-brown skins through matted mangroves – these constituted the sea- and landscapes of the seafarers and explorers who had made early sorties along the coast of North Queensland. These vanguard crews of transients, all males, might well have been mistaken for latter-day Ulysseans searching for utopias peopled by lotusland sirens.

As a result of favourable reports tendered by these mariners back home in port, came territory-hunters who set up their outposts on crescent beaches north of Capricorn. Initially, these micro-communities were exclusively males who faced unimaginable risks and uncertain futures. With the arrival of wives and other adventurous women, the encampments evolved into simple settlements preoccupied with building shelters, shops, and other establishments. In the settling in processes, the newcomers found themselves surprised, surrounded and challenged by indigenes well ensconced in the same territory.

Nomadism, primitive shelters and corporate use of tribal land characterised the lifestyle of the Aborigines. The acquisition of land by the invaders introduced the concept of proprietorship and impacted on the mobility of the Aboriginal groups. No legal titles enshrined their rights to the land on which they lived: for them it was a communal resource of its natural produce, unchallenged by long occupancy and historical precedent. Their status had been that of sole usage, but not of official ownership. There was some recognition of boundary demarcations between adjoining tribes.

Between occupants and new arrivals, there was no linguistic communication. However, there were physical contacts aplenty, some amicable, some confrontational, with much arbitrary action to solve misunderstandings and settle scores.

The cross-cultural commerce and conflicts between the original and the introduced species took different modes of recording what was being experienced. The usurped collectives had their non-literate images of events, encounters and skirmishes recorded in pictograms, symbols and rock shelters, bark paintings, and verbally transmitted through inter-generational legends. The new settlers with a literate tradition, had their penned official documents and informal accounts concurrently annotated with their movements into North Queensland.

By the 1850s, tenure of tribal territory had been disturbed by the systematic dispossession of land by the new settlers. This was the beginning of progressive detribalisation of the Aborigines of North Queensland. With less freedom of movement, their walkabout tradition was seriously curtailed. There was a breaking of ranks: some natives endeavoured to maintain their bush existence, others chose or were pressured to join up with the settlers as 'ringers' on newly established properties; as native police; as 'trackers' whose bush lore included highly developed skills in identifying animal tracks and locating missing persons; as 'trusties' interpreting between 'white' and 'black' inhabitants. Unused to monetary systems, some must have felt intrigued by the idea of recompense for services rendered, no matter how small the handout. Often the Aborigines were supplied with housing for family units, produce from the crops and stock raised on the properties, and 'white fella's' clothing. Those who elected to make deals with the settlers suddenly had options other than walkabout. It was not all deprivation and exploitation.

A stone-age culture was being overwhelmed by a more sophisticated technology and weaponry. Firearms and axes became prize acquisitions for stone-age people bargaining with the interlopers.

In 1846, a shipwrecked seaman from the SS *Peruvian*, James Morrill was washed ashore near Cape Cleveland where he was befriended by local natives. For seventeen years, he remained with them. When he came in contact with pastoral stockmen, Morrill decided to return to the nearest town, Bowen, where his knowledge of tribal language and customs was put to good use by traders in the town and by explorers such as Dalrymple, whom he accompanied on his expeditions northwards.

In 1844, when Ludwig Leichhardt put together a team to explore the country between South Queensland and the far north to Port Essington in the Northern Territory, he included two Aborigines whose presence and

negotiations with the various tribes encountered en route were instrumental in ensuring a remarkably peaceable journey.

Testing Tropics a La Townsville

In the latter half of the nineteenth century, an English bride, Lucy Grey, in transit to Hughenden pastoral property in Western Queensland stopped off at Townsville, where she and her party prepared for the long ride over teamsters' tracks to their destination. A diarist and an amateur artist, one of her pencil sketches depicted an Aboriginal woman, on the Strand in Townsville, proudly wearing a full-skirted mid-Victorian gown. It was a sensitive study, giving the impression that at least one Aboriginal woman was not averse to such cross-cultural influences!

The month of March, I discovered, has a reputation for being one of the hottest and wettest of the tropical calendar year. It certainly seemed so. The blast of humid, torrid air which assailed me as I alighted from the plane was nearly enough to hurl me back onto the returning flight south.

A succession of novel learning experiences ensued about life and work in the Queensland tropics. In the '50s Victorians regarded Brisbane as a remote northern 'hot-spot' and Townsville as sited close to the top of Cape York Peninsula. Yet Townsville, 1371 km north of Brisbane was actually midpoint of the State's coastline. Interestingly, after I had located in Townsville, I became aware of the concepts of distance of the North Queensland locals: if someone said, "I'm going south" it was assumed to be Brisbane! Whereas Melbourne, another two thousand km south of the Queensland border was quite 'beyond the pale'.

At my request, the Hospital Administration had booked me temporarily, (at my own expense, as was also the air fare north) into a nearby hotel, overlooking Cleveland Bay, and one block away from the Hospital.

The Strand Hotel was typical of the style of many of the North Queensland 'watering places', designed in an era when there was no air-conditioning, and where circulation of air was a prime consideration. Comfort for the house guests presupposed two long public open spaces – a wide balcony at the front, and a corridor, with bedroom doors opening onto both, opposite to each other for maximum draught. The principle worked well – as long as both doors remained open: to shut either door was to create an airless chamber. My room thus resembled a thoroughfare rather than a private sleeping space.

Imagining I could cool off with a refreshing shower, I discovered the bathroom – a corrugated iron construction at the rear of the hotel on the upstairs level. The iron walls seemed to be designed to magnetise the sun's rays. Shutting the door for privacy ensured concentration of the humidity.

The 'cold' tap produced tepid water which, combined with the acts of disrobing, towel drying and donning fresh clothes, left the bather just as limp and clammy as before the shower.

Such ablutions doubtfully negotiated, I presented at the office of the Hospital Secretary. Townsville Hospital was of a distinctive modern design, facing the sea. Its frontal aspect had the horizontal lines of a massive bookcase, with airy balconies fore and aft the public wards, maximising air movement.

Preliminaries completed, I was ushered into an adequately appointed office on the ground floor, with large windows also facing the Pacific Ocean. It was to be my main workplace for the next twenty-one years!

The general situation of my office was excellent, being sited in the Special Clinics which functioned throughout the working week and which, it transpired, provided a continuum of referrals from the attending Consultants. It was highly accessible to the group of outpatients who were receiving specialist treatment. It was reasonably close to the Outpatients and Casualty sections where the doctors on duty referred on those who seemed to need social assessment, support, and help with planning their individual or family regimes. For those outpatients who had ongoing appointments with the social worker, the office was conveniently placed, at street level. This siting also facilitated consultations with a host of community personnel – patients' relatives, teachers, lawyers, government officers, church men – who were variously involved in patient-welfare.

And for ambulatory and wheelchair mobile patients in the five floors of wards in the main building, the office allowed for privacy for personal discussion. Furniture included simple padded chairs with armrests, an ample desk, book shelves and filing cabinet. Although the social work service had only been instituted two years, as I was to discover, it already had a large number of patient files. As yet there was no reference material, – that is informative data on whatever community resources there were, – in Townsville, in North Queensland, in the State. These I quickly set about to acquire, to fill the gaps in my own knowledge as a novice practitioner at the 'top end' of Australia.

I soon noticed there was no typewriter which was necessary for office correspondence, reports and the like. My predecessor had managed by handwritten notations on patients' files, and although I never thought to investigate, she would no doubt have had the help of the general office in having her reports and correspondence typed. My intuitive reaction to the no-typewriter situation was to bring from home my small portable which had been the second piece of luggage accompanying me to Townsville, and do my own typing. Much later when I enquired about a hospital machine,

a big standard typewriter, functional and adequate to my purposes, was assigned to my office.

It wasn't long before I requested a stenographer/secretary. Although I saw the caseload as too heavy for one social worker, and made early submissions for increase of staff, the Hospital's Board was more favourable to the employment of a secretary – a person who could handle enquiries, make appointments, assess and give priority to urgent situations, and who could keep the Townsville Office functioning during the two days fortnightly when I was at Cairns Hospital.

Before the secretary signed on, it was necessary to provide a separate office. Unfortunately there were no spare rooms in the Special Clinics where the social worker's office was sited. The Hospital Board decided to convert one of the two male toilets in the Clinics into the Secretariat. This was quickly and efficiently done: some clever carpentry had covered the urinal and converted it to an enclosed bench – from which beverages for stressed and exhausted clients, were dispensed!

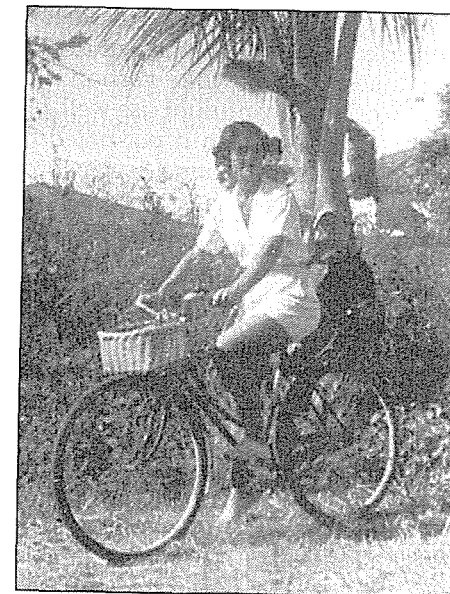
The first departmental secretary, efficient and sensitive to client problems, moved in. Men who had been in the habit of using that particular toilet were not aware of its changed function. Quite a few were seen to hurry in, expecting a urinal, only to retreat in embarrassment when they came up against the clerk's desk barring their way!

Cycling into Social Work

From the outset there was also need for a more mobile outdoor machine – to transport me out into the community where my clients, and any existing supportive resources were. My first knee-jerk reaction was to find my own mode of transportation. Hence the second-hand bicycle – which then provided any amount of knee-jerks as I pedalled away on my home and field visits, along a miscellany of road surfaces.

With the bicycle I felt adequately mechanised in my new hospital post – it was easily parked, it was an

*(Right) Joan and her trusty bicycle
for home visits from
Townsville Hospital, from 1953.*



unarguably democratic device creating no social barriers between “the worker” and the high ratio of impecunious clients in my caseload, and it was undoubtedly a healthy mode of transport. It never occurred to me that I should ask the Hospital Board to provide transport. The bicycle was symbolic of the pioneering nature of social work in Townsville in the 50s.

Blithely satisfied with my contrived mode of transport, I regularly took to my bicycle: what better way to become familiar with the environments of the client group, and what more measured pace to experience the ‘field’ aspects of social work!

One day, returning to the rear of the main hospital block propelled by pedal power, the Medical Superintendent noticed me alighting from my trusty machine, and remarked, “You shouldn’t have to go by bike”, and commented that he intended to do something about it. Which he did. The Hospital Board authorised me to use taxis for home visits and any other community contacts I needed to do. All that was required of me was to sign a chit which the taxi company processed, submitting accounts to the Board.

For some period I used taxis freely even for country work. The bills must have been substantial. On one occasion I recall signing a chit on which the driver filled in the employer as “*the Townsville Hospitable Board*”! At least one driver appreciated the Board’s largesse!

The time came, probably after the Board had felt it had been sufficiently ‘hospitable’ to the taxi company, that the social worker was given exclusive use of a blue Morris Minor which was a vast improvement to my road efficiency. Because of my extended working days and weekends, the Board approved my garaging the car at my residence. Subsequently, this machine was replaced by a white version of the same make. Both cars took to the road work and continual use well, even travelling to Charters Towers, some eighty miles west, on a pot-holed road. They made similar country road sorties in other directions: northwards to the neighbouring sugar-cane town of Ingham and south to Ayr, on the Burdekin River.

The extra seating in the third vehicle, a family size Ford, solved the logistics of transporting up to three social work students for familiarisation visits to other medico-social resources in the district, such as Eventide Home for the aged, Mosman Psychiatric Hospital and the Flying Doctor Base in Charters Towers. The car was also accommodating enough for contingency movements of clients and their families.

Alien in the Homeland

An early complication of my residency in North Queensland arose because of my status as a naturalised American. In 1938 I had entered the United

States on a tourist visa which simplified entry permitting a six-month sojourn. For the two years I was doing postgraduate studies at the University of Chicago, I was able to have the visa extended, but when I married in June 1940, just after graduation, I had to officially leave the USA and make reapplication to re-enter as a married woman and permanent resident. At the time of this required exodus, I was living in Detroit, Michigan where I was able to cross over into the Canadian bordertown of Windsor in the Province of Ontario, make formal application, sign documents and return the same day to USA.

When the Japanese bombed Pearl Harbour in December 1941, my status was that of a resident alien, married to an American citizen, and with a newborn American son. Along with other resident aliens, from both the allied and axis countries, I was on an official list of aliens in Washington, D.C., with my fingerprints filed in the capital. I resolved to regularise my status by applying for naturalisation. For a time it seemed as if dual citizenship might be permitted between American and British (including Australian) citizens, but I was required to renounce allegiance to my homeland.

Some years later, when I planned to revisit Australia, I applied for an American passport, which was duly issued, with supplementary advice indicating that a naturalised citizen who returned to her native land could be denied re-entry to the USA if she remained away for more than two years.

Domiciled in Queensland and employed by the State Health Department, I experienced ambivalence as well as ineligibility when called upon to countersign documents my clients needed for official applications and other purposes. Even the regular applications for Sickness Benefit, Pensions, and TB Allowances required the countersignature of an Australian voter. This enforced limitation of my services to clients was only rectified in 1961 when I re-naturalised as an Australian citizen, and renounced my naturalised American status. Actually, I received the vital document from none other than the Minister for Immigration, Mr Downer, in the Townsville Town Hall. The august body of local federal parliamentarians and civic officials showed surprise when I presented as a ‘foreign body’.

Another major challenge to my status as a resident of Townsville occurred when my son came from Melbourne to join me in a flat close to the Hospital, and was soon pressuring me to purchase a house. Having continuously lived in rented accommodation in a number of the American states during the war years, he aspired to a place of our own. Mounted on our bicycles, we scouted through North Ward, a seaside suburb of Townsville, and quite accidentally ‘discovered’ our dream cottage – a small house within walking distance of my workplace and his school, surrounded

by a quarter of an acre of neglected garden – in fact the rear half overgrown with dense clumps of guinea grass.

When we located the real estate agent, he casually asked if I was an Australian citizen because of the prevailing law denying purchase of Queensland property by an alien. Envisaging red tape strangling the deal, I sought legal advice, the solicitor making contact with the Attorney General in the Justice Department. For his earnest efforts, a terse telegram was received stating “permission to purchase property disallowed”.

Somewhat crestfallen I persevered, but withheld the problem from my current landlord who had somehow heard of my intention to buy a house, and anticipating no complications, was promising early vacancy of our flat to a newly arrived public servant who was a married man with several children.

While my flat was being reserved for him, he and his family were living in a hotel (at that time there were no such accommodation options as motels). With legal remedies at a standstill, I finally resolved to put my ‘genuine’ case to the Justice Department, by setting out at length on paper the ‘respectable’ credentials of my pioneering families.

On a Saturday morning, just after I had mailed this dossier, Special Delivery, to the Justice Department, the agent for the flat reappeared and showed signs of being impatient with me. I felt I had stalled him long enough and sought to explain my seeming irresolution. So I explained that the unaccountable delay was because of State legislation prohibiting foreigners from owning land in Queensland. I also admitted that I had just despatched an urgent letter to the Justice Department to endeavour to clarify my entitlement to a home of my own in Queensland. All of which prompted the landlord to comment “Well, that’s interesting, because the man who is lined up to occupy the flat is the new northern representative of the Justice Department!”. That was on Saturday morning.

By Monday morning, I received a telegram from Brisbane authorising me to purchase a property in Townsville. To this day, I do not know what caused the change of judicial and legal heart. Whether my special delivery dossier was ultra-convincing or whether the property laws of Queensland had been miraculously changed over the weekend! – or what!

Now in the 1990s when large tracts of land in Queensland are being freely sold off to foreigners, many as absentee-landlord investments, I wonder if I am guilty by early commission of this massive alienation of Queensland’s estate.

On February 4, 1957, I received an official permit to own property in Queensland and shortly after, my son and I moved into a congenial old

Queenslander, the main section dating from the 1890s, possibly a miner’s cottage from Charters Towers, relocated when the Gold Rush ended.

Breasting the Marriage Bar

When I accepted the invitation to join Townsville General Hospital in 1954, I had no knowledge of the geography, the climate, the population, the political structures and the general lifestyle of the population of Queensland, nor of the state of the welfare arts in North Queensland.

Those were the days when appointments of paramedicals were made without benefit of a personal interview, merely relying on paper credentials. When my application was approved, I was not invited to fill the position: I was advised formally by letter that I had been appointed and would be expected to report for duty by March 1, 1954! On arrival there was a tremendous breadth of information to be absorbed by an ex-Victorian who had been living overseas for fifteen years.

Slowly, a composite picture emerged. I discovered that, by accepting the Medical Social Work position, I had displaced the only social worker employed in North Queensland. Doris Garth had been employed by the Townsville Hospitals Board in 1951 – the first hospital social work appointment in the State of Queensland. For over two years she had been establishing social work services in both Townsville General and Cairns Base Hospitals, where she was well received by the medical staff, particularly by the only Psychiatric Consultant in North Queensland, and by the northern community who sought her services.

When, in 1953, she married, her position had to be readvertised because of State Regulations which automatically disqualified a married woman from employment in the Public Service if there were single self-supporting women applying for the job. Because of the prevailing unrelieved shortages of social workers in Australia, Doris Saunders (as she now was) could feel confident that this social work position in the northern tropics was a ‘safe seat’, attracting no contenders, as there were no other social workers in North Queensland and hardly any in South Queensland.

No doubt she was surprised to hear that there had been an applicant for her job, from an expatriate with a postgraduate degree from an American University, who happened to be vacationing in Brisbane when the advertisement appeared in the Brisbane *Courier Mail*. Coming back from many years of employment as a married woman in the USA, and with a brief return to Victoria, it never occurred to me that married women could only work in the Public Service of Queensland if there were no self-supporting women applying for the position.

As a total stranger moving into the dry tropics, I was chagrined to discover that, as a self-supporting applicant, I received preferential treatment over a social worker who, in the previous two years, had inaugurated and established a well-received service in social work in both Townsville General and Cairns Base Hospitals. I was astonished to discover that I had 'unseated' a most efficient professional worker from her pioneer post in the North Queensland Hospitals. By displacing, Doris, I had then become the only social worker in the Queensland Public Service, the only one practising in the State outside Brisbane and the only medical social worker in the Queensland Health Department.

Pioneer Predecessors

Later I was to learn that a succession of short-term social workers had been employed by the Red Cross in Townsville in the years following World War II, from 1946-50/1. Some official papers show evidence of the fact that the Red Cross was active in Townsville in the First World War, and beyond the war years until 1927. Further records indicate a renewal of activity in 1939, the era of World War II. Apparently the Townsville branch of the Red Cross had operated during the Pacific phase of the allied/axis conflict when the city became a major military base for mounting a counter-thrust to Japanese incursions into the Coral Sea.

Red Cross activities in Townsville, in line with its traditional national role of providing services to the Australian and Allied personnel in uniform, were organised by a dedicated committee of civilians who had the onerous task of sustaining the morale of fighting men passing through Townsville. With the surrender of Japan, the whole volunteer Red Cross operation was wound down. In correspondence from the Townsville Secretary in February 1946 the question was raised about whether the Society in Queensland should close its office in Townsville or appoint a part-time secretary to continue its services. By early in 1946 the volunteer Committee was relieved that their long labours in wartime conditions were over, and indicated their intention of resigning, seeing no reason to support a peacetime program, of social service, blood transfusion, and holding surplus stores, which they favoured handing over to the Hospital.

Red Cross Headquarters remained convinced that a Red Cross presence should be maintained in Townsville. By October 1946, HQ had engaged a Secretary, Elaine Mousally, who had had a distinguished service as a Red Cross field worker in the Northern Territory during the war.

Hardly had Elaine Mousally moved into the Secretariat in the Townsville office when Viva Murphy, a senior social worker who was the Director of the Queensland Division, came north to look into the possibilities of the Red Cross further decentralising its services. She conferred with the hospital

superintendent and the local veterans organisations – Returned Services League, Repatriation, Rehabilitation and Legacy, and then recommended to Divisional HQ that a social worker be appointed to the Townsville office. This suggestion appeared to disconcert the local committee who could see themselves as now encumbered with continued fund-raising to maintain social work services in a peacetime context. They became reconciled to the plan when they were assured that the costs of the social worker would not be a debit against the local chapter, but would be met by Headquarters. Correspondence from HQ alluded to the interest in peacetime Red Cross services expressed by a reconstituted local Committee, which included some prominent Townsville businessmen.

By November 1946, the first social worker for the Red Cross Branch in Townsville had been appointed: she was Pat Sanders who had graduated with a Diploma of Social Studies in Melbourne, after studying on a Red Cross scholarship. To her belongs the distinction of establishing the first Social Work Department out of Brisbane. With her came the files of 186 men who had been discharged from military service as being medically unfit, and were now living in North Queensland where many required inpatient hospital treatment.

Apparently, the social workers who had been Red Cross scholarship holders were expected to work for a minimum of two years in Queensland. By April 1947 Sanders, who had completed this requirement, resigned from the Townsville position and returned south.

Her successor was Val Morton, who presented a Social Service Report at the August 1947 Annual General Meeting of Red Cross in Townsville, in which she delineated the methods she used to help rehabilitate medically unfit servicemen. The Society President congratulated her on the quantity and quality of work she had performed, and cited the social service as evidence of the value of the Society continuing its peacetime program, focused primarily on rehabilitation of veterans in the postwar reconstruction period.

After Val's transfer to Brisbane in late 1947, the social service position was vacant for six months. Her successor was Betty Crombie who, in a talk given to the Townsville Kindergarten Association in March 1948, outlined the four main types of social work practice:

Social action: involving public education, and social legislation – viz. housing, prison reform, adequate provision for the aged and for the mentally deficient;

Social Welfare Planning: concerned with organising social agencies and activities, material relief agencies, counselling bureaux – financed by public subscription or by government;

Social Group Work in which individuals are encouraged to cooperate intelligently, e.g. boys and girls clubs;

Social Casework – which specialises in the individual's own adjustment.

Crombie explained that she was a social caseworker using the process of interviewing through which the clients expressed thoughts and feelings which, when brought out into the open, enabled them to begin to work through their particular problems.

Crombie stated she was careful not to give advice, because "people have a notorious dislike of accepting advice". The most important factor in social casework was the self-help principle in which the client works to problem-solve, with the pivotal role of the social caseworker in giving of emotional support, but it may also involve family, material, or financial support, or referral to other resources.

"The social workers", she said, "cannot work alone ... are not able to accomplish anything much without the cooperation of doctors, lawyers, kindergarten workers, employment officers, and psychologists": at that time there were no psychologists in North Queensland!

In concluding Crombie mentioned that she was the only trained social worker in Queensland outside the Brisbane area, philosophically adding "It's a great life if you don't weaken ... because each individual leads a different life from any other individual, and no two situations are ever exactly the same". When Crombie resigned to marry in April 1948, a replacement could not be found, forcing Red Cross social service in Townsville to be suspended for six months. In June 1948, at the Annual General Meeting, the local Secretary, Elaine Mousally, was appointed Area Officer for the Northern Zone of Red Cross, extending her responsibilities from Bowen in the south to Cooktown in the north, and west to Mount Isa. She set about applying her experience and enthusiasm for Red Cross to greater North Queensland, enabling the Townsville Branch to note in official correspondence the renewed interest of the northern communities in the activities of the Society.

With an Area Officer now working out of Townsville, it was logical that Elaine Mousally became the main community referral point for disasters and crises in the dispersed towns of the north. In 1947, a year before her appointment as Area Officer, it was Elaine who undertook emergency support services for Queensland Railway employees marooned by flooding of the Haughton River, doing the necessary negotiations with the RAAF Commanding Officer at Garbutt for delivery of supplies in a Dakota plane, and for obtaining authority from the Minister for Air to utilize surplus RAAF buildings, messing gear and bedding to help house prospective flood victims. I recall Elaine's anecdotes of cyclones in both Bowen and Cooktown when she was the first civilian to be airlifted into a disaster area for the

purpose of assessing the needs of victims and for arranging immediate material and financial assistance. It was to be some thirty years later before a State Emergency Service with infrastructures operating in the communities of North Queensland was established.

The prolonged vacancy of the social work position prompted an on-site review of staffing in 1949 by Alma Hartshorne, Director of Welfare in the HQ of Red Cross in Brisbane. She conferred with the relevant personnel in Townsville, ascertaining there was little likelihood of the Queensland Health Department employing a social worker in Townsville Hospital until the service had proved itself over a longer period.

In May 1949 Doris Henness accepted the position. The number of clients continued to increase: these were ex-servicemen and their families referred by the Hospital, Repatriation, Rehabilitation, and ex-Prisoners of War. In correspondence Henness indicated she was also responsible for Red Cross social work in the whole northern area. She had travelled to Cooktown to contact ex-servicemen, also to Mount Isa, Charters Towers and Innisfail. Her role as she saw it was to contact the various Red Cross branches, assist members to handle the problems of ex-service personnel, and to visit the branches as frequently as possible. One of her clients, she noted, was "a pupil of the Deaf and Dumb School in Brisbane". This establishment subsequently deleted the official name of "Dumb" for its hearing-impaired students. After fourteen months in Townsville, Doris Henness was transferred to Brisbane (c. Jan 1950).

Her replacement (c. April 1950) was Chris Halls, who recorded the fact that her clients were ex-servicemen from the First and Second World Wars, with occasionally a Boer War veteran, and new Australians who had served in the Allied Forces. In a report she delivered to the Annual General Meeting in 1950, she outlined her clientele:

...the sick, or disabled ex-servicemen and women with social problems in the following categories:

1. discharged medically unfit from the Services;
2. who since discharge have become ill or who have sustained an injury of sufficient severity to incapacitate;
3. who are receiving a pension from the Repatriation Commission in respect of war-caused disabilities; and
4. ex-Prisoners of War.

For these the social worker provided a specialised casework service – giving help according to each individual's needs, but not encouraging long-term dependency, rather helping the clients to help themselves. In addition, the social worker was often called upon to help in an advisory capacity, and it is here she said that her knowledge of the community's resources could be "of invaluable assistance to the liaison officers in the Red Cross branches,

which have no such facility in their own town". Referrals were received "from the medical profession, representatives of ex-service organisations, officers of Government Departments, secretaries of local Red Cross branches, and the Queensland and other State Headquarters of Red Cross ... in some instances assistance involved referring the client to the appropriate source of help, immediate material and financial help."

In addition "there were problems of a far deeper nature, including unsatisfactory social relationships, inability of ex-servicemen to face certain situations, emotional maladjustments and quite often, the need for the client to readjust himself to a completely new way of life". Chris Halls indicated that in these personal problems, the social worker was able to give the necessary emotional support and help interpret clients' needs to families, employers and other agencies.

Work with the country branches was seen as an integral part of the social work role, with mention made of visits from Townsville to Innisfail, Charters Towers, Giru, Halifax and Cairns. Concluding her report, Chris Halls acknowledged the cooperation she had received from Hospital staff, officers of both Commonwealth and State Governments, and liaison personnel in the Red Cross Branches. Because of staff shortages, on December 5, 1950, Halls was recalled to Brisbane to become Director of Welfare Services in the State Headquarters. She was the fifth and last Red Cross social worker to be assigned to work in Townsville and to also provide social service to veterans across North Queensland.

Almost all these specialists in social service had received their professional education through Red Cross Scholarships which, I understand, were made available in Melbourne, Sydney and Adelaide. Each had completed a Diploma of Social Studies, a two-year course at that time, after which they were employed in various branches of Red Cross. There was no social work education in Queensland until 1957 when a three-year course, leading to a Bachelor's Degree was established at the University of Queensland, initially in the Department of Education.

The cumulative presence of these five Red Cross social workers generated sustained interest from two sources – the medical superintendent and specialists at Townsville General Hospital, particularly the Psychiatric Consultant, Dr Ellis, who was vocal about his patients having the same real need for social work services as the veterans. The other interested groups were the civilian patients who felt discriminated against because veterans in the same wards received exclusive casework treatment.

These continual stirrings prompted the Red Cross to keep negotiating with the Hospital Administration, who finally acceded to the combined pressures, and, with the endorsement of the State Health Department, announced the position of a Medical Social Worker with the Townsville

Hospitals Board. In 1951 the historic appointment of Queensland's first public hospital social worker was announced: Doris Garth. Although employed as a generalist social worker, Doris allocated a substantial amount of her time to psychiatric patients because of the sustained and successful lobbying of the Psychiatric Consultant, in securing a hospital social worker.

The appointment of a medical social worker to the Townsville General Hospital was hailed in Red Cross records of 1951, which noted that the Area Officer had weekly sessions with the new social worker to coordinate the respective hospital and Red Cross services to veterans who were hospital patients.

Part of Doris Garth's working brief was to spend two days a fortnight at Cairns Base Hospital, approximately 365 kilometres north of Townsville. Time constraints during her visits to the Far North necessitated giving priority to the more problematical situations of both In- and Outpatients in her Cairns workplace.

By the end of 1953 Doris had put in place a workable system for servicing the two hospital communities. The patterns for medical social work services were being methodically stamped on the fabric of Townsville and Cairns communities and their surrounding districts. In that year she also married. When I answered the advertisement for the medical social work position in North Queensland, I knew nothing of the background to the listing of this intriguing vacancy in Townsville/Cairns. The existing Queensland regulations of that era, debarring married women from public service positions, if there were single women available, was a clear example of the discriminatory practices pertaining to working women in Queensland in the 1950s!

This sketch of the pioneers of social work in northern Australia between 1946-51 is a rough-cast composite constructed from information provided by their colleagues and from incomplete records. The characteristic patterns of quick turnover of Red Cross-sponsored social work staff and the short-stay syndrome of southern graduates, was to persist for another fifteen to twenty years in tropical Queensland. Much of this could be attributed to the prevalent southern attitudes about the unsuitability of the Australian tropics for white inhabitants/workers, and to the lack of a professional support base for those who ventured north to apply their energies to social service.

The full history and the diverse experiences of the earliest workers in social service in these latitudes would, no doubt, have been colourful, as they, in turn, set foot in a region where social work was a novelty, as well as strenuous, characterised by a host of physical, occupational and climatic

vicissitudes. One anecdote relates to one of the early social workers making an official request for a secretary, about which a local doctor remarked: "It's like one office boy asking for another office boy!".

The full story of these courageous women deserves to be more fully and precisely researched.

Surrogates Waging War on Wages

My commencing salary as a medical social worker in Townsville was six hundred and ten pounds a year (roughly \$1390 p.a.), of which two-tenths was paid by Cairns Hospitals Board for my fortnightly visits to the Base Hospital. There was no superannuation scheme for hospital workers, and I was never paid for overtime. I certainly never tested my entitlements for payments for after-hours work. My philosophy was that our caring profession had the same altruistic base as the resident doctors, and that both should be paid salaries without thought of extra compensation for overtime.

When, in the mid-1950s, Social Work studies were being introduced into the University of Queensland, Professor Schonell, in Charge of the Education Department, where the Social Work School had its beginnings, began negotiations with the Queensland Government about its salary structure for staff social workers. As there was at that time only one social worker employed by the Queensland Government – the medical social worker at Townsville General Hospital – the Head Office of State Government had only one point of reference on the salary issue – that was myself!

The Brisbane Headquarters of the State Health and Home Affairs Department, unclear about the conditions applying to the social worker at Townsville Hospital, contacted the Townsville Hospitals Board about the salary structure and the nature of the position. It was obvious that Head Office did not know what their only Departmental Social Worker did!

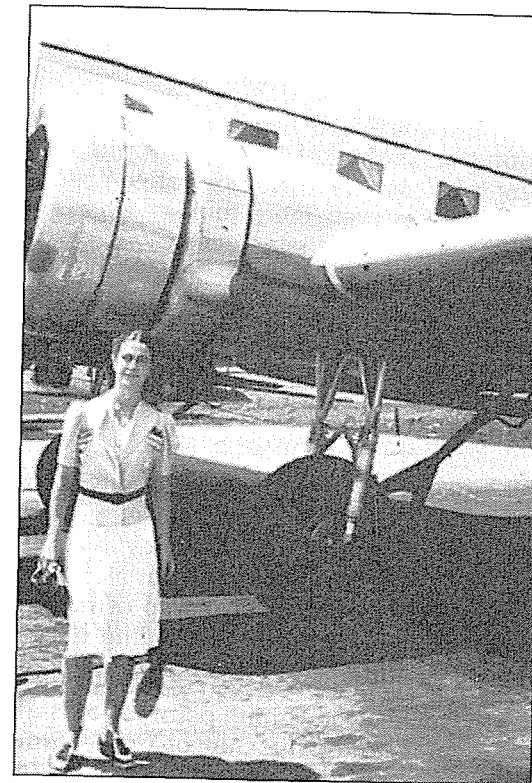
I was asked by the local Board to diarise my work activities for a couple of months. This data, duly submitted to Brisbane, plus the available comparative data of social workers salaries in other parts of Australia were probably accountable for a surprise subsequent upwards adjustment of my salary. This no doubt paved the way for more realistic salary schedules for co-professionals moving into new positions in the State of Queensland. (When I accepted the position in Townsville, I had no knowledge of the relative salary levels paid to professional women in Australia: my last position as an art teacher in Illinois, USA, paid me a salary of approximately \$7,000 p.a.).

MOVING DRAMAS

Worker on the Wing

An intriguing and challenging feature of my medical social work role was the Health Department's requirement to regularly visit Cairns Base Hospital in Far North Queensland for two days each fortnight. Between 1954 and 1962 I was technically a Flying Medical Social Worker covering the two main hospitals in North Queensland. Efficiency of travel time dictated commuting by air as the train trip took almost a day.

I was conveyed to my Cairns workplace by DC3 plane. Air traffic was light in North Queensland in the 1950s. Around midday, for the flight North there was a sturdy, reliable DC3 plane which provided a 'hedgehopping' function for commuters between the coastal cities. In the annals of aviation history in Australia, the DC3 is tenderly remembered for its outreach pioneering and safety record in establishing air traffic routes at the periphery of Queensland settlements. The DC3 was a twin-engine, low-wing monoplane, sentimentally known to the US troops in World War II as "the gooney bird", and to their Aussie allies as "the biscuit-bomber", because of its low altitude drops of foodstuffs to ground troops in the field of battle.



*Commuting between Townsville and Cairns
(1954-62)*

As it flew northwards the DC3 touched down intermittently at Ingham and regularly at Innisfail where at both airstrips it landed on grass runways between sugar-cane plantations. The service provided by this friendly aircraft was flexible, given to accommodating to passenger delays – the tardy sometimes being the hospital specialists, including the social worker! I remember one occasion when the orthopaedic consultant and I arrived late at the terminal, and were whisked by moke to the far end of the runway to scramble aboard the DC3 just before takeoff.

With stopovers in the two cane-growing centres, Ingham and Innisfail, the total travelling time to Cairns was approximately two hours. This contrasts with the current direct flight by jets between Townsville and Cairns of forty minutes.

Along the coral coast the skyway was invariably scenic, especially if the flight path was over the decorative crescent formations of the reefs. The coverage was even more touristy when pilots were briefed to search for persons or vessels missing at sea.

The inland route was between the coast and the ranges, a continuum of rainforested mountains, over the patchwork-quilted, multicoloured cane field geometrics, interspersed with close-range views of slender waterfalls frilling the steep mountain slopes. On the last leg of the journey from Innisfail, the plane followed a cane-carpeted corridor with velvet-textured dark-green timbered walls.

The city of Cairns seemed generally hotter, more humid, the summer temperatures more oppressive, the population more relaxed, casual/tropical. Sited on Trinity Bay inlet, with a population then of 29,000, Cairns was the main centre of Far North Queensland, occupying a coastal strip, with a theatrical backdrop of mountain ranges and a picturesque foreground seascape where receding tides left great stretches of sea-floor which was animated by marine birds and other littoral animals.

Cairns was the converging point for coastal and inland communities from the Torres Islands, the Gulf of Carpentaria, from the remote Aboriginal settlements on Cape York, and from the farming/mining centres on the Atherton Tablelands.

The Strand Hotel on the Esplanade, which was to be my Cairns accommodation over eight years, had the typical tropical design of the North Queensland hotels. Upstairs, the sleeping quarters, opening onto a broad balcony, were small oblong windowless spaces, with the customary two doors, giving access from corridor and balcony. This constituted inbuilt air-conditioning, provided both doors remained open! Long curtains at each door provided a modicum of privacy!

I recall one night when I was awakened by the sound of someone washing in the hand-basin just inside the open door to the corridor. The lights had been turned off in the corridor so that I could not see the intruder. To my startled enquiry as to who was there, I heard a male voice apologising as he hastily departed. In the early morning when the 'tea lady' indicated her presence at the door, I observed a pair of men's underpants lying across the threshold. I showed more surprise than she did!

Cairns Base Hospital was a complex of disconnected low-set buildings of brick and wood alongside the inlet of Trinity Bay. In the hospital grounds white egrets perched in the mango trees, giving the impression of huge magnolia blossoms.

The Base Hospital, functioned as a diagnostic and treatment centre not only for the city and district population, but also for referrals of patients from the surrounding satellite hospitals at Gordonvale, Innisfail, Atherton, Babinda and Cooktown. Beyond these towns, there was a wider catchment area comprising remote settlements extending northwards along Cape York, around the Gulf of Carpentaria, including the offshore islands in the Gulf and scattered through the Torres Strait. Inpatients were a multicultural sampling of mainland and insular indigenes, Europeans, and Asiatics, plus the mixed ethnic crews of the merchant ships traversing the Coral Sea.

The patient population mirrored the region's fascinating diversity of occupations and lifestyles: from the 'bush' and hills the tin-scratchers, uranium and bauxite miners; from the cattle stations the stockmen, including skilled Aboriginal 'ringers'; trochus and pearl divers from the Torres Straits Islands; tribal Aborigines, many transferred as emergency patients by Flying Doctor Service or the Air Ambulance. From the sugar fields came the seasonal cane cutters who worked with their hazardous machetes during the harvesting season and then returned to cities such as Melbourne, their swinging lifestyles providing plots for theatrical productions such as Peter Lawler's *Summer of the Seventeenth Doll*.

There was a continual colourful cavalcade of mobile workers presenting for some form of medical treatment – merchantmen from the ships, surveyors, fossickers, loners and drifters, construction workers and adventurers. There was an equal coverage of diverse urban and rural women needing In- and Outpatient treatment – itinerants and tourists, non-English speaking migrants, indigenous women from the islands and aboriginal communities, many overawed and fearful at being so far removed from their home ground.

Cairns Base Hospital had a few specialists resident in the city – a Surgeon Medical Superintendent, an Ophthalmologist, and a Chest Specialist. For the other specialised areas of medicine, there were consultants regularly

visiting from Townsville Hospital to conduct clinics in Orthopaedics, Psychiatry, Physical Medicine, Ear Nose and Throat, Dermatology.

Many of the patients converging from all points of the compass presented social as well as medical complications exacerbated by distances from family support, financial difficulties, prognostic uncertainties, and the involved logistics of referrals on to awesome larger medical centres. For these the counselling, facilitating, advocating roles of a social worker were called upon.

Patients requiring intensive specialist supervision for more complicated conditions were transferred to Townsville General Hospital from where some would be transferred further south to the larger medical centres: Perth in Western Australia for spinal injuries; Sydney, New South Wales for cardiac surgery; Brisbane in Queensland for deep radiotherapy, etc.

Merely discharging patients home could be fraught with complications. Time, distance and workloads did not allow for home visits to remote places by the social worker to assess how, for example, a handicapped child could be managed in the outback. Public transport was sparse. The further the destination the rougher and less trafficable the roads. When surface travel was impossible there was occasionally the possibility of medical help through the Air Ambulance or, later, the Flying Doctor who was relocated from Charters Towers to Cairns. In the monsoonal summer season some regions would be completely isolated for weeks by surface floods, with their only exits, airstrips, also out of action.

In the 50s Cairns was even shorter on specialised facilities and community resources than Townsville. The city was without rehabilitation, chronic care, and detoxification units. Many a northern patient needing highly specialised services would have three or four ports-o-call to the needed treatment – from bush nursing centre, from district, to base, to general hospital, to metropolitan medical specialities, sometimes to interstate facilities. And many a patient admitted to Cairns Hospital was at the point of no return: ongoing, long-term and one-way plans had to be organised for certain categories of patients, such as the dependent frail aged, the dementia patients, the severely physically and intellectually disabled, the brain-damaged alcoholics (Korsakoff's Syndrome). Far North Queensland had no long-term residential and specialised therapeutic services.

In Far North Queensland, the difficulties of making home visits with no official transportation were variously surmounted. Limited time and long distances precluded bicycle travel, such as I was initially using in Townsville. On one occasion I recall borrowing a resident doctor's car – an old model which proved temperamental – to visit an at-risk family on a northern beach. At midpoint of the journey the erratic behaviour of the

engine caused it to stall. After a bit of a wait, a passing motorist managed to restart the motor and I finally arrived at the lonely spot where the client lived. For fear of being beached overnight, I decided to keep the engine idling while I had discussions with the client. It was hardly a clinically desirable condition for home interviewing!

Conversely, the "sea road" seemed more 'roadworthy'. With a hospital staff doctor I travelled by boat to Yarrabah Aboriginal reservation beach settlement to make home visits. In conformity with the policy of the Department of Native Affairs, I had to obtain prior permission to visit from the white Administrator.

In the course of my hospital work it was not uncommon to meet up with Aborigines who had had no schooling and were functionally illiterate. These would have been born in the bush, nomadic in lifestyle, unknown in their youth to school districts. Not being included in the Australian Census until 1967, their existence would possibly have been known only to the local Protectors, the district police officers who were official rural agents for the Queensland Department of Native Affairs.

One such formally unschooled Aborigine who came to my attention in Cairns Base Hospital was Joe Rootsey, from around Coen, North Queensland. I first saw him in the Thoracic Annexe of the hospital busily sketching with pencil on scraps of paper. Even with these basic materials he was showing both proficiency in graphic drawing and the enthusiasm of the genuine artist. On obtaining for him some sturdy buff-coloured board from x-ray boxes plus a set of showcard paints, he produced colour compositions, quickly completing his "canvases", recapturing the far-northern landscapes over which he rode as a stockman when his health permitted. A great kaleidoscope of themes flowed through his brushes, from the flower-studded plains where he mustered cattle to the ochre-red hills, the brooding indigo coastal ranges, the characterful, multicoloured rocks around the river systems, the rhythmic choreography of coconut palms.

Enlisting the aid of a local artist, we displayed his art in the Cairns Pastoral Show where it received positive comment. Later we sent his paintings to be exhibited in the Brisbane Exposition, which brought him further publicity, followed up with a Queen Street window display in a city newspaper office. From then on he was recognised and encouraged by the Queensland Aboriginal Department who arranged for professional art instruction in a metropolitan technical college.

As soon as the artist was pronounced medically fit to return to home base and stock-riding, he would lay aside his brushes and paints. In subsequent hospitalisation in a southern sanatorium he resumed the role of artist.

This Aborigine never had any formal schooling: he was illiterate in that he could neither read nor write, with the exception that at the corner of his pictures he placed his clear signature *Joe Rootsey*. The last pictures I saw of his took him out of the category of a primitive artist: his paintings were sophisticated and professionally framed, rightfully earning himself the title of “the North Queensland Namatjira”.

In the 50s Aborigines on reserves were not entitled to any of the Commonwealth Social Security benefits. The State Department of Native Affairs was officially responsible for the needs of their ‘protected’ natives. This meant that those hospitalised were entitled to a small weekly allowance for their toiletries, distributed by the local ‘Protector’. During my fortnightly visits to Cairns, if there was no occupational therapist at the hospital, I spent my evenings in the Thoracic Annexe encouraging handicrafts among the long-term patients, where there were always a number of Aborigines.

White patients and ‘Exempt Natives’ were eligible for the Tuberculosis Allowance. Whereas the white patients were expected to purchase their craft materials, the ‘protected’ Aborigines were issued with Red Cross craft materials. I was uneasy about this ‘handout’ policy which I saw as unwittingly discriminatory and degrading to the Aboriginal group. When the Queensland Director of Tuberculosis visited the Thoracic Annexe I broached the subject of a special crafts allowance for these patients. He was sympathetic and suggested I submit a written statement on the proposal. The upshot was that a weekly allowance of ten shillings was granted to the Aboriginal patients so they could have the satisfaction, and budgeting experience, of selecting the materials for their craftwork. In a small way this was a breakthrough, effected because of an understanding Director in the policy relating to this Australian minority group.

In the 50s, speech therapy was unavailable, in fact hardly known about, at the periphery of medical services, in far North Queensland. Nor were there any resident psychologists in either Townsville or Cairns. Similarly, occupational therapists were a rare species, seldom sighted north of the Tropic of Capricorn. The unavailability of occupational therapists took its toll on the wellbeing of long term patients. I perceived this particularly in the Thoracic Annexe of Cairns Base Hospital, where the stay of inpatients was indeterminate: their days were long without intellectual or creative stimulation.

While deploring the general scarcity of qualified paramedical therapists, psychological, speech and occupational, I decided to use my evenings in Cairns to provide, if not professional occupational therapy programs, at least arts and crafts sessions for chest patients.

Unorthodox and unilateral actions can produce orthodox and official responses, as when, after a period, my voluntary efforts were recognised by the Hospital authorities. I was invited to design the components for an Occupational Therapy Unit, for which an adequate space was designated in the Chest Annexe. My draft of the basic components, working benches, storage cabinets, reference library and the like, was submitted and accepted, was furnished as drafted and made operational. The patients made good use of the facilities and of my supervision of their projects: the years I had been involved in studying and teaching arts and crafts in the USA and my direction of community cultural programmes, was able to surface in a quite different but equally responsive context. Without being seen and assessed by a qualified therapist, the Occupational Therapy Unit served the original purpose of activating the Annexe patients. No doubt my daring design was found inadequate and was replaced when occupational therapists became a reality in the Cairns Base Hospital.

During the 50s an Aboriginal inpatient who came from Cape York expressed the hope that his family could be admitted to a nearby Aboriginal reservation so that they could visit him. As an ‘Exempt Native’ he was a free worker on the mainland and was therefore entitled to a single man’s Social Security. When I learned that his family were not eligible for the Family Allowance because there was no record of his marriage, I instituted a search for evidence through the State Register of Marriages and the internal records of the Department of Native Affairs.

Persistence finally elicited that the couple had had a traditionally accepted ‘tribal union’, where the man had claimed his partner and had taken her off to his work place on a cattle station. The Department of Social Services was prepared to pay benefit to the patient’s dependants – his children and their mother – if the couple could submit proof of a ‘regular’ marriage ceremony. A wedding, western style, in a church, was duly arranged, the prospective ‘bridegroom’ wearing a brand new outfit – a ringer’s bright blue satin shirt, new trousers, riding boots and a cowboy’s hat. With his family installed on a nearby ‘reserve’ with hospital visitation and with some economic support for them, our Inpatient was overjoyed.

Patients discharged from Cairns Base to even remote parts would be expected to return for review in one of the Special Clinics. Because of these fixed appointments made at time of discharge, there was a categorical imperative for the consultants, and the social worker, to be available at regular intervals at the Hospital, despite the inclemencies of cyclonic weather. Once when torrential rain was falling along the coast, with the Townsville airport readying for closure as the plane took off northwards, the pilots had been briefed that, if the Cairns terminal was out of action on

arrival, the official alternative landing grounds were Cloncurry, in western Queensland or Coff's Harbour, in New South Wales!

For eight years I flew every fortnight to Cairns to provide social work for the Cairns Hospital and the host communities the hospital covered. For this two-day visit the Cairns Hospitals Board paid two-tenths of my salary. At times, because of accumulated appointments and the unforeseen workload, I might have to stay over for three days. Extending time in the Far North meant a banking up of referrals in Townsville. Whichever hospital I happened to be at, there was work a-plenty. Regularly I made submissions to both hospitals about the need for staff, with my first priority being the appointment of a social worker at Cairns Base Hospital.

Actually, my first staffing relief was a stenographic secretary at Townsville Hospital, who took on the office typing and clerical responsibilities, made appointments, and kept the department open during my absences in Cairns.

For a succession of years, I submitted requests, supported by statistical evidence, for an increase in social work staff, in both Cairns Base and Townsville Hospitals. In 1962, eight years after I commenced social work in North Queensland, relief came when a full-time worker, Heather Wain, was appointed to Cairns Base Hospital. After an initial supervisory and support role to orient a new graduate from the south, I felt a tremendous relief from the fortnightly air trips to 'Far North Queensland', substantially relieving the pressure of endeavouring to service two busy medical centres and their extensive, widely dispersed populations. Heather proved a highly efficient social worker for Cairns, her skills equal to her multiple responsibilities.

This second social worker in North Queensland was to be a high water mark in the long haul to establish social work services in a region which then numbered 250,000 people.

Shuffling the Sick

Although Queensland boasted a free hospital system, this did not necessarily cover transfers of patients from small district hospitals or bush nursing centres to major coastal centres like Cairns and Townsville Hospitals. There was often a question as to who would meet the cost of train or airfares. Many of the families coming into the public wards would not be able financially to outlay the sudden costs of emergency travel, particularly those who had to travel some 900 km for specialist diagnosis and treatment in the main hospitals on the coast. If these patients were referred on to Brisbane, this would entail another 1700 km of travel. This was the socioeconomic side of medical treatment which often posed formidable family liabilities – and anxieties.

Lucky those patients in rural and remote parts of Far North and Far West of Queensland who, if seriously injured, or critically ill, therefore merited the emergency ministrations of the Flying Doctor, and the benefit of his plane transport to the coast for admission to Cairns or Townsville Hospitals. The Flying Doctor Service transported emergency cases from inland and remote home and work sites, on a more or less gratuitous basis for a patient who was being treated as a public patient in the free state hospital system.

For patients being transferred for treatment, rail passes could be issued by the Health Department in Brisbane if they passed the means-test. Unless they had a serious medical condition, the pass covered only a seat: sleepers needed special approval in Brisbane – another example of remote decision-making. Patients from the Mount Isa area travelled some 886 km to Townsville – a long way to sit up overnight!

I recall one patient who had a serious heart condition requiring surgery in Sydney and how difficult it was to persuade him to go. Eventually he went alone because the family could not afford the fare for his wife to accompany him. In this case, an air pass was issued to the patient requiring the express approval of the Minister for Health in Brisbane. The presence of a family member was not considered by the Health authorities in Brisbane to be essential to the patient's need for moral support and prospects for recovery. It always seemed to me to be bureaucratically callous to require the decisions about the patient's need for air travel as opposed to rail travel, and the question as to whether a wife should accompany a critically ill patient, to be made by remote control in Brisbane. It would have been more democratic and realistic for such decisions to be made by medical superintendents in North Queensland who were quite capable of exercising good judgment and responsibility.

Long before the focus on human rights had been officially proclaimed, I decided to assert my role as advocate of patients-in-transit. As my office had then no infrastructure, such as a welfare officer, or even a secretary, I resolved to involve myself in monitoring patients movements, outward-bound, i.e. onward travel, or discharge plans. One incident which persuaded me to intervene in the forward movement of patients south was a thoracic patient who was somehow issued with a free rail pass to Brisbane, seat only, for travel involving two nights and three days, this transfer being arranged shortly after major lung surgery.

There was a constant traffic of patients referred on to Brisbane or interstate for major surgical procedures: it was important for these patients to have a minimum of disruptive movements in transit. Social work intercessions were able to secure, at times, air travel for both patient and partner. Quite often nurses, and sometimes, doctors, were escorts for certain at-risk patients travelling on for vital treatment.

Because of the absence of spinal injury treatment centres on the eastern coast of Australia in the 50s, paraplegics and quadriplegics were transferred to the Royal Perth Hospital in Perth, Western Australia which, under the Directorship of Dr Bedbrook, ran an internationally reputed Spinal Injury Unit. The movement of quadriplegics posed major problems and costs, as the patient travelled on a stretcher which occupied the space of 4-6 aeroplane seats. As few could pay their own way, the Health Department would assume financial responsibility on a means-test basis.

Because of patient and family stresses, such patients requiring forward movement would be seen by the social worker – reassuring, facilitating, advocating, reconciling patient and family to the transfer procedures. I undertook certain of the routine functions associated with patients in transit, e.g. contacting Red Cross nursing and welfare personnel to meet and service the patients during air stopovers, contacting helping persons at their destination. For such dysfunctional patients, there was many a heartache accompanying their long, lonely journeys. If the patient died, there was further trauma for the families, including the complications of the costs and place of burial.

For patients with serious injuries who were not residents of Australia, and who wished to return to their homelands, strategies would be devised by the social worker to have them repatriated. As neither Commonwealth nor Queensland Governments would meet the costs of repatriation, a humanitarian appeal would be made to a service club or charitable association. I do not recall ever being refused such help by a local service club for a severely disabled visitor. In these contingencies, I did not have to work in isolation: the outcomes were invariably the result of joint planning with the Medical Superintendent, the attending Specialist, the Matron and the Ward Sister.

With the Medical Superintendent, a general surgeon who was involved regularly in the operating theatre, I had excellent working relations: he trusted my judgment and generally endorsed my initiatives in action on behalf of patients. Often there were extenuating circumstances known only to the social worker, requiring flexibility of discharge plans which could be exacerbated by distance, transport difficulties, monsoons and floods, and idiosyncratic human and family situations.

Emergency plans for transferring unconscious patients with, for example, a brain tumour or subarachnoid haemorrhage, would necessitate top-urgent interviewing of frantic relatives, sometimes as the patient was being prepared for plane travel – sometimes requiring radio phone contact with families in remote outposts and to southern resource persons to facilitate the patient's relocation.

In the issuance of rail and air passes, there was one highly favoured category of patients: cancer patients proceeding south to Brisbane from any part of Queensland for deep radio- or chemotherapy. This unquestioned cost-free movement of radium patients gave the Queensland Radium Institute a reputation for providing the full spectrum of free transport and treatment for its patients right across the State. Treatment of North Queensland patients in Brisbane was followed up by regular review clinics in Townsville and Cairns Hospitals of Brisbane specialists including a physicist from the Queensland Radium Institute. In its thorough and benevolent care of its clientele, the Institute offered a comprehensive patient-oriented program which was both a standard-setter in Australia – and internationally.

GREEN FIELDS: GREENER FIELDERS

In the strangeness and business of settling-in to a social work assignment on the frontier of the Australian tropics I had, fortunately, no time to assess its inbuilt scenario. At the outset I was not aware that I was in an advance-base zone without peer support, with the nearest colleague some 1400 km to the south. This was a 'loner' role which was to last for eight years.

On site, I found health professionals with whom I could confer – medical and paramedical staff, including physiotherapists, an occasional occupational therapist, no speech therapists, no psychologists – and one psychiatrist to oversee the mental health of 250,000 people in North Queensland.

There were in town a number of agencies with a community service orientation, but without specific welfare staff – the Commonwealth Department of Social Security, the State Children's Department, Queensland Bush Children's Health Scheme, Returned Soldiers League, Legacy, YWCA, and charitable Christian organisations such as the St Vincent de Paul Society, and Salvation Army. These represented a coterie of permanent service-providers, ready to reciprocate support with the new colleague at the Hospital.

Without the company of other practising social workers, an unexpected source of occupational stimulation presented from the southern end of the continent. Towards the end of my first year on the job, I was surprised to receive an enquiry from the School of Social Studies in Melbourne, asking whether I would be prepared to supervise a student during the summer holidays of 1954. This student, Judith Joyce, whose family lived in Townsville, had asked for a northern placement. A good example of the workings of the Australian 'bush telegraph'.

I had heard that my predecessor had not accepted students because of the newness of her position and her preoccupation with developing the two social work units in Townsville and Cairns Hospitals.

Again my latent pioneering impulses felt the challenge of this proposition, and I agreed to undertake student supervision. The Townsville Hospitals Board approved the plan: Judith Joyce, the first social work student to do a field placement in North Queensland, fitted well into the department.

In that era, there were no pre-assessments by the social work academics of the few student placement possibilities available with non-metropolitan colleagues working in the field. Actually, it was quite impractical for university teachers from Melbourne to assess the competence of social work practitioners so far afield. Nor were there any formal Field Work Manuals, nor any pro formas or guidelines on student practicum for the field supervisors.

When, in 1956, the University of Queensland introduced a Social Work Course within the Department of Education, the precedent for student field placements in Townsville General Hospital had been set. Overall there was a dearth of experienced practitioners employed in the State, limiting suitable field placements for students. The numbers of qualified field educators did not increase commensurately with the buildup of student numbers. Every seasoned social worker in practice, that is, with a minimum of two years work experience, was needed to supervise field students.

Very few of the social work students at the University of Queensland would have been able to use this upstate practice environment without the availability of free board and accommodation which the Townsville Hospitals Board in its wisdom and compassion made available to the students over the period of student placements in Townsville Hospital, between 1954 and 1974.

Lodged in the large Nurses Home overlooking Cleveland Bay, the neophyte social workers had the advantage of mixing with another group of students – the trainee nurses, and of feeling at close range the pulse of a 400-bed general/specialist hospital treating patients from across northern Australia and the fringing islands. Students coming north benefited from the broad generic field of experience characteristic of a provincial general hospital.

After the appointment of a full-time social worker to Cairns Base Hospital in 1962 and later when medical social workers were employed at Mackay Base and Mount Isa Base Hospitals, the precedent set by the Townsville Hospitals Board of full cost-free board for student social workers was extended to the major regional Base and District Hospitals in North Queensland.

The initial policy of the School of Social Work at the University of Queensland was to assign one student in Townsville Hospital for a block placement of three months during the summer vacation. But it was not long before increased student enrolments, combined with a static supply of available field work supervisors in Queensland, necessitated the placing of two students concurrently in Townsville General Hospital for the vacation period.

The pace quickened in 1967 with a request from the University of Queensland for multiple placements of six students each summer – three students assigned in each of two sessions of six week's duration. This seasonal intake of learners posed space problems in the Social Work Department. Fortunately in the same year, when the Special Clinics in which our offices were sited moved into a newly constructed Outpatients Building, the Board made available, at my request, a large adjoining clinic, previously used by Orthopaedic, Radium and Dermatology consultants, as a Student Training Unit.

The annual intake of students provided a variety of personalities, competencies, interests, with the intake preponderantly female; I can only recall two male students doing field placements in my time at Townsville Hospital. In later years, with the enhanced image of a professional career in social work, with improved salaries and work conditions, and a wide range of diverse and challenging career options – in tertiary teaching, in social research, in administration, policy, government, consultancy and advocacy, there has been a less disparate ratio of the sexes entering the profession.

Casework – the dealing with individuals and families, was in those days seen as the essential building block for a fundamental understanding of pain, stress, deprivation, violence, hostility, disenchantment, and the rest, central to developing the sensitivities and ethos of social work practice. So students were early challenged to undertake interviews, and assessments, and to develop the client-oriented perspective. In both the hospital setting and in the home environments, they were engaged in dialogue with clients, planning with them and their families, and thereby, through working with categories of individuals in difficulty, developing an awareness of personal and group problems, and community deficiencies.

Part of their learning included familiarisation with other agencies committed to human services. The town facilities were slowly growing: statutory agencies being established, and non-statutory philanthropic groups breaking new ground, for example, the Handicapped Children's programs, Marriage Guidance, Meals on Wheels. Further afield there were the out-of-town trips to Palm Island community, to the several medical centres at Charters Towers – the District Hospital, the Flying Doctor Base, Eventide Home, the Mosman Psychiatric Hospital for long-term treatment for men only.

Most of the students had the opportunity to gain insights into the corrective programs at Stuart Prison, including the model farming techniques, the crafts workshops. A progressive prison superintendent had initiated the formation of a Prisoners Aid Society in Townsville, the first to be established in Queensland. As an active member of the founding committee, I was able

to organise conducted visits for students to see the penal and rehabilitative services at work inside the prison.

For the students who did their placements in Townsville in those years between the mid-fifties and the mid-seventies, the size of Townsville afforded them a holistic view of its community life, its problems, needs, its actual and latent resources.

One of the field work students from the University of Queensland later said this of her placement in Townsville Hospital: "Before my six weeks' placement at Townsville General Hospital, at the beginning of 1963 there was a well-entrenched rumour about Joan Innes Reid. To meet and work under the person dissolved the 'rumour'. Everything was factual! No nonsense, hard working, visionary, do-it-yourself approach."

Now as I reflect on those early years I realise that I gained immeasurably from these summertime students, who impressed with their keen minds, their fresh outlook, their zestful energy, and almost without exception, their sensitivity to their clients. Moving about in these northern communities, the students-in-training added an extra social work presence, and helped build up a favourable North Queensland response to the role and character of the profession.

Between 1956 and 1974, Townsville had earned its title as the main regional centre in the State for training Queensland University undergraduates in medical social work. After years of being the only officially university authorised Supervisor for placement students, this responsibility was shared by improved staffing in the Department, the establishment of a second social worker in 1967, and a third in 1970. As both my colleagues were experienced practitioners, they participated in student supervision.

In arranging student placements in Townsville General Hospital, there were no such refinements as joint discussions between university teaching faculty and field supervisors *en bloc*, or individually. Communication was by correspondence, exchanging brief outlines of the students' academic performance and courses, plus a two-page outline of the School's expectations of the end-of-placement reports to be submitted by the supervisor. Occasionally, there was a telephone consultation between 'field' and 'faculty'.

Lacking the benefits of field coordinators' visits from the University for pre-, mid-, and final on-site assessments of the students, the field placements were necessarily less structured. Clearly there was no finance for bringing remote field educators like myself to confer on campus in Brisbane. My occasional trips to Brisbane, generally financed by other community services, such as the North Queensland Society for Crippled Children,

Queensland Marriage Guidance Council, would sometimes allow time for a quick trip to the Social Work Department to meet with academic staff.

Between 1954-74, some fifty undergraduate students undertook field practice in the Social Work Department of the Townsville General Hospital. While several came from overseas – England, Sweden, Switzerland and a couple from interstate – Victoria and New South Wales, the majority were from the University of Queensland. All appeared to enjoy their work experience in tropical North Queensland and only one failed to meet the criteria for satisfactory field practice.

The intervening decades have altogether reshaped the place of field education in the Social Work courses: the word *supervisor* has been replaced with *field educator*. Much focus has been placed by the university schools of social work on dialogue, consultations and visits to the field practitioners, on whom the practice skills of their graduates intimately depend. Academic staff from the Social Work Program at James Cook University visit prospective sites and practitioners, arrange orienting seminars, undertake mid and end-of-placement conferences with 'the field', specific lists of practice competencies have been prepared for use in assessing student capabilities. A developing appreciation has evolved among academic staff for the experienced social workers who make themselves available as unpaid honorary field educators, ensuring three-dimensional programs which orient oncoming colleagues to the stern realities of their profession.

SERVICES FOR THE UNSERVED

State of the Welfare Arts in the 50s

Now, in the mid-90s, recalling the cavalcade of human problems I was privy to, as a generalist hospital social worker, I remember how frustrated I felt at the constancy and enormity of similar problems constantly surfacing in the client group. So much so that I commenced to list the types of presenting problems and cogent social factors underlying them. The rates of recurrence of certain crisis situations suggested predisposing community-based elements in their onset: a reconstruction, both horizontal and vertical, of raw data emerging as soft spots in the tissue of the community which was to set priorities in human needs planning.

This classification, continually augmented, then constituted an indicator of unmet needs which constantly channelled my efforts towards having gaps filled in the community's services. They became the categorical imperatives for community action and development which occupied so much of my 'after-hours' time, from 1954 – 1975.

As there were at the outset no referring on agencies for long-term clients, it did not take long before I realised that a strategic service like a hospital relies on the flow-on and move-out of its patients. It is geared to care for casualties and acute conditions. For chronic and long-term recovery patients, associated service centres are necessary if the hospital is not to overflow, with a bottleneck of patients who have no other resource options.

Similarly a hospital's social work department will tend to reach saturation point about accepting new clients if there are no community agencies offering specialised social therapies. The statistics I was preparing of the categories of referred patients soon highlighted the need for a whole range of community resources essentially for all age levels from neonatal to mature individuals – a range of "womb to the tomb" services.

One of the essential concomitants for solo social work in a general hospital setting is the existence of corollary and associated agencies to refer on clients needing long-term services and support. Without such agencies, the constant buildup of patients with deep-set problems constitutes a bottleneck of at-risk patients, congenitally and/or traumatically disabled, children needing habilitation/rehabilitation, persons with addictions, individuals and families in crisis needing ongoing support.

In the mid-50s, such community resources in North Queensland were nonexistent. There were no hostels or nursing homes for aged and chronic people, no rehabilitation facilities, no family and child guidance, no centres for long-term psychiatric treatment, no specialised treatment centres for addictions, no programs for physically and intellectually handicapped, no domiciliary services, no halfway houses, no drop-in centres, no shelters, no limb-fitting services and wheelchair suppliers, no special education, no psychologists, no speech therapists, no hospital dietitians.

Fortuitously what did exist were several basic voluntary agencies: the Bush Children's Health Scheme; the Queensland Country Women's Association, with a downtown mothers and children's Hostel and three seaside cottages for country families; the Returned Soldiers and Sailors League; Legacy; a YWCA Hostel for working girls and students, and a less visible YMCA centre; a National Fitness Centre; the North Queensland Society for Crippled Children, and the Red Cross. Churches provided some specialised services to individuals and families – accommodation, material assistance, viz. the St. Vincent de Paul Society offered help to homeless individuals and families; the Anglican Church provided a Mission Centre for Seamen, the Salvation Army was a solid presence for people in crisis.

Womanhunt for Safety Nets

With some evidence of clear priority groups, I set about exploring the latent interests of other towns-people in establishing certain of the needed developments. Such exercises required uncommitted time, energy and patience in locating the supportive personnel who are a community's energisers of human service developments.

Fortunately, the local community became intrigued about what I was seen to be doing and, to ensure I was kept even busier, invited me to be guest speaker at their various activities – the Service Clubs, the Queensland Country Women's Association, the Young Women's Christian Association, Girl Guides, and church groups. Although I had minimal time to prepare formal talks, it seemed wise to accept invitations to address for example Annual General Meetings, where my policy was to take up a welfare theme, make a rough outline of the content and speak 'off the cuff'.

In 1954, I compiled a master list of unmet community needs, and put it to the Annual General Meeting of the Young Women's Christian Association in Townsville. I quote from the original brittle tissue paper on which I made the following notations:

Aged care services	Long term mental care
Aboriginal hostel	Women's prison
Marriage Guidance	TB sanatorium
Visiting nurse service	Opportunity School
Home for crippled children	Maternal and Child Hostel
Hospital services for the blind	Blind and deaf schooling
Services for young disabled	Paraplegic rehabilitation
Speech correctionist	Custodial care for mentally defective children
Subnormal Children's Centre	

These were clearly the harvest of needed collateral supports found wanting for my first-year clients. The following year, I tabled for another captive audience, a sequel list which I saw as missing facilities in North Queensland, based on my knowledge of unavailable services in the cities of Cairns and Townsville:

Homes for the aged	Sheltered workshops for amputees, spastics, paraplegics, epileptics
Convalescent homes	Local manufacture of artificial limbs, splint making, surgical boots
Inebriates' institution	Public housing
Blind centres with Braille readers and teachers	Community centres
Visiting nursing services	A university for North Queensland
Training centre for retarded	
Residential centre for disabled	

I have located a third list of other deficiencies in services which I put to another community meeting in 1956:

Alcoholic rehabilitation centre	Sporting centre for paraplegics
Men's shelter	Hydrotherapy pool
Meals on wheels	Housing for disabled and aged, with special low-block units, easy access, modified interiors
Day centre for aged	Centre for retraining disabled employable (Rehabilitation centre)
Institutional care for senile	Travellers Aid Society – for minors, transients, invalids, people in distress
Handcraft teaching for home bound, visitors, readers, mobile library	
Housekeeping services for long term sick mothers	
Residential care for defective children	

Now, in the 1990s, welfare personnel scanning these listings will no doubt smile wryly at the terminology prevailing in the mid-century. Why hostels for unmarried mothers? Prototypes were already in place in Rockhampton and Brisbane. Why an inebriates' institution? There was one operating in the Brisbane area. Women prisoners were despatched to the southeast

corner of the State, as were 'criminally insane' and 'grossly defective' children. Mental hospitals were the current replacements of historic bedlams, madhouses and lunatic asylums: in the 1990s they are special hospitals or psychiatric centres. There was in the State one Deaf and Dumb Residential School. Speech therapists were an unknown resource in North Queensland. Housekeeping services were desperately needed for low-income families where a sick mother was hospitalised. The most satisfying fact is that, in this last decade of the twentieth century, virtually all of the listed needed services are now in place in North Queensland.

Among the Queensland State Departments which had offices and facilities in Townsville were: the State Children's Department, Housing, Health, Police, Justice, and Prisons. The Migration Department operated a migrant hostel, Yungaba for British immigrants. Labour and Industry provided a handout to itinerants, unemployed, discharged prisoners and possibly others who came within the definition of the *Vagrants Act*: the weekly payout was, if I remember rightly, seven shillings and sixpence, but the single 'beneficiary' could only apply once in a town: he was expected to 'move on' to the next community for a 'refill'.

The State Children's Department had an office in Townsville which was responsible for the whole of North Queensland, staffed by one regional officer and a secretary. This officer, without formal training, but with much practical experience, was in charge of adoptions, foster and residential care – his charges being children for placement in adoptive or foster homes, abandoned, neglected, abused, 'uncontrollable' minors, the supervision of children in malfunctioning families. Residential care, in the first instance, was provided in a large wooden family-home with extensions. The children wore State issue uniforms. The Centre was called the 'State Children Receiving Depot'!

It was quite impossible for the one officer, later with one assistant field officer to be available to all areas of North Queensland when some intervention on behalf of minors was required. Usually when a crisis occurred the local police officer was the authorised investigation agent, and police officers acted as official escorts when children were brought to the Depot.

Most of the authorisations for moving children into care had to be made in Brisbane. Like many northern departmental offices, the decision-making was referred to Head Office, with the Minister's, alternately the Director's, approval required, not only for accepting children, but for local office authority to deal with such operational minutiae as for example to replace a broken lawn-mower – indicating the highly centralised administration of this child-care service in the State capital.

Grossly understaffed to cope with the child welfare of North Queensland, the State Children's Department availed itself of my visits to Cairns to interview a local mother relinquishing her child for adoption, and at times to personally escort the adoptee back to Townsville. In that era children were invariably moved out of their birthplace for adoption, specifically designed to spare what were perceived as reducing the emotional traumas of the two maternal parties involved in the proceedings and to protect the anonymity of the relinquishing mother.

In the mid-century, Queensland's policies on child welfare included a taboo on inter-racial placements of children for adoption. This invariably implied not placing indigenous children with white families. This policy prevailed in the face of long lists of waiting white couples who had satisfied the eligibility requirements for adopting in Queensland, whose only hope was that the 'unmarried mothers' would continue to make their babies available for adopting out. Many of the desperate couples would have accepted a child of any ethnic origin – black, brown, or yellow.

Conversely, although there was a steady production of illegitimate native offspring in North Queensland, I never heard in all my hospital years of an indigenous girl referred for plans to place her child for adoption. This was because there was no stigma in the black communities about illegitimacy: the aboriginal populations traditionally accepted any newborns into their midst. Similarly I never heard of any native couples on the State's adoption waiting lists: most I knew seemed to have sufficient children of their own.

On Palm Island I recall there was separate group accommodation for single mothers and their children: this would have been Department of Native Affairs policy, which also had separate group hostels for post-puberty male and female adolescents, with a possible hidden agenda of deferring early pregnancy.

Policy was also the ineligibility of women with a physical handicap to become adoptive mothers. One of my clients who, as a young married woman became paraplegic after a farm accident, applied to adopt a child. But she was not considered suitable because of her 'incapacity'. She happened to be a self-sufficient mobile wheelie, intelligent, highly energetic and domestically efficient. I kept my crestfallen client in mind. One day, a single supporting father presented in my office seeking a live-in care plan for his infant son. I referred him to my client. They negotiated a resident care plan which proved mutually satisfactory.

After an extended period the child's father felt that an adoption plan would be in the best interests of his son. When my client applied to adopt the boy, she was officially refused. Disconsolately, she sought counselling in my office. It happened that she had two keen advocates in the hospital – the

other being the medical superintendent who, as her surgeon, had a sustained interest in her well-being. He and I both took up her cause, protesting the discrimination being shown against a proven capable and caring couple.

Somewhere in the system there was a relaxation of the policy with our client and husband formally authorised to adopt their little 'boarder'. Over the years, the surgeon and I saw, with great satisfaction, the excellent nurturing of the adopted son through childhood, youth and adulthood, and the active community-oriented life which the family continue to share.

The Police Department soon became aware of my caring welfare role at the Townsville General Hospital and sought my help and intervention. One example of the type of referral I would receive would be a paraplegic or double lower-limb amputee who arrived by train, unaccompanied, invariably at a weekend, and was in need of accommodation. As much of Townsville's accommodation was in the 'high-block' buildings with steep stairs, they were wheelchair inaccessible. This kind of social emergency could initially entail a 'compassionate' hospital admission, most of which were generated through the social worker's office. Once I received a referral from the Senior Sergeant accompanying a client with health-related problems; the explanatory letter was addressed to "The Social Welfare and Public Relations Officer"!

In the 50s Commonwealth Departments which had bases in Townsville were the Army, the RAAF and the Department of Social Services (now Social Security) all of which provided a continuum of hospital patients: any social problems which surfaced were automatically referred to the hospital social worker. For a number of years the Department of Social Services occupied a wartime temporary building, with a Registrar in charge. The office processed the prevailing forms of benefits – Sickness, Unemployment and Pensions.

Every patient who was either sick or unemployed could apply for Benefit which, as I recall, was £2.10s (\$5.00) a week. The application forms were covered with fine print, long-winded, in bureaucratic heavy terminology: an awesome document for semi- and illiterate applicants. Having no support staff, I assisted them, helped them sort out the information they were asked to reveal – their social and work status, their state of health: this practical service broke the ice, so to speak, and helped to gain the trust of the client. The personal, family and social disclosures emanating from the expectations of financial assistance unwittingly provided vital information to assist the social worker in assessing a client's situation and real needs.

Enter the Professional Players

The first of the Federal bureaux to have its own social worker stationed in Townsville was the Department of Social Services, whose pioneer worker in Townsville was Christine Alexander, a University of Queensland graduate who had undertaken a field placement under my supervision in the Hospital, and who later returned to work in the Department's offices in Townsville, while her new husband, Malcolm McCouat, also a social work graduate, became the city's and North Queensland's first Probation Officer. This duo constituted a double bonus for social work functioning in Townsville and North Queensland.

Later when the Lavarack complex was built and a host of army personnel moved into Townsville, a social worker, Anne Murray, was appointed to work with the soldiers and their families. The RAAF which had an equal if not longer presence in North Queensland and which had a large service population and even ran a kindergarten, saw no reason to employ social welfare staff. Once I asked a very senior RAAF Officer why there was no social worker on base, he replied, "the RAAF has no social problems!"

It was not until the mid-60s that a second social worker was authorised for Townsville Hospital – an event precipitated by my entitlement to long-service leave after thirteen years of hospital employment. The locum was Jan Behan, who remained on staff when I returned from an overseas welfare familiarisation trip of rubbernecking through hospitals, rehabilitation centres, care for the aged, disability services, etc.

From this second appointment followed periodic reviews by Hospitals Board of staff strength, until by 1974/5 there was an establishment for six social workers, a welfare officer, and a secretary. As staff levels gradually improved, the next somewhat insurmountable difficulty was recruiting qualified persons, all of whom had to come from the south or overseas: it was not until the University of Queensland introduced a Social Work Course in 1957 that there were any prospects of obtaining staff from within the State.

Despite the departmental authorisation to have six qualified social workers in the Hospital from 1974, maximum staffing was never achieved: it was once almost briefly realised when there were five social workers and one welfare officer. While there was only one, or two workers, these of necessity had to remain generalist in their roles, availability, coverage. As staff increased, it was possible to deploy staff into specialist areas, viz. Paediatrics and Obstetrics; Orthopaedics and Surgical; and Outpatients and Casualty. This enhanced the development, concentration and refinement of specific skills.

One of the district hospitals which sent on patients for specialist diagnosis and treatment in Townsville Hospital was the Mackay District Hospital in Central Queensland. Medical referrals quite often involved social work planning with and for these patients from the southern periphery of the General Hospital's coverage. The unarguable need of such a district-based medical facility for its own paramedical staff was gradually recognised, including the employment of a hospital-based social worker, geographically more appropriate to help the patient population within its catchment area. This hospital social worker, Shirley Timms, would have been the first social welfare professional to practise in the Mackay district.

Equidistant to the north of Townsville was the coastal city of Innisfail which had no social worker until a concerned local Catholic Priest initiated a move for the formation of a Welfare Council which set about to rectify the situation. He came to my office to confer on the possibilities which were actualised when a local resident, Margaret Worrall, a qualified social worker, was employed to do community work in Innisfail.

With social workers graduating from the University of Queensland from 1958 onwards, there were qualified professionals looking for challenges in the State and elsewhere. When a Welfare Council had been set up in the western city of Mount Isa by the Anglican clergyman, who had managed to gain the solid backing of the management of Mount Isa Mines, the giant extractive industry around which the township was built, I received an invitation to address the then Mount Isa Welfare Council on the role of a social worker in the community.

Shortly afterwards, the Council advertised a social work position and selected a recent University of Queensland graduate, Pam Mason, who proved efficient, highly energetic, and personable, quickly vindicating her appointment as the first professional community worker in Western Queensland.

Some years later a New Zealand-educated social worker was employed in the town of Normanton on the Gulf of Carpentaria as a community worker.

When some time later, the State Children Department began to employ welfare personnel, they were initially graduates in Arts or Education. Later when preference was given to qualified social workers, the first such graduate to join the Townsville office was Robyn Putt, who established a precedent for such appointments. She served the Department well, later joined the social work staff at Townsville Hospital, then undertook postgraduate counselling studies in the USA, returning to Townsville as a member of the academic staff of the Townsville College of Advanced Education. When the College amalgamated with James Cook University of North Queensland in 1984, Robyn became a university lecturer in the Social Work Program at JCU.

Plumbing Marriage Breakdown

The family as a malfunctioning unit was prominent on my list. For many a hospital patient the hidden problem triggering off personal dysfunction was psychosocial stress. Its aetiology and treatment needed long term interpersonal counselling with patients, their partners and families. Its entrenched features are not suitable for a solo practitioner in a hospital social work office.

While I applied evening and weekend time to caseworking medico-social problems which I perceived as embedded in intimate and family relationships, I was looking for more appropriate intra-family problem-solving agencies.

As often occurred in the 'fever' of an unrelieved caseload, an unexpected support base emerged. One weekend as I was tending my usually neglected garden, wearing a most informal two-piece sunsuit, a formally attired gentleman called at my flat looking for "the social worker". He introduced himself as the President of the Queensland Marriage Guidance Council, adding that he was the Rev. Rees Thomas from Brisbane. The purpose of his visit, he explained, was to ask the social worker, if she would be willing, in association with the Hospital Psychiatric Consultant, Dr Wilfred Richards, the only psychiatrist available at that time for the whole of North Queensland, to be Honorary Marriage Guidance Counsellors for the QMGC in North Queensland.

It transpired that the Brisbane Centre for marriage counselling had begun in 1954, the same year as I, a newly employed hospital social worker, found myself confronted with a sequence of in-house hospital clients in marital crisis. These referrals from wards and Outpatients were proving time-consuming, as there was no specialised agency in North Queensland to refer them on to. Now here I was, being propositioned to become affiliated with the MGC in Brisbane as an upstate counsellor. This new role actually exacerbated my current predicament because by making myself accessible to this new source of problematical marriages, I still had the continuing and priority referrals from among the hospital patient population.

But it was helpful for me, while family counselling at this end of the State, to have a direct but remote support base to a specialised agency in Southeast Queensland.

Not long after, a visiting psychologist, John Tonkin, the only psychologist at that time providing professional services to North Queensland who worked with clients of the Commonwealth Acoustic Laboratory challenged me on one of his visits about what I intended to do about establishing a marriage guidance centre in Townsville. The challenge lingered in my mind. He had clearly implied that it was up to *me* to do something about *it*! It transpired

that there were to be, once again, natural indicators for facilitating this area of community development

Some time later a woman who had been Secretary of the Marriage Guidance Council office in Brisbane, Mrs Helen Allan, came to Townsville with her family and was keen to help in establishing a similar marital centre in the city. The prospect of an imminent visit to Queensland by two well-known New Zealand marriage counsellors provided the opportunity for a public meeting which they addressed, and which resulted in the formation of the Townsville Branch of the QMGC, and the election of a Committee which met first in the Red Cross office in the city, later acquiring its own office in the same AMP building. Appointed as chief counsellor, I undertook to train the first two groups of volunteer counsellors, each course involving eighteen months of weekly lunch-hour, evening or weekend training sessions.

Once the first intake of carefully selected men and women had completed the initial counselling course, the first group of counselling volunteers emerged who, after being officially accredited, were able to provide an almost round-the-clock emergency contact service for distressed marital partners in the North Queensland region.

A number of these accredited counsellors then broadened the services offered by the Townsville Branch, in conducting marriage preparation courses for engaged couples, group discussions between young married couples, and sessions for adolescents.

Counselling Catchments

As Chief Counsellor I became aware of the number of clients living in remote parts of North Queensland, who wrote in about their troubled family situations. Without prospect of their coming to the city for direct counselling and without sufficient Marriage Guidance Council finances to provide a mobile country service plus the general shortage of trained counsellors, I initiated a trial scheme of Correspondence Counselling, about which I later wrote an article for the Australian Journal *Marriage And Family* on this experimental work under the title of The 'Unseen Client'. (Reid, J. 1964, 'The Unseen Client'. *Marriage and Family: A Quarterly Review by National Marriage Guidance Council*, Brisbane, Vol. 1. p.10.)

Corresponding clients were exclusively self-referrals, apparently emanating from the Centre's sporadic publicity by rural radio and country press. Half of the correspondents were from the Mount Isa area, the rest were equally divided among Innisfail, Mackay, and the Burdekin district, with one from New Guinea. The average number of letters exchanged between client and

counsellor was five, the correspondence proceeding for an average of four to five months.

The marital problems of the clients appeared to be more of the chronic than of the crisis type. Obviously, the written word is too abstract a medium for emotional releases: more direct action would tend to be used in acute situations. The mere act of committing fears, distresses, hostilities and dissatisfactions to paper, seemed to have a tempering effect, suggesting that the catharsis preceded the penning. The elements recorded were the client's residual rancours, quite often set out alternately with positive comments on the marital partner. It may have been inadvertent, but the corresponding client showed this capacity for momentary objectivity, possibly because in writing, people tend to select thoughts and words more carefully: their reactions and feelings are muted.

The correspondence counsellor has to work without the benefit of vocal and physiognomic emphasis, and other palpable evidences of sensitivity. The most apparent limitation was its unilateral character; in no instance did the spouse also participate in the communicating. Its value therefore lay in its possibility for modifying the attitudes of the most distressed partner, and providing the supportive and motivating relationship through which new insights may be achieved.

That particular mode of 'remote' counselling was trialled in 1964. In the 1990s crisis counselling for rural and remote clients is now facilitated by the introduction of the toll-free 008 telephone number, which has the added benefits of a local-fee charge rate and direct verbal dialogue between client and counsellor.

In my capacity as chief counsellor of the Marriage Guidance Centre I was invited by Mount Isa Mines to lecture the senior apprentices on Marriage and Family Life. This type of invitation was consistent with the enlightened management policies of the company, which had been aware of the establishment of an active Marriage Guidance Council in Townsville, and saw this as an opportunity to alert their graduating trades students to the accessible resources in North Queensland of marital and family counselling. The apprentices who came from various parts of the State and interstate, were housed in comfortable barracks, with excellent living and recreational facilities.

I worked out a fairly formal outline for my lecture and headed by air for the site of the industrial giant, 900 kilometres west of Townsville, close to the Northern Territory border. When I was introduced to a group of some sixty trainees about to complete their studies, at that stage all males, although women were later included in the intake and training of apprentices, I became acutely aware of the general atmosphere of the classroom – an

array of young men who basically felt that they already knew what life was all about and what could a mere woman in an hour or so add to their knowledge.

During my undergraduate studies at the University of Melbourne, I had taken a course in Philosophy during which I became intrigued with the Socratic dialogue as a mode of learning, as recorded by Plato in the Fourth Century BC. Far from a formal lecture, it is a group process for thinking things through – that is, for educating ideas between learner and facilitator as, technically, co-equal seekers after knowledge.

My appreciation of this seminar type of exploration of thoughts was intensified some years later when, as a postgraduate student at the University of Chicago, I had the rare opportunity to be accepted into a round-table discourse of some thirty students, led by Professor Robert Maynard Hutchens, the President of the University of Chicago, and his colleague, Professor Mortimer Adler. The conjoint participation of both seminar leaders and class members replaced the usual unilateral style of delivered lectures: it has many advantages, the least of which is keeping both parties awake and intellectually keen.

By sudden resolve, I decided then and there, in Mount Isa, Western Queensland, facing the uncertain responses of sixty neophyte tradesmen to brace myself for Socratic action! After a few preliminary remarks, I broached the subject of their imminent tradesmen status and how they saw their future. Having initiated dialogue in the group, the responses naturally included the adult expectations of home life, marriage and family. At which point, I raised a Socratic-type question – “Why do people marry?”. An instinctive guffaw was followed by an uncanny silence. One by one a few suggestions surfaced – “love”, “to get away from home”, “money”. When I pursued the reasons, others volunteered their reasons – “having children”, “companionship” and possibly a few which I have forgotten. When a multiple list of reasons had been educed from the class and I challenged – “Any more?” – from the back row came the final contribution – “Pregnancy!”.

Each of the suggestions opened up specific avenues for group discussion. It confirmed my conviction that trainees in essentially highly structured and pragmatic courses such as are given to mining apprentices can accept the dialectic approach to learning in the sensitive areas of human relationships.

By 1964, the Brisbane Headquarters which had been active since 1954 made the following comments on the Townsville Branch: “Busy Townsville, with its industrial population and migratory workers, has been using Marriage Guidance freely these past three years. As well as counselling, the Centre has given much time and emphasis to educational work.

Professional transfers are continually reducing counselling strength; but, on the credit side, the developing University College and the expanding social services are gradually attracting other valuable professional personnel who are of great assistance” (1964 *Marriage and Family. Quarterly Review of National Marriage Guidance Council*, Brisbane, March).

Throughout the years I was associated with the QMGC in Townsville, the whole of its operations were undertaken by volunteers. Its counselling services to its clients were free. This was then possible because of the enlightened policies of the Commonwealth Attorney General’s Department which made annual grants to officially recognised Marriage Councils. The Attorney General monitored the training and official accreditation of the counsellors, and encouraged the current concept of using well trained mature volunteers as a stable community-based peer support system for marriage and family life in Australia.

In more recent years, the nature of the QMGC service has changed in that clients are now means-tested and are charged appropriate fees. The trained volunteers have given way to professionally paid clinical counsellors.

The opening up of marriage counselling services in North Queensland by the advance-base work in Townsville, subsequently led to other branches in Rockhampton and Cairns, plus services in Mount Isa and Mackay. The development of these centres created a network of family support systems staffed by professional counsellors, holding of regional conferences, etc.

The Age-Old Perennial

In the fifties, the sole retreat in North Queensland for the unfamilied, homeless and dependent aged operated in Charters Towers under the name of *Eventide*. The very name is a poetic concept, reflective of earlier community attitudes combining two sentimental metaphors about ageing – the close of day, and the ebbing tide of human life for those within its walls. The title struck me as promoting premature scaling down of the individuals’ activities and interests and a passive wait for the inevitable end. In 1967, when on long service hospital leave, I visited an aged care centre in Switzerland and I was surprised to discover an equivalent sentimental title – *Abendruh* – evening peace! – connoting quietness, inactivity, resignation.

Like other Queensland Government establishments built in a rural district, the siting of *Eventide*, eighty miles west of Townsville, would have some political expediency, possibly to provide employment for a small community faced with a declining economy and work opportunities. During the gold rush, 1878-89 ‘the Towers’ had been a large mining community, surrounded by pastoral properties.

The location of *Eventide* would no doubt have suited the ageing work force of rural western Queensland, particularly the men who for years had been bachelors on remote cattle stations, road construction gangs, itinerants, bushmen, migrant 'loners' with no family base in Australia. From pioneer days, the outback jobs attracted the men who had been separated from their families, plus the unmarried – mobile seasonal workers satisfying their need to be independent, that is, until disablement, chronic illness, frailty or diminished functioning required 'a fixed abode'.

Yet cities like Townsville, with a population of some 40,000 people, had no equivalent caring facility for its enfeebled elder citizens. This became apparent with the continual referrals to both casualty and the social worker of frail aged persons living alone in inadequate dwellings, or in a state of severe neglect and malnutrition.

For many years in Townsville there were no domiciliary services for frail aged, chronic and physically disabled persons who were finding difficulties in living in the open community. For example the social worker would be contacted by the police requesting a home visit where an aged dependant was on his/her own after a relative was hospitalised. This would possibly entail a compassionate admission of the at-risk partner as recommended by the social worker.

Support systems focusing on the aged remaining in their homes – domiciliary nursing, meals-on-wheels, home help were to develop later, each new service enhancing the patients' prospects for remaining in their homes.

Some of the vulnerable elderly people, part of the caseload of the social worker, could be precariously maintained in their own homes by dint of social work vigilance and practical help. As neither the community nor my office had volunteers to monitor their well-being, I considered it part of my responsibilities to offer some basic servicing. While the patient was in hospital, this generally entailed cleaning up a disordered and neglected house or an old hut at the edge of town. By making the environment more liveable, the patient might just manage.

I became all too familiar with the marginal living of physically debilitated and senile senior citizens. Poor nutrition was a factor for many living in town or bush shanties, and for singles and couples endeavouring to cope without family or neighbourly help. For quite a period I took supplementary weekend meals to a scarcely functioning mentally vague octogenarian. It was just as well, in that era, that I did not have a precise professional job description, or clear demarcation of my role: it might have added to the morbidity statistics!

Once I was asked to accompany a police officer to interview an old couple who were 'not managing'. They lived in a derelict wooden house: disarray would have been a mild description of its interior with piles of rubbish covering the floors around a few shabby pieces of furniture. The sink was literally overflowing with piles of unwashed charred saucepans. In an effort to remove the piles of unclean rubbish on the floor, the policeman's boot dislodged a bundle covered by a filthy rag. Unwrapping it, he found about eight hundred pounds in paper notes – pension money which had been stashed away and not used to buy the nourishing foods which their wasted bodies so desperately needed. This couple were admitted to hospital with a diagnosis of gross malnutrition. Had there been domiciliary services these would have buttressed this couple's ability to cope with their failing physiques and their untended environment.

Years were to pass before Townsville could claim its own facilities for its aged people. By the 70s there were a number of options for residential care – Garden Settlement, Villa Vincent, the Masonic Retirement Village and the St James complex.

The first homes to be built in Townsville admitted aged people who were relatively mobile and independent enough to live in a self-contained unit. If residents became enfeebled enough to require nursing care they were admitted to the home's infirmary. Persons from either the hospital or the general community suddenly needing nursing-type care were not eligible to be admitted directly to their infirmary sections.

To overcome their plight the concept of a hospice was floated, although the Good Shepherd Hospice Board had grave misgivings about the numbers of people who were irreversibly chronic, dependent and waiting for such a facility. I recall making surveys in the region about the numbers of suitable nursing home patients being maintained in geriatric wards in North Queensland hospitals, or who were being managed with difficulty by families at home. This data, submitted to the Hospice planning body, confirmed a breadth of persons needing nursing home care. When the first stage of the facility was built it was almost immediately filled and early extensions had to be effected, with further expansions later.

Rational planning to offset the negative effects of advancing age, debility and disablement, has more recently changed the early focus from institutional care to devising a community "mantle of safety", a phrase coined by Rev. John Flynn, the man whose vision created the Flying Doctor Service. Home delivered meals reinforce the physical strength and nutrition of the elderly; home nursing monitors and supports their general health; home help and maintenance facilitates their living in the open community: these and other services are now maximising the ageing individuals'

capacities to remain in, and function independently in their own homes and communities.

Correlated with these on-site home services has been a series of proactive programs geared to promote physical independence, mental and intellectual stimulation, preserving skills and social interests – all of which contribute effectively to deferring the point-of-no-return in the ageing processes.

Regularly, over the years, I made 'home visits' to relocated hospital patients in *Eventide*, sometimes to introduce students to the area's welfare services as part of their learning experience. In the 50s and 60s the conditions for chronic patients in *Eventide* was depressing: most of them bedfast in long wards, the narrow spaces between the rows of beds punctuated by small barren metal lockers. Cot cases wore undifferentiated institutional-issue bed wear.

Frail and mildly handicapped residents might be sitting 'out' along the ward verandahs. Mass procedures characterised the bathing rituals – without privacy. At meals they sat at long tables, presented with indifferently served food which they consumed, not with knives and forks, but with invalids' spoons.

One redeeming feature was that physically independent singles and couples were housed in small wooden huts around the complex: these lodgers were free to go into town, to grow their own vegetables and flowers around their huts.

Now, in the 1990s the old *Eventide* buildings have been replaced with well-designed modern structures, colourful, spacious; patients have their own private space, personal possessions, and individuality. The old wooden huts have made way for trim brick landscaped modern units. Consumer rights is the prevailing principle.

Shelters for Unsettled Males

The earliest concept of shelters in Townsville had a masculine connotation – homing in on homeless, unattached, seasonally and long-term unemployed men, particularly the itinerant and seasonal labourers who hit town during the "slack" – the wet season when many of the public works closed – including road building and maintenance; the cattle workers on the pastoral properties and the meatworkers were paid off. Many of these 'loners' could work steadily in the outback during the dry months. At the end of the active season many seasonally unemployed arrived in town, with minimum baggage but with accumulated pay which was rapidly

consumed in the traditional community centres of the region – the local pubs.

The social work office had many referrals from Outpatients and Casualty of these seasonally 'laid-off' men who presented at the Hospital for medical repairs and quite often for ward admission. One such victim of the slack season was referred to me by the ward sister. He had whiled away his government sustenance, most likely Unemployed Benefits, on alcoholic liquid refreshments and had had a series of runs-in with the law. When I asked what had befallen him, he said he had a fractured leg and when I asked where and how it had occurred, he explained "the police did it", then a further explanation "the police were chasing me in the quarry when I fell over a rock and bust me leg".

Like this in-patient, the seasonal 'floaters' would stay in hotels, wharfside type until their money ran out, then they would sleep in the parks, on the beaches, in the big drains, in the quarries. Many fared badly under this regime, but miraculously seemed to survive until the next season's jobs were available. On their official hospital cards and charts their address would be listed as NFA – No Fixed Abode – clearly a sound basis for social work referral! Each season would produce its sociological evidence of 'foul-weather' rather than 'fair-weather' transients who converged on Townsville: loners, bachelors and otherwise who resumed normal work routines when the wet weather ended. Armed with unarguable statistics I wrote submissions for men's shelters to both the Salvation Army and St Vincent de Paul in Townsville. There was a response. Whether requests went in from other sources I would not know, but the Salvation Army established a Mancare Centre, and the St. Vincent de Paul set up a night shelter. These welfare agencies were both a social and economic support base for many men-without-families, both those who worked seasonally and those who had a track record of unemployability.

The few women and children with urgent need of accommodation who presented in the social worker's office were usually sympathetically absorbed by the Countrywomen's Hostel, Red Cross Rest Rooms, and the Salvation Army People's Palace. When the Mancare centre was being designed by Salvation Army, a couple of units were included for "families in crisis" – invariably women and children.

Domestic violence and other assault situations occurred, and required intervention as occasional social contingencies, but they had not been identified as the massive societal phenomena of contemporary society.

It was not until 1975 that a concerted move was made to establish a Women's Refuge in Townsville. At the time I was requested as a member of Townsville City Council to launch a Deputy Mayor's Appeal for community

funds for a Women's and Children's Shelter. I recall that this initial Appeal netted nearly \$1000. At the time the Queensland Government was not sympathetic to such women's and children's crisis centres: labels such as 'libbers, lesbians and marxists' were glibly used by vocal male politicians to denigrate this facility for victims of domestic violence and other hapless situations.

warning to snails – and innocents

*silly little introvert
resident of rock and sod
seeking in drab pilgrim garb
succulent chlorophyll
your god

foolish little earthbound creature
struggling over boulders
how snug beneath
your nomad home
borne upon your shoulders

trustful one
beware the flicker
streaking red
in instinct spasm
may strike at your
sinistral shell
and rend
your unhoused protoplasm*

Goodwill Groundswell

Over my hospital years, I saw ample evidence of the latent benevolent attitudes in the community which only needed to be triggered to be activated. This goodwill exists as a potential energy both in individuals and in groups and associations, invariably rising to the occasion when challenged. In Townsville service clubs have proved their worth as citizens in building community facilities – parks, youth clubs, senior citizens centres, sporting and recreational and health areas for children and adults, providing transport for disabled persons, cars for visiting nurses, ambulances, special educational centres and equipment, technical apparatus for hospitals – to mention only some. Townsville Service Clubs have on record a veritable litany of benefactions. To my knowledge a comprehensive record of their community enhancement projects has not yet been produced.

Within the hospital itself, I recall a succession of bounties – port-a-cots for sick babies in transit, wheelchairs for loan from the social work department, resuscitation machines for intensive inpatient treatment, special trolleys for Out-patients, vaporisers and renal dialysis units for home use by patients. One philanthropic group, Helping Hands, under the dynamic leadership of Ruth Keane, from its fund-raising donated substantial funds for intra-hospital facilities, viz. a waiting room for next-of-kin, a chapel, special bedding.

Service and philanthropic groups would seek consultation with hospital personnel to ascertain which needed items would not be covered within the limited, authorised hospital budget. It was the service clubs for example, who could be counted on to finance the repatriation to Europe and Britain of severely injured patients, including stretcher cases.

Another situation occurred in which the wider community responded to a stated need. A young migrant from Europe was admitted to hospital with a head injury which had left him brain-damaged, child-like, dependent, with speech loss. In his recovery he had reached a plateau; the specialist thought he might improve if he could be placed with an understanding family. He was without kinsfolk in Australia and there was a shortage of fellow nationals in this region, so I drummed up the idea of contacting his own countrymen through an ethnic newspaper printed in the south and wrote to the editor setting out his particular needs and appealing to the readers. Shortly after, I received a copy of the newspaper with my letter printed in the patient's native language.

There was an amazing response to the letter with mail coming to my office from various parts of this continent and even from Africa. All of the respondents expressed concern: those who could not offer hospitality sent money and there were several who offered to share their home with the patient – a professor from the other side of Australia, an opal miner in central Australia who was himself handicapped by an accident and who suggested they could work in partnership in his opal business. The prospects seemed most promising, the dilemma was which offer to accept. Almost daily I saw the patient who remained passive, inarticulate, gazing into space, expressing no feelings. The specialist and I discussed his unresponsiveness and decided to defer any decision pending some improvement in his self-management. During the next phase he regressed, so plans for the open community were shelved. But the whole episode showed the good-heartedness which exists in the human community and which will respond when called upon.

During the period of augmented migration from Europe hospitals received a steady intake of New Australians, as they were then called – single or separated working men who emigrated, took rural jobs, had no family

locus, sought social friendship and fellowship in the ubiquitous hotels. Quite a number of these whose life in North Queensland followed such patterns appeared prone to road or work accidents or psychological disorders. Predominantly from European cultures, their lives traumatically disrupted by their experiences in World War II, their encounters with the overwhelming size of, and their sense of alienation in, Australia, – their life histories were the unrecorded themes of high drama as they entered hospital, via Casualty, from their workplaces in mining, tin-scratching, cane-cutting, shipping.

Before mechanisation reached the cane-fields to the north and south of Townsville, the cane was manually harvested by seasonal workers – many Italian, Spanish and other immigrants – a colourful workforce who would sign on for the harvesting. At work they suffered injuries from the slashing machetes, after work they made for the cool waters of nearby creeks where a number suffered spinal injuries by diving into the shallow streams.

An early discovery concerning the sizeable Italian population in this region was the number of in- and out-patients who spoke little English. These were particularly the family women whose male relatives worked on or owned sugar cane farms and the more recent migrants who had little exposure to English. Some of the women had developed nervous conditions and were particularly bewildered when hospitalised as they did not understand the English spoken on the wards.

I decided to attend night adult education courses in Italian in the hope of becoming fluent enough to communicate with the patients and their families. It was a pleasant subject. I liked its lyrical quality and I began to speak it timorously to Italian clients.

One day a nurse in the Special Clinics put her head around the door of my office and said, "Doctor wants someone to speak to one of his Italian patients". I felt my moment to prove myself as an interpreter had come and hurried in where a pale, consternated woman was in the "hot chair". To my "Bon giorno, signora" she looked uncomprehending and when the specialist said, "Tell the lady she has an atypical dermatitis condition" I wracked my brains for the Italian equivalent. As I struggled to translate the diagnosis the patient continued to look perplexed and uninformed. I realised I was unequal to the challenge and left, apologising and crestfallen that I was of no assistance. A few minutes later the same nurse reappeared at my door and said, "Doctor wants someone who can speak Greek!" No wonder I had got nowhere testing out my Italian on that Hellene! This time I played safe: I requested the Greek proprietor of a fish shop across the street to do the honours which saved mine and satisfied both specialist and patient.

North Queensland being a multicultural community, members of different ethnic groups were in and out of hospital and there was a regular call for interpreters, arranged through the social worker. Realising I had no spare time to be multilingual myself, I built up a Register of Volunteer Interpreters who could, at short notice or by appointment, provide excellent services as translators for staff-patient dialogue. These services were given with goodwill and without cost.

Under the free hospital system, patients could be indefinitely hospitalised in chronic/geriatric wards. One family, grateful for the good nursing which an elderly relative was receiving, insisted on using his entire pension payments for "special extras" in the geriatric ward. As a result of this generosity the ward received a series of benefits – comfortable TV chairs, TV sets for the wards, reading lamps, cooking utensils for night-time "treats", walking frames and such like. Thinking that the community should know of this generosity, I arranged for a newspaper photographer to come to the ward. A photograph of the patient with his fellow patients and the donated equipment was duly printed. I hastened to the ward to let the philanthropist see himself surrounded by his mates and the new in-house comforts. The patient, at times irascible and disinclined to communicate, did not respond to my invitation to have a look at the people in the picture. I persisted, saying, "You *know* who *that* chap is". Finally he deigned to look then remarked, "I don't know who the heck he is, but he's an ugly looking bugger!".

By the very nature of its compassionate life-supporting role, the hospital educes concern and helpfulness within its surrounding community, creating the natural bondings between strong and fragile, self-sufficient and deficient, and opportunities for exercising the gentle affections, courage, endurance, generosity.

In any given community, its hospital can be recognised as one of the fundamental areas for coming to terms with individual, family and group disaster. It is the homing-in ground for the basic processes of birth and death, and a series of emotionally charged milestones in between. Its critical role is spelt out in the casualty battle stations, in the high dramas within its operating theatres, in the urgencies associated with life-support systems in the intensive care wards.

Within the hospital's walls exists a microcosm of the encompassing society – the infinite variety of personalities, the universal human foibles and idiosyncrasies, the ethnic differences, the vast array of acute, chronic, typical and atypical illnesses. Like a great tapestry, the hospital offers representative samples of the woven pattern of the fabric of the community it serves. The few who do not need its service, or feel its enveloping embrace, experience it vicariously through their families, friends, clients, workmates.

Physical, emotional, psychological and social dysfunctioning constitute the agenda of the hospital's *raison d'être*. As one English poet put it:

"Life's battle is a conquest for the strong

The meaning shows in the defeated thing."

Over the years, I became convinced that, if there was to be only one social worker for a vast region such as North Queensland, the most appropriate setting was a general hospital such as Townsville Hospital. Such a hospital functions as the heartbeat of its greater community, reflecting the state of its physical vigour, its adaptability, its vulnerability, its incipient weaknesses, its reckoning with excesses; its birthing, maturing and ageing processes; its range of temperaments and lifestyles; its dynamics of renewal and rehabilitation; and the irreversibility of death. In essence, it has an all-encompassing role – incorporating the infinite variety of the human condition.

The medical social worker who is closely involved at the interface of psychological function and dysfunction is geared to cope with the eventful as constituting a normal feature of daily activities.

RETHINKING DISABILITY

Bodies in Motion

One of the medical conditions which had been prevalent in North Queensland, with particularly devastating effects on young children was poliomyelitis. I was to learn from close-range about this debilitating illness soon after my arrival in Townsville in 1954, when I was invited to join the Board of Directors of the North Queensland Society for Crippled Children, where I was quickly delegated the role of Honorary Secretary. This volunteer body had been formed in 1951 following an epidemic which had a severe impact on children in the region, with Townsville functioning as a diagnostic and treatment centre for victims from as far north as the Torres Strait Islands, Palm Island, off the Townsville coast, and the inland of North Queensland region.

Those patients whose bodies had been immobilised, severely twisted, enfeebled, some sustained by 'iron lungs', were indefinitely accommodated as inpatients of Townsville Hospital in virtual isolation, in the Contagious Diseases section. As long term patients there were between forty to fifty of them under treatment in an older hospital building segregated from the general wards. To compound their cloistered existence, the wards were on the second floor, the only access to which were steep wooden stairs, difficult to negotiate for children wearing braces, not negotiable for those in wheel chairs. The ground floor was reserved for tuberculosis, venereal, and occasional Hansen's patients. Contrasting with the modern open design of the main hospital building, the wards seemed dark and gloomy, with a perpetual odour of disinfectant.

A contingent of these polio patients were in wheel chairs during the day. The Queensland Education Department provided a teacher. The upstairs setting without ramps or elevators necessarily constituted a 'shut-in' lifestyle, complicated by the fact that the building was sited on a hill with no surrounding garden for outdoor relaxation. These were the conditions which prompted the organisation of the Society, the stated purpose of which was to build a more congenial residential, treatment and educational centre for the hospitalised children with poliomyelitis.

The Society was aware of earlier polio epidemics, particularly its President, Charles Butler, a Townsville businessman who had earlier been a polio

victim with a residual disability affecting his walking. There had been a severe epidemic in the 1940s which brought to Townsville a therapist, Sister Elizabeth Kenny, who set up a clinic close to the Strand. Sister Kenny's treatment was unorthodox, that is, it was not endorsed by some of the orthopaedic specialists. While the medical clinicians preferred passive treatment – immobility and rest, Kenny used hot baths and muscle exercises, for both of which she was able to claim considerable success.

Her techniques criticised by members of the medical profession, she later moved to the USA where a Foundation was established in her honour in Minneapolis. She also received a national honour from President Roosevelt, himself a victim of poliomyelitis. Her humane services to members of the North Queensland community who contracted polio, were later recognised by the Townsville City Council, who named one of the public areas on the Strand, the *Sister Kenny Park*.

The Centre which the Society envisaged was to be home-like, fully equipped with treatment and therapy facilities, with a school, a heated pool, and a garden environment. The estimated cost of the building with a capacity for forty live-in children was, at that time forty thousand pounds (\$80,000). With some three hundred pounds (\$600) in the bank the Society first negotiated for the acquisition of Crown Land in North Ward, and with the Queensland Government, who agreed to fund half the cost, with the Society expected to match the grant through fund-raising. By 1957, the first stage of the Centre to house forty children, plus an administration unit, was in place, and was officially opened as *Cootharinga*.

Because of their severe disabilities, the children admitted to *Cootharinga* faced the prospect of an extended stay in the Centre. This applied particularly to children from rural and remote areas, including from the offshore islands in Torres Strait and Palm Island. All resident children needed intensive therapy which was not available in their home districts, and where schooling would be problematical because of access barriers. Rita Jell, who had been their teacher at the Hospital, became the *Cootharinga* teacher. Most of the children needed intensive 'physio', most needed occupational therapy, but practitioners in these professions were in short supply – most preferring to stay in the bigger cities. Similarly speech therapists were virtually unavailable: for the severely paralysed children, this was an essential part of their rehabilitation.

Another needed member of the rehabilitation team was a social worker, to maintain effective links between the children and their remote families, to interpret to the parents their child's progress, to facilitate visits when feasible, and to help the parents monitor the long range plans for their disabled children. The parents also needed to be kept informed of the medical, nursing, therapy and educational processes taking place in their

child's recovery, and growth. The social worker was also the facilitator to sort out difficulties and offset misunderstandings, to visit the families and assess the possibilities of discharge home for the children.

The Board of Directors agreed to advertise for a social worker, and appointed Andréé Griffin, who had trained in England, and was currently employed by the Victorian Society for Crippled Children in Melbourne. By joining the professional staff at *Cootharinga*, Andréé became the first social worker to specialise in physical handicap in North Queensland.

The establishment of *Cootharinga* by the Crippled Children's Society was a milestone in North Queensland in the rehabilitation of specialised services for physically handicapped children. Its beginnings were a spontaneous community response to a collective disaster. In the Northern sector of the State there were no similar services, the Society defining its own aims and objectives, design blueprints, and administrative structure. Townsville was remote from the southern metropolitan centres which had well-established programs for both handicapped children and adults.

The tapping into southern 'resources' came indirectly from my contacts with colleagues in Melbourne and Sydney where their programs reflected the necessity for continuity of facilities through childhood, youth, and adulthood. Disability has no age cut-off point: it is equally limiting and frustrating for young and old. The less mobile and uncoordinated child becomes the frustrated youth with poor prospects of employment in open industry, and with little chances of a satisfying social life.

From this open-ended thinking by older associations, developed practical modes of transport for the disabled, adult hostels and half-way houses promoting self-sufficiency, activity programs and sheltered workshops. Included in this were the early moves to encourage the independent associations to join forces in a co-ordinating association which would speak collectively for their handicapped clients who sought the same life satisfactions as the non-handicapped. The umbrella association was the Australian Council for the Rehabilitation of the Disabled (ACROD) which has been politically active for a range of people with disability, promoting their human rights, their abilities, and their entitlement to equitable treatment.

These southern advances in thinking and programming were quite early endorsed by the understanding President of *Cootharinga*, J. C. Butler, who became a member of ACROD, and who took the initiative to set up a sheltered workshop in another part of Townsville for working age youth and adults whose physical handicap limited their opportunities to compete with the non-handicapped. *Capabilities*, a sheltered workshop, administered independently of *Cootharinga*, had Board members from the Society on its

Board, including Charles Butler, Fred Sutton, the Society Treasurer, and myself.

Some time later, a self-help group of people with mixed disabilities was formed through the energies of one of the city's well-organised paraplegics, Phyllis Penney, who took a leading role in incorporating it as a Paraplegic Association. For its regular meetings, the Association negotiated with a local religious denomination to have the use of a small vacant suburban church. In its buoyant phase, with a steady membership and myself in an advisory capacity, the Association sought finance from the North Queensland Society for Crippled Children to acquire the building at a most reasonable cost. The Society agreed to a loan, which seemed to ensure an early acquisition of the disused church. The transaction was never finalised because of a sudden, and prolonged hospitalisation of Phyllis Penny, the key person in the negotiations. It had been a hopeful beginning of a client group asserting itself as a legitimate part of the Townsville community.

About this time the local community was beginning to hear of the terms such as 'access' in the context of overcoming the existing structural barriers for people in wheelchairs and with other disadvantages in mobility. This was a sphere of trouble-shooting for which I was able to find the necessary sort of ammunition to break-through crusty practices. When I became an alderman on the Townsville City Council, I was able to procure from the offices of the ACROD in Sydney, a manual setting out procedures and designs to give access into buildings for wheel-chair users and other disabled persons. Copies of this manual were made available to the Engineering and Architecture Departments of Council. The recommended designs for public toilets featuring 'access' were incorporated by the City Architect into the drafting of such facilities on the Strand and Rowes Bay and in the parks. The Architect, in his capacity to review plans submitted to the Council for new public buildings was able to ensure appropriate entrance ramps, corridors of appropriate width and wheel-chair access to washroom facilities for people in wheelchairs. The City Engineer arranged for modification of street corner kerbs for paraplegic users.

There was another breakthrough when the Department of Civil Aviation approved a combined submission by a local Lions Club and the Hospital social worker for an Invalids Section at the terminal for stretcher patients in transit and for others such as travelling paraplegics. In converting an area of the building into a servicing area for tending invalids, infirm and disabled travellers in transit, the Townsville airport set a precedent in the State of Queensland for its 'special' passengers.

The Missing Pieces

Limb-fitting, now regarded as a highly specialised field of prosthetics, did not exist in the northern half of Queensland in the 50s. Employees losing a limb in the course of their work or travelling to and from work, would normally qualify for a free artificial leg provided by Workers Compensation. To have this fitted, arrangements would be made by the State Government Insurance Office to transfer the amputee to Brisbane, on the clinical recommendation of an orthopaedist. The limb would be made and supplied by either a private appliance manufacturer or through the Repatriation Limb-Fitting Centre, which functioned mainly to provide new and replacement artificial limbs needed by war veterans living in Queensland.

For those not covered by Compensation, retraining of male bread-winners or self-supporting females was a possibility under the provisions of the Department of Social Services. This category of patients received Sickness Benefit: if medically recommended, they were eligible as bona-fide re-employables for transfer to *Kingshorne* Rehabilitation Centre in Brisbane. Rail or air passes were issued and rehabilitation was cost-free for the patient.

For bread-winners who had families, transfer to *Kingshorne* meant separation from home for an indeterminate period – for limb-fitting and retraining for work. Even rehabilitation programs lasting six months would not guarantee appropriate and accessible re-employment, i.e. medically recommended 'light work', for example, a rural stockman amputee, or an ethnic monolingual cane-cutter. For general labourers with significant residual disabilities, prospects for re-absorption into their former workplaces were dismal.

The inbuilt homemakers of the North Queensland community, the family women, could not claim the bread-winner's entitlement to Sickness Benefit, nor were they admissible to the Rehabilitation Centre, even though their own disablements could be calamitous for their families living on a single income. While their pivotal role in the family functioning required maximised physical rehabilitation, the homemaker did not have the same economic rating in society as a breadwinner partner.

Pensioners and other non-employed amputees were eligible, through the free health scheme of the Queensland Health Department, for a locally constructed prosthesis. This was actually a peg leg, made by a fitter and turner in the Railway Workshops of the Northern Division of the Queensland Railways in Townsville. Made of solid timber, it had a leather socket with steel hinges to attach it to the stump of the leg. Measurements would be taken by the hospital physiotherapist. The peg leg was

constructed without benefit of progress fittings, and was eventually ready to meet up with the amputee patient waiting in either Townsville or Cairns Hospital.

Apart from accidents leading to amputation, the majority of the elderly patients entitled to such prostheses generally had a diabetic or arterial condition which had been complicated by gangrene of the foot or lower limb necessitating amputation. Keeping the patient mobilised was important. Weeks, sometimes months elapsed before the replacement part was completed. For the amputee patients hospitalised in Cairns there was no opportunity for progress fittings on the stump. In the waiting interval some of the patients would lose or gain weight so that invariably the peg leg would be ill-fitting when eventually it arrived.

If the beneficiary happened to be a Cairns patient, the day would come when the finished article – a solid leg, mildly tapered, and footless – would be ready. To expedite the mobilisation of the patient, the social worker would take the article on her next trip to Cairns. It would be allowed to travel in the cabin as personal luggage of its escort, invariably proving an item of curiosity to fellow passengers with, now and then, a passing pilot stroking its sturdy construction and commenting, “What a shapely leg you’ve got”.

Meantime, the very patient patient, either bed- or chair-fast during the production time, would be initially elated at the arrival of the prosthesis. After an initial inspection the women particularly showed dismay at the unshapely, footless, ‘no-nonsense’ peg-leg. Now on site, the processes of remobilisation were particularly challenging to patients carrying a good deal of weight. Superhuman efforts would be required by anxious patient and patient physiotherapist and the attending doctor to adjust the new limb to the patient, while the social worker endeavoured to adjust the patient to the new limb.

For men, the peg-leg was less traumatic. I remember one, a fisherman, who actually preferred the peg design because of its wading possibilities, as contrasted with the more vulnerable metal ankle jointing of the complete foot-and-leg prosthesis.

For high amputations, above the knee, balancing on the peg-leg and moving was much more difficult for frail, heavy and elderly patients. Understandably, quite a number of the amputees gave up the challenge and discarded their custom-made peg-leg and took to wheel-chairs or crutches. This peg-leg service was a no-charge Health Department provision specifically for the elderly, retired, unemployed and unfinancial older patients.

For working people who required amputations, as mentioned earlier there was provision for full limb-fitting in Brisbane, through compensation, if the precipitating injury had occurred at or travelling to or from work. For other amputee patients who were considered employable, the Commonwealth Rehabilitation Service was available in Brisbane. To qualify them for admission to the centre, a medical recommendation was required, and a social and work history prepared by the hospital social worker. At that stage there was no Rehabilitation Officer stationed in North Queensland to document the patient’s eligibility for a prosthesis to be fitted in Brisbane.

Dual Role for Ear Lobes

One of the clients I interviewed in the Outpatients in Cairns was an elderly man who had had the misfortune to lose the external part of one ear in an accident. He wanted to discuss the possibility of having a synthetic piece made: I agreed it was worth looking into, since although as an external appendage it wasn’t necessary for hearing, it had cosmetic value in restoring aesthetic symmetry.

My client hastened to explain that the only reason he wanted it replaced was “to hang his specs on”. That sounded equally good sense to me and so we proceeded to make plans. At the time, the only place in North Queensland for having an artificial replacement was Townsville where a technician carried out the manufacture and the fitting.

Accordingly, appointments were made, accommodation was arranged for the patient in the People’s Palace, a private hotel run by the Salvation Army. While he waited for the finished product, he checked into my office to report on progress, and was looking forward to its completion. Fitted with his new ear, he came to show me the net result: in size, it was a good match, but the colour was striking – a deep purple-pink, which, in my estimation, looked feverish.

Seemingly satisfied the client went back to his lodgings, planning to return home the next day. In the morning, I looked in to see if all was well: it was not! He recounted that, the previous evening, while relaxing on the upstairs balcony of the Palace, his new earpiece fell off, rolled over the balcony and shattered in fragments on the pavement below. Crestfallen but fiercely opposed to a repeat wait, and a replacement of the displaced earpiece, he headed home – without a second ear “to hang his specs on”.

Post-Mastectomy Support

Within the hospital and medical context, there were continual reminders of women’s specific health problems. A timely visit to Townsville by the social

worker in the special Mastectomy Unit in Adelaide fired me to establish a similar group of post-mastectomy patients as counselling, supporting, reassuring fellow-travellers of patients preparing to undergo breast surgery, and sustaining them in the post-surgical period after their transfers to Brisbane for follow-up chemo- and radiotherapy phases of the treatment. These active rehabilitees had a salutary influence on apprehensive patients, who saw live evidence of the 'success stories' of a group who had undergone radical procedures and were again living normally in the community.

Pigeon's Eggs to Coconuts

When there was a cost problem associated with the first issue, or replacement of a truss needed for abdominal support, the patient would automatically be referred to the social worker. I felt the need to know more about the types and special features of these appliances and wrote off to a surgical supply house in the south for information. Back came a couple of pamphlets and a questionnaire which the prospective owner was expected to complete:

DESCRIPTION OF YOUR CONDITION

Answer the following questions:

Male? Female?

Your age? Height? Weight?

Does your rupture drop into the scrotum (bag)?

Can all your rupture be replaced, either with your hands?

.....

or lying down?

Is your rupture on: ...RIGHT side?LEFT side?BOTH sides?

When your rupture is out, is it the size of:

Pigeon's egg?Hen's egg?Goose egg?Coconut?

Have you been operated on? If so, for what?

Inches around body as on sketch.

Hip measurement at widest point.

(If you do not have a tape, use a piece of string)

What kind of work do you do?

Does your work require heavy lifting?Pulling hard?

If so, please comment briefly why you want to change:

Do you now wear a truss?

If so, please comment briefly why you want to change:

.....

.....

Over a period, I recall being involved in organising replacements for a Health Department issue body support for a large patient who had a collapsed abdomen. Without the belt which was actually an ample corset fitted with a series of steel reinforcements and with provisions for adjustable size by tape-lacing at the mid-abdominal line, the patient was unable to mobilise himself.

For medically-recommended, means-tested patients as assessed by the social worker the Queensland Health Department authorised the issue of one abdominal belt. Armed with his medical referral, the patient would come to the social worker's office.

One such patient who was completely dependent on the abdominal support had worn the last issue until it was literally disintegrating *in situ*. Having only one, he could never spare it for a laundering. When his sole support was being replaced, he became a virtual cot-case. This posed difficulties as he lodged in a rooming house.

On one occasion, I remember collecting the outsize corset from his lodgings while he spent the day in bed. I washed the garment and hung it out to dry on my clothes line. My mother, who was visiting me at the time, expressed concern and embarrassment that the neighbours, viewing this gargantuan garment, might assume that she was the wearer of it!

Once I applied to the Health Department in Brisbane for the issue of two abdominal belts for this patient, but was notified that only one could be authorised at a time. Such bureaucratic regulations were totally unrealistic. However, the one new replacement was mailed c/o my office: it came in a long white rather elegant box with *Roussel of Paris* ornamentally labelled on its pristine lid. Inside was the unmistakable pink fabric with lace trim corset – to serve its hapless owner as the latest government-issue abdominal belt!

Irrigation on the Home Site

At the stage when renal patients were being given dialysis treatment in Townsville General Hospital, I was seeing patients who, because of needing regular treatments, were facing many personal and family stresses. I recall one of the women who lived in a coastal cane growing district with her husband and small children. Her treatment required regular trips to and from the Renal Unit, a day treatment centre in the hospital and necessitated overnight accommodation at the Red Cross Rest Rooms. Complicating her treatment were the stresses and inconveniences of leaving her family, a working husband and their small children.

The solution was to shift the family to Townsville, locate suitable housing, and work for the husband, all of which was done through the social

worker's office with the assistance of housing officials and service clubs. The plan worked and the woman travelled from an outer suburb regularly to the Renal Unit. The matter of the care of the small children was solved by a timely coincidence. About that time, through the collaboration of a Renal Townsville General Hospital specialist and a scientist at James Cook University, a portable home-use dialysis unit was devised. With monies donated to the social workers' office, two machines, costing \$30 each were purchased for home loan to patients whom the specialists recommended. One such unit proved a boon to this family.

Such were the type of human needs in which the social worker was involved in planning for medico-social facilities which enabled such chronic patients to have life-support treatment.

Propping up the Psyche

A parallel community development in psychiatric rehabilitation which triggered off some organisational action in my office was the visit of a southern initiator of the GROW movement who had been instrumental in forming socialising groups of discharged psychiatric patients. With a group of predominately female psychiatric patients with whom I had ongoing contacts, I helped form a GROW group, which held meetings in the Red Cross rooms opposite the hospital in Townsville.

The GROW unit in Townsville functioned as a voluntary community-based client group, a self-help affiliation for discharged psychiatric patients, interested to maintain their stability in community living through mutual support and social activities. GROW was the forerunner of later more vocal groups of psychiatric outpatients who developed self-advocacy strategies for effecting radical changes in clinical treatment and active community support systems.

The Headworks: Child Exiles

In the 1950s certain categories of children with disabilities were routinely transferred south for therapy, special schooling and custodial care. These included children with intellectual handicaps, cerebral defects, impaired sight, hearing and speech, and behavioural conditions.

For the sensorally handicapped, their transfer was for the duration of their special schooling; for the cerebrally and intellectually affected, their movement south was a one-way trip, to custodial care as virtual exiles from home and family.

The first category of clients with whom I found myself actively involved were children with an intellectual handicap. In the 1950s newborn babies

who had a distinctive physical appearance, diagnosed as 'mongoloid', suffered community rejection. They were victims of a general community perception which tended to identify them with psychiatric disorders. This condition is now referred to as Downs Syndrome.

In the early days when social medicine was not part of medical studies, some of the young doctors who were present at the birth of a visibly abnormal child considered it would automatically need institutionalisation. At first feeding time the child would not be brought to the mother and when she expressed anxiety, the doctor would explain that the baby was defective and a care plan would need to be made for the baby. This would have then meant institutional care in Brisbane, probably in *Sandy Gallop*, 1400 kms south, where the only facilities for intellectually handicapped children were located.

About as many neonates, with a normal appearance at birth, would be later diagnosed as having an intellectual handicap. One of these children who, with his mother, was referred to my office by the Ear, Nose and Throat Specialist, was a physically attractive, well developed child. As the child had no hearing impairment, but was inattentive, the consultant suggested to the mother that she see the social worker.

My observation was the child was hyperactive and had a short attention span: while I was trying to make contact with him, he tried to climb out of the window. It transpired he was an adopted child, his adoptive mother a primary school teacher. Both adoptive parents, the Wilsons, were caring and concerned for his development and his future prospects and already had a premonition that he would not be acceptable for normal schooling. Being an intelligent mother, she was well aware that there would be other parents in Townsville being confronted with a similar problem. I agreed, indicating that I had encountered several others and felt they might like to share their problems together. I contacted these parents and put them in contact with Mrs Wilson, who offered to call on the affected families.

The upshot was a combined parents' meeting, about forty parents as I recall, and the formation of an exploratory committee consisting of parents, service club representative, teachers and health professionals, including myself.

Over the humid summer season, at the end of the year, this exploratory committee had regular meetings and resolved to ask for a public meeting to be called by the Townsville City Council in the new year. When Town Hall was approached about such a meeting to be called by the Mayor, an official allegedly commented, "But would anyone go to a meeting about subnormals?"

Despite this scepticism, planning proceeded for a public meeting in the new year, 1957, with some 140 people attending, filling the Town Hall, and culminating in the formation of a North Queensland Subnormal Children's Welfare Association. Searching for a suitable president, an admirable caring parent was found, Dr Dorney, who proved a dynamic Foundation President with the Association, organising services – first a Townsville Centre and in quick succession, the acquisition of specially trained teachers, branches in all the main communities of North Queensland, an assessment clinic, a productive farm colony for young adults, group homes for community living, sheltered workshops and a hostel. Under his chairmanship the Association embarked on a public relations exercise which has totally transformed the image and community acceptability of a substantial sector of its younger citizens who had been condemned at the time of their birth to virtual exile and alienation from their parents and from their community.

The original association, now more appropriately named the Endeavour Foundation, a name, incidentally, thought up by a Townsville parent, first used in Townsville and now used across the whole of Queensland, has altogether modified parental and public attitudes towards intellectual handicap. The majority of these children are now being raised in their family circle, are considered both educable and employable, secure through a range of family support services. Such a social climate for the client group is amenable to more normal family relationships, happier marriages and enlightened community attitudes.

The North Queensland Subnormal Children's Welfare Association, from the outset, felt the urgency of its mission to correct the community rejection of subnormality, to ensure the children security within the family circle, to institute educational programs which proved the possibilities of their educability, and to rapidly establish branches across North Queensland to regionalise the necessary facilities. In the early days when policies and programs were being initiated, I was actively involved with the Association, and a member of the Medical and Educational Panel.

In the Centre built alongside *Cootharinga* in Townsville, the school became a major feature of the Association's ideology. It is my recall that the Association very early negotiated with the Queensland University to give special education to the teachers appointed in North Queensland's schools for the intellectually handicapped, long before curricula were established for teachers of orthopaedically handicapped children.

A few years after its establishment as a caring service agency, the Association appointed its first part-time social worker, Doris Saunders, the pioneer social worker at Townsville General Hospital. (Since those days, Doris had undergone periodic treatment including surgery for severe spinal

disabilities, incurred during her enlistment in the RAAF during World War II. Over the years, these service-acquired disabilities had necessitated a series of spinal grafts and chronic debilitation which played havoc with her professional life and health, ultimately leading to her untimely death.)

If custodial care was medically recommended, or requested by parents, children with congenital pathological and traumatic brain dysfunction were committed to special Health Department units in Brisbane, e.g. *Sandy Gallop*. Later referrals were transferred for further assessment to a special unit in Chermiside Hospital, Brisbane.

Reflecting mid-century attitudes, children who suffered severe convulsions and seizures such as epilepsy which were not amenable to medicinal regimes and social control were institutionalised for custodial care at Willowburn Epileptic Centre near Toowoomba, West of Brisbane. In this far southern location, North Queensland minors were even further removed from their home life.

Vision and Hearing Impaired

Children with impaired vision were required to relocate at the Blind Institute in Brisbane for their schooling. All the resources for teaching "industrially blind" children to cope, and to have the benefit of the current technologies for general and classroom learning were concentrated in the southeast corner of the State. This group suffered the same disadvantages as other sensory handicapped children in being separated from their upstate families and emotional ties for schooling and habilitation.

Hearing impaired in the 50s were generally classified as 'deaf-mutes' and, if minors, were deemed in need of specialised long term therapy and schooling. As there were no other education options in the State, profoundly deaf-mutes were transferred south for ongoing treatment and schooling on the medical recommendation of an Ear, Nose and Throat Consultant. This was provided in a Deaf and Dumb Centre in Brisbane where the clinically deaf children remained for primary and secondary schooling, necessitating separation from their families throughout their school years, relieved only by vacation visits to their family homes.

Behaviour Impeded

In the 50s, children with behavioural disorders as designated by courts and medical specialists were invariably sent to Brisbane, at the southern end of the State – a procedure which compounded whatever family disruption the child's behaviour had reflected or posed. Such separation further alienated the children from their families. The term 'child guidance' always seemed

to me inept, as though the reacting child can be normalised away from and independently of, the family situation. If guidance needs to be implemented, it needs to be synchronised for both child and parents locally and concurrently.

The Townsville Hospital Paediatrician's recommendations for a northern Child Guidance Clinic had not been responded to by the Queensland Health Department – a typical reaction by the highly centralised, metropolitanised bureaucracy to many suggestions seriously and regularly put together by competent professionals in North Queensland.

The professional judgement was not acted upon, but when the issue was taken up by the National Council of Women – an appropriate, lively and concerned northern organisation – followed by setting up a Community Committee which was able to sustain unrelenting political pressure, things began to happen. I found myself a member of the Committee who, along with the Paediatrician, was able to substantiate the need for child guidance services in North Queensland.

This was one example of the early use of the combined voter's voice to get political results. For several years, the Health authorities in Brisbane held out, but they eventually relented in the face of constant communications from the Committee to the Minister, plus continual media releases, public meetings and the like. After prolonged negotiations between the Committee and the State Health Department, the first Clinic was set up on the grounds of Townsville General Hospital and a Child Psychiatrist, Dr W Wright was appointed to direct the facility.

The functioning of the Clinic suffered from the diffidence of the Health Department in Brisbane in its responsibility for recruiting staff. I recall one period of some nine to twelve months when the Clinic was without the services of a social worker. It was at a stage when social workers in the north were in short supply: those who came from the south were often short-term employees: there were adverse factors, such as a thin support base, distances, and tropical climate which accounted for early resignations.

Even with departmental awareness of impending resignations, the Health Department in Brisbane would not list the vacancy until the current staff member left. Even finally when the advertisement was placed, if there were no "suitable" applicants, the Department might wait another six months before re-advertising. Such delays gave the impression that the authorities in Brisbane did not see the need for the Child Guidance Clinic in Townsville to be fully staffed.

In the hierarchy of paramedical staff, physiotherapists tend to be quickly replaced because they are part of the visible, physical restoration of patients. Practitioners in Speech Therapy, Occupational Therapy and Social

Work, where desirable changes are less visible, more subtle, and more dependent on patient response, have had a harder role in establishing their contribution to the holistic rehabilitation processes.

TILTING AT WINDMILLS

The New Medicos

It did not take long to discover that newly graduated doctors, signing on as Junior Residents in both Townsville and Cairns in the 1950s, had had minimal studies into the social factors underlying illnesses. Having limited knowledge of the general lifestyle, the physical and working environments of the North Queensland people who presented in Outpatients, the first-year residents tended to concentrate on the surface presenting medical problems, and then refer them on to the social worker to sort out their deeper problems.

When treating Inpatients, the new intake of doctors would be likely to make a note on the patient's chart – "P. for discharge: refer to the social worker for *disposal*." With this type of arbitrary assignment, I instinctively took issue, clarifying that I was ready to help with forward (or homeward) planning, but not with 'disposals' of patients.

This was the 'medical model' ethos which then prevailed as the *modus operandi* of decision-making in both Townsville and Cairns Hospitals. Typically, the ward doctor arbitrarily decided when a patient was to be discharged, without reference to the fact that the person might be an immobile aged person living alone in a high-block house in another town, or might require complicated travel plans to return home to a remote offshore island or far inland.

Some time later, with the introduction of social medicine as an integral part of the medical course at the University of Queensland, trainee doctors had the salutary benefits of Professor Gordon's Social Medicine course, comprising theoretical and practical projects, social research assignments, even home visiting of patients and other procedures geared to sensitise future doctors to the variable personal, social and environmental components of the patient population which impacted upon the aetiology, the diagnoses, prognoses and management of their illnesses.

Memos to Ministers

In 1954 there were no facilities in Townsville for the care of aged people who were frail, chronic or dependent. The nearest residential facility,

Eventide, was sited in a small ex-mining town, Charters Towers, 135 kms west of Townsville. *Eventide* had the distinction of being the only facility in the whole of North Queensland for aged and chronic care – in the region stretching from the Tropic of Capricorn in the south to the tip of Cape York in the north, and west to the Northern Territory border. It was a large, wooden complex of buildings providing permanent shelter for several hundred males and about one hundred females, a curious imbalance of bed space!

Fortunately Townsville General Hospital would accept compassionate admissions recommended by outpatient doctors or the social worker. The numbers in this category were increased by elderly patients who had been admitted with major non-uniting fractures of hip and femur, which immobilised them and therefore precluded their discharge home. Because of the limited number of women's beds in *Eventide*, which seldom became vacant possibly because of the longevity of women, both sexes would have a long wait for a vacancy in the Home – average wait for women – eighteen months, for men – six months!

Forward planning for these patients was a veritable headache, with regular telephone calls to the *Eventide* manager to enquire about accommodation prospects for those who had signed application forms and were on the waiting list. But filling any bed which became vacant was not within the jurisdiction of the manager. When a vacancy occurred, advice was sent to the Health Department in Brisbane for bureaucratic authorisation by remote control.

Although the hospital administration acquiesced at the compassionate holding operations which allowed indeterminate occupancy of beds by aged bedfast patients in the general wards, there was some latent impatience about the bottlenecks created by committing beds needed for acute patients for the irreversibly dependant awaiting vacancies in *Eventide*. Classified as social admissions, with a medical recommendation for 'TLC' – tender loving care – certain restorative treatment, e.g. physiotherapy and occupational therapy, was a normal part of their regimen.

At one stage I felt the need to take summary action, as I had my own records of our patients' dates of application for *Eventide* admission. Quite inadvertently I learned that a woman in Far North Queensland had, through political influence, been given priority of admission over one of our long-term patients. I thereupon wrote to the Minister for Health, protesting on behalf of my client, that she had been by passed and the bed awarded to a person known to a northern politician.

I felt better for taking this action and hoped injustices would be rectified. Shortly afterwards, I realised that my protest had certainly set wheels in motion. The Hospital Manager was advised by Health headquarters in

Brisbane of my brazen referral of the matter to the Minister. I was duly but gently reprimanded for my indiscretion. I learned firmly that when you are employed in one of the State Departments in Queensland, the one person you cannot contact directly is *your* Minister. Actually the correct procedure is to send a memo to the Superintendent or the Hospital Secretary, who may refer it to the Hospitals Board, who decides whether the message should be relayed to Brisbane to be processed through the hierarchy where it would be unlikely to reach the Minister's desk! Workers like myself, venturing from overseas or from interstate into Public Service in Queensland, were ingenuously ignorant of protocol and the tautness of bureaucratic red tape in the State.

Rehabilitation by Remote Control

For a number of years, I was closely involved in the onward planning of rehabilitees to *Kingshorne* Rehabilitation Centre in Brisbane. These were preponderantly males of working age who, through accident or debilitating illness required limb-fitting and intensive therapy to refit them for gainful employment.

In preparing the social and work histories of these applicants to accompany the medical referrals, I noted their reluctance to leave their families for an indeterminate stay 'a thousand miles away'. Many would be from rural and remote areas, already a long way from home. The hospital consultants also saw this remote resource as an unnecessary deprivation to North Queensland patients. Enquiries were instituted about ways to rectify this inequity.

Suddenly I heard that the Commonwealth Minister for Rehabilitation was coming to Townsville, and decided this would be an appropriate time to bring the matter to his attention. An appointment was made for the relevant consultants and the social worker to meet the Minister in the office of the local Federal Member of Parliament. Each 'delegate' set out the arguments for establishing a Rehabilitation Centre in North Queensland.

The deputation consisted of the Medical Superintendent, the Orthopaedic, Psychiatric and Physical Medicine Specialists, and the Social Worker, each of whom tabled written statements, supported by oral testimony. Having hopefully put the case, we awaited the Minister's response. Starkly and dramatically it came – "It just isn't feasible!"

But the issue was not laid to rest – the case for a resource in Townsville was channelled through all the available avenues. Excelsior! A Commonwealth Government approval ... more dialogue, including a Parliamentary Standing Committee on Public Works when the Chairman and seven parliamentarians came to Townsville in November 1974 to hear evidence

for the proposed new residential rehabilitation centre, at an estimated cost of \$2.3 million.

This facility will be the first of the Department's Rehabilitation Centres to be established in a regional setting and is designed to provide a fully decentralised rehabilitation treatment and training service for Queensland's major provincial city and the rural population of North Queensland. Treatment facilities will be available initially for 65 handicapped persons, including residential facilities for 25. The site is already owned by the Australian Government ... a level block of land, 1.5 hectares in area ... in the suburb of Vincent.

The Vincent Rehabilitation Centre, officially opened in August, 1979, appeared a model facility for promoting, delivering and overseeing restorative human services to those needing them in North Queensland. Constructed on flat terrain for easy access, the Centre, set in a spacious garden environment, was fully equipped for its purposes with medical and ancillary departments, physio, speech and occupational therapies and social work, an appropriately designed hydrotherapy pool, appliance and limb-fitting section, administrative, conference and meeting rooms, and live-in accommodation.

In more recent years, rethinking of policies, budgets and of providing more accessible services in the regions has led to the dismantling of the Vincent Rehabilitation Centre, its sale in 1991 to James Cook University, and a planned deployment of rehabilitation services out into the main towns of North Queensland. The present use for the hard-won and long-awaited all-inclusive Commonwealth Rehabilitation headquarters in Townsville is now an off-campus complex for Visual and Performing Arts at James Cook University.

Sic transit gloria superba moderna Vincent Rehabilitation Centre, North Queensland!

THIRSTY LAND: THIRSTY PEOPLE

A Swilling History

Over two decades of problematical hospital referrals, the most uncertain ones were those associated with alcohol dependence. Like an emotionally charged nonstop drama, its legions of *dramatis personae* emerged from the great stage backdrop which is North Queensland – from the plains, from the hills, from around the rainforests, from the coasts, the passing ships, from the pastoral and mining industries, from towns and cities. Each player in turn took centre stage moving aside to accommodate a Cecil B. de Mille-type cast, each presenting an idiosyncratic version of the great Australian Thirst run amok.

Australian pioneering history is a saga of dehydration and the national memory is long. There were Bourke and Wills dying of thirst in the dry interior. Queensland had its heroine and infant succumbing from exposure and thirst after her desperate escape in a floating tank near Cooktown.

The colonial specific for the thirst complaint was the daily issue of rum to the militia – no doubt around 5.00 pm, creating the historical precedent for the daily swill at knock-off time for the workforce throughout the land. To this daily practice many indulgers became habituated, with a steady percentage graduating into addiction.

The North Queensland pattern of long dry seasons and short wets had a mirror-image in the long sober working week of the rural worker, punctuated by a short wet weekend burst on the nearest town. This practice, I discovered, was not confined to the bushman: it was standard practice for any number of workers who maintained their sobriety practice for any number of weeks but became alcoholically saturated during the 'slack' in their 'wet' months. A further recapitulation of the climatic dry/wet duality was also seen in the cities where the long 'dry' workday was followed by a 'wet' break at five.

When considering some of the factors contributing to the immoderate intake of strong drink, I was cognisant of the exalted state of alcohol in the Australian way of life. In the vast cupboard of human quenchers, liquor had achieved top national priority. Emotions and controversies ran high on national beer prices and regional shortages, hotel drinking hours, drinking rights for racial minorities, and the minimum legal age for imbibing.

Indeed, alcohol was the only beverage which made national headlines! The hardy perennial of the boiling billy of Waltzing Matilda was challenged as the national image by the anxiety-producing pub-with-no-beer!

Myths were woven into the predilection for alcohol. It was demonstrably a he-man's drink, making it a sort of masculine compulsive; it was also rated a relaxant for the tense, as a stimulant for the de-energised, a solvent for worries, even an aphrodisiac for the amorously faint-of-heart.

Drinking alcohol was a cult with its own mystique, complete with inner sanctum, the bar, into which women were not admitted in the 1950s, pub-style sacred libations, strange drinking rituals – the 'shout' system, and, alas, sacrificial victims, e.g. drink-driving fatalities, irreversible toxic brain damage – i.e. Korsakoff's Syndrome.

The after-hours indulgence of the heavy drinker was seen to have its flow-on effects at work, in the form of hangovers, physical lassitude, reduced sensory function and mental acuity. Where power tools were used, the heavy drinker could become an accident statistic, or cause a workmate to be so. Of more profound significance was the habituated alcoholic with diminished cerebral faculties, the shakes or delirium tremens, or alcohol-induced epilepsy. (Reid, J.I. 1975. *Personality and Social Adjustment as Safety Components within Productive Processes*, CONTROL. National Safety Council of Australia, Queensland Division, November.)

Road accidents had their hidden agenda causatives, such as driving under the influence. Legal and judicial deterrents aimed at the hardy consumer seemed to be obliterated from the consciousness by the amber fluid's chemical power to produce a sense of euphoria.

In a region such as North Queensland where settlement was thin and population light, community vigour was reduced by every individual dropout or casualty. The corporate energy was siphoned off by the number of citizens whose skills and concern were directed to the long processes of rehabilitation of the diagnosed alcoholic, and for those caring for patients for whom physical and neurological damage were beyond the point of no return.

White settlement north of the Tropic of Capricorn had only begun a century earlier, 1850-60. It was still a pioneering region. There was a preponderance of males without families. The absence of women was still a sociological feature, particularly in the far north and far west which had its bachelor occupations – lone stockmen, drovers, miners, seasonal croppers, encampments of road rail and maintenance gangs. There was an absence of socialising opportunities for the general outbacker, the seasonal worker, the itinerant. The popularity of the nearest pub dramatically pointed up the lack of alternative stimulations – intellectual, cultural, vocational, social.

As nature abhors a vacuum, the lack of home life for many of my clients tended to be replaced by the local hotel which developed some of the characteristics of a house of pleasure, with highly commercialised female substitutes, particularly alcohol, offering warming, relaxing and comforting feelings. The beer barrel itself was full-bodied, holding a vital fluid and yielding its solaces in an orgiastic atmosphere with certain erotic converse, with stimulation and excitement, followed by lulling sleep.

Sobering Realities

As a hospital social worker, I could find little difference in the workload required for the clinical alcoholic and for the man who tarried too long at the inn, seriously damaging himself, e.g. brainstem injury or some other hapless traveller in his path, or damaging the quality of his family life when he reached home.

The heavy drinker who, in a state of melancholic hangover pulls the trigger and renders himself decerebrate, costs the community no less than the patient needing alcoholic rehabilitation. Actually the irreversibility of damage in the case of the patient with traumatic brain injury is likely to be greater than that of the clinical alcoholic, who may respond to detoxification and long-term rehabilitation.

The costs in human terms not only include the alcoholic victims in hospitals and detoxification units, but those in watch-houses and prisons, in hostels, soup kitchens and sheltered workshops. It includes also the many family and community dislocations and an unrecorded litany of human heartaches.

Individual casework with alcoholics tends to be slow, uncertain, with a doubtful prognosis: therapy applied too late. The most frustrating part was the realisation that while one group of clients was being painstakingly caseworked, the production line was continuing to churn out a steady succession of patients with variable degrees of the alcoholic 'disease' entity.

At first I found it hard to accept the theory that alcoholism is a disease. I came to see it as a social disease, generated in a social context, and presupposing social mechanisms such as breweries, distilleries and distribution agents – all required for the onset and continuation of the disease process. However, I regard it as an atypical social disease in not having a definable incubation period.

Most of the alcoholics who were referred to my office had been drinking steadily for years. Like other social diseases, the smart thing is not to contract the disease.

Of 250 clients referred to my office in Townsville Hospital, from 1964-68 with an alcoholic problem I drew out the following statistics:

Sex Distribution	%	
Males	94	
Females	6	
Age		
20-40	32	
40-60	39	
60+	10	
Marital Status		
Married	32	} 68%
Single	39	
Widowed	4	
Divorced	9	
Separated de facto	13 3	
Employment		
Business & Professional	8	
Tradesmen	16	
Labourers	48	
Pensioners	20	
Women homemakers	6	
Ethnic background		
Australian (non-indigenous)	80	} sizeable population of these groups in North Queensland
Aborigines, Islanders	4	
Northern Europeans	10	
Southern Europeans	2	
British	4	
Asians	0	
Greeks	0	
Italians	0	

Of significance in these percentages from the 1960s is the ratio between the sexes, the age groups, the married as contrasted with other types of relationships, and between northern and southern Europeans. The fact that, in that decade, it was a criminal offence to serve alcoholic drinks to Aborigines would have accounted for the low incidence of Aboriginal and Islander people being referred from Outpatients to the Social Worker.

“ . . . NOR IRON BARS A CAGE . . . ! ”

Social Offenders

In my home, taking pride of place in a strategic niche at eye level, is a small wooden carving of a woman. Delicately balanced on the ball of her foot, this sculptured female athlete seems to be moving effortlessly through space.

She was carved from a block of wood by an inmate of Stuart Prison in Townsville, as he served time in his cell. His sculpting tool was a razor blade. This mute inglorious Michelangelo had had no schooling in art, yet, spontaneously, within the confines of his prison cell, his latent artistic skills found expression. She conveys her exultation of unencumbered movement – no doubt a pipe-dream of its un-free sculptor.

The piece caught my attention in the office of the prison superintendent. Although it was not technically for sale, I managed to procure it – for my own inspiration! Every time I pass it, I am reminded of the hidden skills and constructive energies of an uncalculated number of social offenders who are sentenced to prison. I think it was Swinburne who could “see a good in evil and a hope in ill success” – a phrase which I saw come to life in incarcerating environments in Australia and elsewhere.

One of my hospital clients, I recall, had such a long record of offences that he had been classified as an habitual criminal. His history of trouble with the law occurred both in his homeland and in Australia. He was referred to me without money, without work, without friends. I spent some time discussing with him his options: eventually he indicated his interest in returning to his native land. From some benevolent source, possibly one of the city's worthy service clubs, I managed to obtain a fare home for him, and I made contact with some co-nationals who agreed to befriend him on arrival. Some time later, I received a small devotional card on which he expressed this thanks for help received. On the card, which he had clearly selected from some religious setting, was printed a *Prayer for the Repose of the Soul* of someone who had departed this life! I had merely a momentary worry that I might have been on this ‘habitual criminal’s hit-list! Actually, I was touched by my ex-client’s appreciativeness.

Earlier, in the 1940s when I was living in California, I had a ringside view of a drama which took place at Alcatraz Prison in San Francisco. From our family home on the hills above Sausalito across the Bay, I witnessed at long

range a dramatic uprising of 'lifers' on the Rock – the bleak grey silhouette of Alcatraz where the inmates had taken possession of key positions, including the armoury of weapons. For days riot conditions prevailed, with shooting, injuries and fatalities. An ominous pall of smoke hung over the island. With the rioters in strategic strongholds, there were desperate official efforts to regain control. Slowly the 'normal' tenor of life for those incarcerated on this bastion of reputed tight security was restored. For long, Alcatraz had survived on its reputation of being impregnable. Like a lonely castle surrounded by a moat, the shark-infested waters of San Francisco Bay ensured that no escapee had gained his freedom. Until this insurrection, officialdom had not reckoned with the orchestrated actions of its desperate condemned hostages.

From the traumatic and public alarm produced by the revolt came a public enquiry about the precipitating causes and the failed security systems. But there was also a holistic look at the state of mind of the occupants serving their life sentences – prisoners for whom there was no reprieve, condemned to unnatural captivity for the terms of their natural lives.

One of the reforms instituted was to invite a well known Bayside artist, George Harris, who happened to be one of our family friends, to give art lessons to the men of Alcatraz. Harris agreed to trial the situation, setting up a makeshift studio in one of the prison blocks. The cell doors were unlocked. At first no prisoner budged from his cell. Slowly one or two emerged, and George was in business. Tentatively the men chose their art materials and began. It transpired there were some natural artists in the place, for example, the forgers! And there were others who used the sessions to paint their deep-seated frustration's and hostilities, while others depicted other-day images – and dreams.

While I cannot recall the duration of this unusual pilot art project, I remember that out of these sessions, eventually involving a considerable number of participants, emerged a large number of original artworks. It was decided to arrange an open air exhibition in a San Francisco park, which provided a major public attraction, netting sales as well as community recognition for the 'hidden' artists on 'the Rock' who had no chance to see their works exhibited in the open community.

When the artist finally withdrew his services, he was surprised and touched when a presentation was made to him by his in-house students. The gift was an expensive set of volumes classifying and displaying the complete range of hues, shades and tones of the colour spectrum – technical reference material, highly prized by artists, but generally beyond their purchasing power. This token of their appreciation had been initiated and contributed to by these desperate men who, in that dreary hopeless place, had been given, through the processes of creative art, a new sense of satisfaction, an

awareness of their latent skills, and an acceptable mode of communication with empathic people from 'outside the walls'.

Such sensitising sessions can only superficially allay the corporate disaffection among a steadily escalating number of confined offenders. Institutionalised prisons continue to retain the archaic practices of incarcerating 'criminals' with long sentences in large numbers, and invariably in close quarters – a combination guaranteed to create a pool of negative energies, waiting to be unleashed upon the 'law-abiding' community.

In correctional work, one type of rehabilitation which is most effective is self-induced education. An example of this was graphically portrayed in *The Bird Man of Alcatraz*, the title of a biography of an American, Robert Stroud who, for a crime of passion in Alaska was first imprisoned in Leavenworth. During his internment there, he went to the aid of a fellow-inmate who was being physically punished by a warder. Stroud's intervention resulted in the death of the warder; for this he was sentenced to life imprisonment in solitary confinement.

Denied human company, he discovered in the exercise yard an injured canary which he took to his cell and nursed. When the bird died, Stroud undertook a post-mortem, made possible by his ability to ingeniously devise tools such as micrometers. This poignant incident awakened in Stroud a sustained interest in, and study of bird health and disease. Officially authorised to have birds in his cell, he became a 'solitary' expert, relaying mailed advice anonymously to other 'caged-bird' fanciers. All the incoming queries were addressed to a mailbox number, his correspondents unaware of his actual situation as a life prisoner.

Despite his prospectless future, Stroud became a self-taught rehabilitee, finding his contentment sharing his confined cell with the officially approved birds. In this phase of his life, this solitary prisoner discovered skills in research and in social communicativeness of which he had been unaware in his pre-prison years.

When Stroud was later transferred to Alcatraz in California, his bird interests were disallowed. He then began to study US Law, and became knowledgeable enough to formulate his own plea for judicial, and even presidential, pardon. But there was to be no clemency and no pardon. The US punitive system had pronounced irreversible imprisonment until death.

The biographer of Stroud makes a gripping story of his single-minded self rehabilitation, and his capacity for demonstrating this capacity for concern about at-risk creatures – a solitary prisoner and an injured bird. Here was a man who in his younger days had not the advantage of developing his

intellectual potential which might have transformed the whole course of his personal history.

When Major Bill Sochon was appointed Superintendent of Stuart Prison in Townsville in the 1960s and let it be known to welfare-oriented community members that he favoured the formation of a Prisoners Aid Society, there was an immediate response from interested citizens. The outcome was the establishment of the North Queensland Prisoners Aid Society.

I was one of those interested persons. During my studies at the University of Chicago, my course work included a component on law and order, historically and developmentally, and comparative systems and structures to deter, penalise, confine and correct societal offenders. The theory base was animated by field visits to reformatories, gaols, penitentiaries and institutions for young offenders: with other students I had participated in field visits, organised by the School of Social Service Administration to a range of 'corrective' facilities operating in Chicago and the State of Illinois. The most formidable and chilling of these was the Cook County Gaol, a monolithic complex with its veritable warren of 'rabbit-hatch' cells, and its ultimate scene of hapless prisoners waiting on Death Row for the stark finalities of the electric chair.

Predictably, I became a foundation member of the new North Queensland Prisoners Aid Society. This was the first PAS to be developed in Queensland, geared to promoting prisoner rehabilitation 'within' the walls and to providing helping services to their families 'outside', e.g. helping relocate families in this area, visiting, counselling and materially assisting.

The Society early perceived that a number of Stuart internees had been deprived of an education; some had never received even elementary schooling – this included both whites and Aborigines. An Education Sub-Committee was formed which was fortunate to have the initial participation of Dr Ken Back, the new Vice-Chancellor of James Cook University. The first project for this Committee, on which I was also a member, was to establish in-house basic schooling for the functionally illiterate prisoners.

Backing up the plan, the prison administration allocated physical space for classroom furniture and a library. The school became operative when a primary school principal in a nearby suburb volunteered to be a part-time instructor of literacy and numeracy subjects. Later the inmates' study possibilities were augmented with secondary correspondence courses. I recall one long-term young offender who was the first to undertake a tertiary correspondence course.

A local artist, Cyril Beale, offered to give regular sessions in drawing and painting. From this group considerable artwork was produced which the

teacher arranged to have displayed in an open-air exhibition in the city. This creative work was favourably rated by the local community, and there were some sales of the paintings.

The PAS successfully negotiated with the Queensland Government for a parcel of crown land on the outskirts of the city to be allocated for a half-way house and open-community work experiences for discharged prisoners. For various reasons, the project never got off the ground. The attitudes, policies and activities which define a society's mode of dealing with its social offenders is a "hardy perennial". Historically controversial, its operations preoccupy a vast network of personnel – judicial, political, detentional, correctional and rehabilitational.

Habilitation and Rehabilitation

As a western democracy with a stable social system, Australia has been fortunate that global wars have, so far, only brushed its perimeters. Its greatest threats to community law and order emerge from within its own internal anti-social forces, in the disordered and lawless actions by the 'enemy within' – its social offenders.

Massive and costly salvage repairs are required for those who have broken the laws and have lost their freedom to live in the open community. The steady increase in punishable crime has necessitated heavy capital investments in increasing its police presence, in more security and rehabilitation staff for operating the community's correctional centres, and in constructing vast containment centres for citizens convicted and given prison sentences.

For first time offenders, the major question is: are there sufficient safety nets in the community to detect and help those who are heading for their first brushes with the law? Is our society discerning enough, and sufficiently protective of its young oncoming citizens before they manifest criminal tendencies? Is there inbuilt machinery to help those who are the still innocent fumbler and stumblers against acceptable behaviour?

There is one channel through which all citizens are processed: they all attend school for at least the years of their basic education. With few exceptions, all perpetrators of major crimes once attended school, where they were seen daily by a cohort of teachers and other educational specialists. Yet they passed through their schooling without their potential for anti-social behaviour being identified and possibly modified and corrected.

The school is a made-to-order environment for effectively assessing a country's individuals *in situ* – in class, on the sports field, in their

relationships with peers and adults. Surely this is the main logical public arena for observing children at close range, and pin-pointing those who are given to violence, non-compliance, sullenness, withdrawal. It is a sobering fact that most of the community's law breakers have spent their formative years in the environs of schools. Family influences in training and inculcating social attitudes are ideally the first base for developing respect for the law: the home ground of family life is ideally the main base for guiding the young and inculcating social values in their upbringing. In contemporary society where so many families have been destabilised, to the detriment of effectual parental guidance, there needs to be a second safety net, which is already there, – the schools where peer groups can be socialised as well as educated through kindergartens, primary, secondary, technical and even tertiary establishments. For at-risk students both in the schoolroom and in their homes, the educational process is in a position to provide a strategic natural support base.

This support system posits certain questions. How much of the early school programs focus on right behaviour? Are students at all levels learning to work and live cooperatively? Are they being made aware of the rights of others, social justice, and given an understanding of the law of the land? What better combination of home and school as training grounds for young citizens to be introduced to civics as the basis for ordered and constructive group living!

Effective financing for holistic education programs therefore needs to include adequate teaching staff for reasonable classroom populations, plus employment of specialist intramural and extra-mural staff such as psychologists, counsellors and guidance officers. Unfortunately not all schools employ counsellors, who are well trained and placed to take the burden of therapy off the classroom and subject teachers. These specialists provide the key link between the school, the family life, and the general community.

Concentrating public funding on the preparatory, developmental services for the young to include education for life principally, and for work secondarily, is infinitely more cost-effective than diverting the country's resources into the escalating costs of constructing and staffing the places of last resort for human rehabilitation – the so-called correctional centres.

THE ORIGINALS

With the Flying Doctor and his Drover

*transported airborne
over ancient history
into remoteness
where skyways are
the only highways
motifs of bright plumage
on jungle greens
chants of winds and waves
and pulsing corroborees
witnessing the life-ways
of originals
lingering
on the edge of time*

(Verse written in March 1955, following the clinical run with the Royal Flying Doctor Service into Cape York Peninsula.)

Until I left Australia in 1938, I had lived in a preponderantly Anglo-Celtic society. A rural childhood in Western Victoria had offered a few glimpses of Aboriginal families living in the forest country near the coast of Portland. In the distance from rail or road, were a peppering of small huts around which could be seen adults or children: these were a remnant of tribes who had inhabited the area. I cannot recall any actual encounters with any of them.

Returning to Melbourne in 1953, after fifteen years abroad, I was pleased to see the cosmopolitan effects of relaxing the White Australian Policy: the city had a new sophistication with European-type restaurants and assorted businesses – signs of a more open-door entry for immigrants. However, in this new-look, inter-ethnic community, there still seemed to be no evidence of Aborigines.

It was my move to Queensland in 1954 which enabled me to come into direct and regular contact with the Aborigines inhabiting the northern regions of Australia. And so began a continuum of encounters with the original occupants of this continent, also with the Island Melanesian

people moving onto the mainland from archipelagoes off the northern coast.

Early among my experiences as a medical social worker in North Queensland I had the good fortune to see at first-hand a series of remote communities, including Aboriginal communities, along the Gulf of Carpentaria and into Cape York. An invitation came from the flying doctor, Dr Tim O'Leary, stationed at Charters Towers, to accompany him and his pilot on one of their regular clinical circuits. This particular exercise provided me with invaluable insights into the lifestyles of the frontier people, their isolation, their difficulties in having access to basic services, and the natural hazards experienced by the outback people.

In advance of the flight from Charters Towers, I audited the Royal Flying Doctor's Radio Operator conducting his early morning hook-up with a network of radio receivers/transmitters throughout the region. This communications link provides a hotline for a round-up contact with the settlements and the cattle stations – checking on health and medical matters, on the weather and flying conditions, handling emergency orders and arranging delivery of vital machinery replacements, following the movements of bush tradesmen due or overdue at various outposts – a shared exercise between base and outposts, exchanging practical information.



Dr Tim O'Leary, the Flying Doctor, standing at the door of his Drover plane after landing at Mitchell River Mission, 1955.

It was during the summer wet season that the RFDS Drover aircraft, a three-engine monoplane, set out for the Gulf country, our first stopover being two macro-cattle stations, *Koolatah* and *Dunbar*, one estimated to be 500 miles square. Shortly after take-off, it was disconcerting to hear the pilot ask the doctor to look out for emergency landing grounds – the summer was the season of “cu-nim” thunderheads, of unpredictable cyclones! Later in the day, as the plane approached Mitchell River, I heard the pilot follow up his request to the doctor who, in his droll way, commented “You couldn't land a flaming pee-wee* anywhere!”.

Both cattle stations were vast, picturesque, lush green, possibly due to the monsoonal rains which were in season. The landing strips were some distance from the station homesteads to which we were driven in a four-wheel drive vehicle, which gingerly had to negotiate the wet terrain covered by a series of lagoons covering what were presumably narrow bush tracks. Each station had its own relatively self-sufficient lifestyle supervised by station managers; the station hands, ‘ringers’, being mostly Aborigines. Most of the cattle stations retained their permanent Aboriginal staff – stockmen and their families – the wife as the station cook, the children receiving school lessons from a member of staff, sometimes a hired governess. Whatever wages were paid to Aborigines on staff they included, besides housing and clothing, staple foods from the station supplies. During the busy season, extra Indigenes from the church missions and government settlements would be temporarily employed.

As the Drover aircraft took off from one of the landing strips, one of the engines feathered, whereupon the pilot cut the power and taxied back to Point A where the pilot and station staff rectified, I fervently hoped, the defect and soon we were airborne again, heading northwards.

Our first overnight stopover was at Mitchell River (now Kowanyama), an Anglican Church mission, fronting the Gulf of Carpentaria. Over the evening meal many a lively anecdote was related by the Flying Doctor and the mission superintendent. For the visitors, the Aborigines had planned a corroboree which took place under the stars. While the men executed life-like movements of emus, kangaroos and crocodiles in their dances, the women, forming a large circle around the performers, provided a musical accompaniment with haunting songs and chants. Inspired by their natural environment, the performers recapitulated in dance and song, the legends known over generations to their local tribes. Partly detribalised, they still retained their keen perceptions of their physical and spiritual environment and their ancient culture. I was beginning to discern the natural feeling for the land which Aborigines had developed over tens of thousands of years.

* *Magpie Lark*, 27cm, a mud-nest building bird, common to prevalent throughout mainland Australia.

That night we slept in woven pandanus huts with thatched, presumably watertight, roofs – made from the leaves from the prevalent pandanus palms.

The next day was spent at Aurukun, a Presbyterian mission, at the mouth of the Archer River. The superintendent's wife conducted the school, with protégé Aboriginal teachers' aides. She also encouraged the women to work on their native handcrafts. Woven mats and dilly bags were made from vines and grasses, some being sent to sales outlets in the south. While the married women wore simple cotton frocks, the single girls wore royal blue lap-laps, their torsos uncovered. One of the reasons given to me for the bare-top policy was that pulmonary tuberculosis was a factor among the adolescents, best combated by exposure to sunshine. There were, I recall, similar findings about the adverse effects on Patagonian natives of replacing the locally extracted oils used as body coverings and protection against the harsh antarctic cold, with European-type clothing. The Aurukun girls, tall, well-built, looked comely in their blue lap-laps.

During his clinic the doctor drew my attention to a woman who still carried the scars on her torso from an attack by a crocodile while she, her infant and her father were travelling in a dugout on the Archer River. The doctor recounted the episode of how the crocodile had suddenly reared out of the water and pulled the woman and baby out of the dugout. Apparently the baby floated to the surface whereupon the grandfather retrieved it. With the woman in its jaws, the crocodile executed his customary death rolls – a procedure geared to drown the victim. As the animal resurfaced, her father, with quick reflexes plunged overboard and gouged the eyes of her assailant, which released its grip on the woman. He managed to drag his badly mauled daughter into the dugout. For this heroic act, he was later awarded the George Medal for Bravery.

The second overnight stop was at Weipa, also a Presbyterian mission, where the indigenous families lived in sturdy cabins close to the beach under the coconut trees. The occupants seemed to be adjusted to this western-type model for simple individual family dwellings. Recently anthropologists and social psychologists have criticised the bureaucratic concept of housing for Aborigines living in settlements – small box-like structures with partitioned space in which the once-nomadic people felt uneasy, fearful of the evil spirits loitering in the dark corners. They had indicated a preference for using the building as storage space, while continuing to cook, sleep, and socialise in the outdoors. I can understand why a society which has spent most of its remembered past living nomadically would have difficulty in adapting to a fixed domicile.

While the doctor attended his clinic, the pilot and I were invited to accompany a number of children for a swim. As we sauntered along the

beach, we came upon a crocodile skull half-buried in the sand. Indicating our unease to the children, they insisted it was perfectly safe to enter the water. Having given us this reassurance, they dashed into the refreshing sea, urging us to follow. Convinced there was some safety in numbers, we followed suit, whereupon the children took delight in seizing our ankles in surprise 'attacks'. I presume we returned to the village with the full complement of children: presumably any lurking saurians were put off by the noise, laughter and banter of the young.

Again in the evening, we visitors were treated to another dance performance by the men of Weipa, who had strong muscular physiques and different themes for their dance rituals. Besides grass skirts, they wore the decorative accessories of armlets, anklets and necklaces of shells, seeds, feathers, with hibiscus flowers in their hair. Their dances were long and rhythmic with clacking seeds and songs, their body movements capturing the motions of the waves, the actions of paddling through the water, the swaying trees. Although each number was long and vigorous, the dancers showed no signs of fatigue. Despite very distinctive themes and modes of expression between the Mitchell River and Weipa dances, both showed the same concentration and feeling for the language and meaning of the dance. The northern dancers had more of the physical characteristics of the Torres Strait Islanders, with their fuzzy hair, their muscular build, and the lyrical songs which accompanied their dances. Over time the Aboriginal and Islander cultures have mingled and merged. Historically and geographically this area must have been a meeting place for mainland indigenous and Melanesian inhabitants of the archipelagoes in the Torres Strait.

On the three Gulf missions on which we called during this trip, the people still retained much of their traditional life: each area had its tribal groups who were preserving their culture in language, song, dance, ceremonial wear, legends, corroboree and feast, crafts, the building of shelters and dugouts, tools and weapons – and a seasonal walkabout.

These Gulf peoples, like the Mediterraneans and their *siestas*, have evolved a lifestyle which reckons with the heat of the high noon: after the main meal at midday, the work routines cease while the community relaxes. This is scientific time-tabling for tropical belts where the prevailing temperatures and humidity are high and enervating.

'Walkabout' continued to be practised among the mission communities. One of the traditions in the missions in that region was that, towards the end of the monsoonal season when the food supplies diminish because the Gulf shipping is reduced, the members of the communities are encouraged to return to the bush and hunt for their food. So, as the plane flew north along the eastern shore of the Gulf, we saw a veritable historical flashback

– the long stretches of beaches were punctuated by small clusters of Aboriginal men, women and children, with dingoes at their heels, travelling south in a timeless setting, the men carrying their woomeras, spears and dugouts on their shoulders. This reversion to bush living – the walkabout – has been the traditional pattern for survival among the Aboriginal people. Despite western modes of living in a settled community, the cultural memory is still strong. The missions had been encouraging Aborigines to retain their considerable hunting and gathering skills. Here was an interesting blend of the lifestyles of two cultures – the settled and the nomadic.

The missions had been set up by the churches in response to the commentary of anthropologists and historians of the day who argued that the Aborigines were a vanishing race, their tribal life destroyed, their individuals in disarray, despoiled by the white settlers of the lands over which they had roamed freely, their hunting grounds privatised, many shot like wild animals, their women violated.

While retaining the traditions of corroboree and walkabout, the missions encouraged settled family and group life, animal husbandry, cropping – in a sense it functioned as a staging camp between tribal nomadism and a fixed habitat, a secure mode of existence and the opportunity to draw on the white society's resources of health and medical services, education, agriculture, pastoral pursuits.

The church missions covered by this itinerary had all been operating for some time. Their basic and original 'mission' was to provide a service to the decimated tribes of what was anthropologically regarded as a "dying" race. It was a Messianic philosophy of Christian outreach. They were active communities – the men involved in cattle work, fishing, boat building, maintenance; the women growing and gathering food, encouraged to retain their traditional handcraft skills; the children receiving schooling. At that time the churches believed they had a moral duty to collect the remnants of tribes in an area and 'minister' to them. There was no alcohol permitted on any of the missions or government settlements. Since the introduction of the wet canteen, there has been a more sinister decimation of the Aboriginal race.

Each of the missions had its own small hospital, staffed by a trained white nursing sister and a few native aides. These sisters were part of the great Bush Nursing legend of outback Queensland: on the missions they would probably have been also dedicated members of a Christian community. All these hospitals were linked to the Flying Doctor: he and his pilot were on 24-hour call. Strong, calm, resourceful, the Australian Bush Nurses are the unsung heroines of Australian country history: versatile in the extreme,

they can deliver children, extract teeth, do outpost basic emergency treatment for serious injury.

From Weipa, the plane headed southwest to the Gulf town of Normanton, once a bustling port of entry for the inland gold fields – now the few remaining buildings arrayed along a couple of wide streets were indicative of a once-thriving population. Its commercial life had been reduced to a few shops and the wooden hotel, opposite which the town water supply, an artesian bore, poured a continuous stream of underground water. Across a treeless area was the hospital where the doctor saw a few patients. Situated on the flat terrain of the Gulf country, there was an infinity of distance in all directions – an uninterrupted horizon on which the setting sun painted a full-circle multicoloured canvas – the most spectacular sundown I had ever witnessed.

A brief stopover at Croydon, an old gold mining town, gave me a chance to inspect another bush hospital, conducted by a mature nursing sister. The low wooden structure surrounded by wide verandahs served a dispersed rural community. I recall asking a bearded elderly patient in a bed on the verandah how he was faring. He replied that he really enjoyed life from his verandah bed where he could "look out over the city" – the total scene of which comprised a derelict shed covered with creepers and a cluster of eucalypts!

This brief interlude into Cape York and northwest Queensland gave me a rare opportunity to see *in situ* the life of some of the people of the outback, the original inhabitants and the later settlers, from whose ranks came a succession of patients into Cairns and Townsville hospitals, and children in need of medical assessment, treatment and therapies, who came in groups to the Bush Children's Health Scheme at Rowes Bay, Townsville.

The Queensland Bush Children's Scheme conducted a proactive program for rural youngsters whose parents were unable to leave their place of employment and other responsibilities, to accompany one or more of their children considered in need of medical review and a buildup of their health. Referrals of such children came from the local schoolteacher, the bush nurses, the local police officer and the flying doctor.

The Rowes Bay home was a proactive health centre for literally thousands of children from a wide range of ethnic backgrounds who came in groups of about 20-30 for six or so weeks. Those in need of extended therapy, such as speech therapy, would stay longer. Under enlightened administration, the children had an interest-packed time, under relaxed but orderly conditions, with their medical requirements alternated with outings to islands, industries, visiting ships, theatre, picnics and barbecues.

Once when I visited the Bush Children's Home, there was a group of Aborigines at play, including two very blond children – pale-skinned and with white hair. Matron explained that they were albino children. According to anthropologists, under early tribal practices, infants born with uncharacteristic features and marked visible abnormalities may not have been allowed to survive.

Although there were actions taken on both government reserves and missions to protect the girls from early pregnancies, there was no social stigma among the Aborigines connected with pregnancy. But in the closed communities administered by white management, there was a practice of separating adolescents from their families, accommodating boys and girls in separate hostels. The boys were trained in outdoor manual work, farming, cattle husbandry, carpentry; the girls in domestic work – cooking, sewing.

One of the unstated reasons for the separation of the post-puberty group was that the girls could be saved from an early pregnancy, in the hope that they would be more mature when they did begin to reproduce. In one of the many missions I visited over the years, while I was being given a tour of inspection of the complex, we passed a wooden building surrounded by a high wire fence. An attractive slim girl was standing near the compound fence: she was attired in a long outer garment made of hessian tied around the waist with a cord. I commented on her fine figure and comely appearance and was surprised when my female escort said sternly – “She’s been a naughty girl – so she is wearing sackcloth!”. It would be doubtful if these conscience-stirrings about moral behaviour by white staff would effectually replace old and deeply entrenched practices in the Aboriginal communities. Early pregnancies among the young girls were not uncommon: it was natural for the girls to keep their children, because the tribal community readily accommodated to each newborn child, so that each one became part of the extended Aboriginal family and a bona fide member of the tribe.

Although the Palm Island hospital had an obstetrics ward, a steady number of expectant patients were transferred to the Maternity Ward at Townsville Hospital for their confinement. Where there were indications of a complicated labour, the patients were automatically referred on to Townsville General Hospital. There was never any issue about separate postnatal plans for the infant of a single girl: mothers and infants automatically returned home.

Queensland policy at that time in maternal and child welfare did not include the placing for adoption of black babies to white childless couples who were keen to adopt an indigenous child. Because of prevailing ethos in the Aboriginal communities, the social workers never had to help a

pregnant Aboriginal girl to find a temporary shelter in one of the Unmarried Mothers' Hostels which existed across the State, conducted by various religious denominations.

By contrast, a white girl in a similar condition would seek counselling from a social worker – the social and family attitudes towards illegitimacy included shame, embarrassment, with some parents disowning their pregnant daughter and ordering her out of the family home. This was generally a temporary exile from home for the girl during her waiting period, with the almost inevitable signing over her child for adoption. Over time, the condemnatory concept of the *unwed mother* has been replaced by the term single mother. Interestingly the wheel has now turned full circle and the general pattern among the white pregnant girls is to remain with the family in the home town and to raise their babies in the community, in the same way as Aboriginal girls have always done.

The prevalence of early sexual experience in the settlements administered by the Queensland government was succinctly put by a resident chaplain who remarked “the birth rate is steady but there have been few church weddings in the last five years”.

In my hospital work later I had opportunities to visit government settlements and missions and learn of the Queensland policies and church practices which were in place at that time. These included policies and practice which prevailed in Queensland until recent years whereby many Aboriginal children were removed from families and placed in dormitories, industrial schools or foster care. In the 50s in North Queensland, indigenous issues were not being publicly debated, nor visibly stirring the public conscience and prompting media attention, either of which might have tempered prevailing government policies.

World movements protesting racist practices had not become a catch-cry. In Queensland the notion of discriminatory policies against minorities was not being challenged widely either by their own activist spokesmen and women or by white sympathisers in the general community. I was slowly becoming aware of the social/economic/political inequalities both affecting individual clients and the status of the indigenous people.

In the middle of this century, official policies in Queensland were administered by the Department of Native Affairs. Under the Act, the majority of Aborigines were *protected* – i.e. living under either government settlement or mission. Aborigines under this Act were considered beneficiaries, theoretically protected from exploitation, and preserved from racial extinction.

This need for *protection* was the rationale for moving remnants of tribes and small groups of *at-risk* indigenes into defined areas where they were

supplied with free housing, clothing and with handouts of staple foods – such as flour, sugar, tea. On these Aboriginal communities the keeping of law and order and the hearing of offences, was the responsibility of the Superintendent, as chief administrator.

Where Aborigines were living in rural districts, centred on towns such as Normanton, Cooktown, and Coen, the local Protector was the Police Officer, who was officially entrusted with the bank books of the Aborigines living in the district and whose permission was required for withdrawing from the accounts deposited in their names. As many of the Aborigines were illiterate, thumb-prints were the accepted signatures for money withdrawal. I prefer to allude to the practice not to comment on it beyond the observation that many would have no idea how much they had in deposits. Arithmetic was not their forté: anthropological research has established that the Aborigines did not have counting or calculating systems: they differentiated between the *one* and the *many*.

In the 50s there was no hostel accommodation in Townsville for Palm Islanders who came to the mainland to attend Outpatients or Special Clinics. An arrangement had apparently been made between the Department of Native Affairs and the Justice Department that these patients – men, women and children of all ages, could stay overnight at the Watchhouse. Their breakfast would have been the usual food served to persons detained in the Watchhouse.

The use of the Watchhouse in Townsville for Palm Islanders needing medical attention was symptomatic of the thinking of the times – the fact was that they were politically *non-persons*, not counted in the Australian Census, and they themselves certainly not vocal about such concepts as *human rights*. Yet the actual location of the Watchhouse, in the city centre, within walking distance of the hospital, was more geographically convenient for Aboriginal Out-patients than the fringe-dwelling locality of the later built Aboriginal Hostel, at the other end of town.

This facility built on crown land held as an Aboriginal Reserve lessened the Palm Islanders' access to hospital and dental services. A limited transport service was provided by a hostel truck, the movements of which did not coincide with the unpredictable hours of clinic sessions. The only alternative was a sparse city bus service to Aitkenvale, which terminated inconveniently a mile or so short of the Hostel.

The Hostel was considered a transient facility, used both by mobile patients from Palm Island, also by fit Aborigines moving from the technically *closed* indigenous communities to authorised mainland jobs.

'Exempt' and 'Protected'

Exempt status gave the Aborigines so designated freedom to move about on the mainland, to obtain their own work and handle their own monies. If *exempt* individuals committed an offence they could be ordered by a Police Magistrate onto an official settlement where they became *protected*. On government administered communities permission was required for Aboriginal residents to absent themselves. Conversely white people from the mainland were required to obtain advance permission to visit.

One of my hospital clients, an Aboriginal stockman, made a successful breakthrough into the Rehabilitation Service in Brisbane. He had suffered a severe accident which cost him his leg. The stump had healed and the question arose: how could he return to his horseback occupation as an amputee? At that time there were no limb-fitting services in North Queensland. There was a complicated and prolonged arrangement for ordering a prosthesis by remote control, i.e. by measurements taken by a physiotherapist, and sent to Brisbane where, after a tedious wait and without the benefit of progress fittings to ensure a workable limb fit, the artificial leg would eventually be forwarded to the amputee. Net result: a prosthesis which was almost guaranteed to be uncomfortable and ill-fitting, and which the patient, understandably, was disinclined to wear.

As my client needed both a carefully fitted limb for rural use, and for some preliminary training in its use, he clearly needed a period of rehabilitation at the nearest centre – in Brisbane!

One of the roles I assumed in my office was to submit details of the relevant personal, social and vocational history of hospital amputees and other potential rehabilitees: this would accompany the medical referral by the specialist to the Rehabilitation Centre.

In my written submission for this patient, I stated in the first paragraph that he was an Aboriginal stockman, dependant on a prosthesis in order to return to his job. He was accepted and transfer plans were made. Some time later, when I was visiting the Kingshome Rehabilitation Centre in Brisbane, one of my hosts, over lunch remarked with a twinkle in his eye "But you sent us an Aborigine", which made me wonder if my referral, being significant enough for comment, was the first Aborigine accepted and successfully rehabilitated from North Queensland.

Patients admitted to Townsville General Hospital, who had to proceed further south for very specialised treatment would experience the novelty of being sent possibly 800 or 1500 miles south, without the benefit of a family member to be with them at a time of major surgery (e.g. neurological, cardiac, spinal, renal). Such cases would be accompanied in transit by a

nursing escort. The social worker's role would be to alert a colleague in the receiving hospital of the patient's movements and situation so that some ongoing support could be arranged.

I remember a young Aboriginal woman from one of the offshore islands in the far north who came into Townsville General Hospital and was transferred to a major hospital in Sydney. Like other patients, she was brought in by the Flying Doctor, thus drastically removed from her bush life with her own people. On the basis of her serious condition she would have been issued with a free air pass accompanied by a nursing sister. In the emergency there would be little time to prepare the patient psychologically for the long flight and allay her fears about her virtual exile in Sydney.

Regrettably in my social work studies in USA, I did not have any opportunity to study Anthropology, which would have given me insights into different cultures, for example the Aboriginal belief system, the territorial bonds and the indissoluble links with birthplace.

When Cyclone Tracey shattered community life in Darwin in December of 1974, a group of chronic and psycho-geriatric patients in Darwin Hospital whose ward had been severely damaged, were evacuated to Townsville Hospital for temporary care. A large percentage of the transferees were Aborigines, none of whom had ever been out of the Northern Territory. Some had lived on the island communities of Melville, Groote, Elcho. At one stage a general despondence developed among them, which, subsequently was attributed to a critical illness of one of their members and which raised in their minds the awesome thought that they might die so far away from home and might not be returned home for burial among their ancestors.

This incident highlighted the need for anthropological knowledge and understanding, not only of Australian Aborigines, but also the cultures, traditions and belief systems of immigrants from other countries. In the context of the hospital, those who treat and plan for ethnic minority patients should have this knowledge.

I recall another instance of the cultural influences at work in an Aboriginal patient who was receiving treatment in the Thoracic Annexe of Townsville General Hospital. At a time when the instituted medical procedures should have been restoring the patient to normal health, she retrogressed. The staff were puzzled by her failure to respond to treatment. The eventual explanation for her failing health was discovered to be the tribal practice of 'pointing the bone' (sometimes referred to as the 'debil debil stick') at the patient, for some offence, real or imagined, against someone in the tribal group. Here again, white society was basically unaware of the complicated tribal lore and retribution system used among the indigenes. In this

polarised situation Western science apparently won the day – the patient recovered!

The general ignorance and insensitivity on the part of the white community could have been one of the factors which favoured self-segregation of Aborigines for medical treatment which in Townsville expressed itself in the establishment of a separate Medical Centre for Aborigines and Islanders. In this disengaging of indigenes for Outpatient treatment, there has been a residual anomaly in that the medical officers at the Health Centre have invariably been white doctors – an eloquent commentary on the unavailability of Aboriginal doctors!

With the establishment of James Cook University of North Queensland in Townsville in 1970 anthropological studies and research sought to rectify the community's ignorance of Aboriginal, Islander and other ethnic cultures, and now, in the 1990s, through the Centre for Aboriginal and Torres Strait Islander Participation Research and Development, indigenous scholars are themselves disseminating further information.

One type of debility where North Queensland Aborigines were less disadvantaged than their northern white co-patients was Hansen's Disease (leprosy). White patients with Hansen's were transferred south, to Peel Island in Moreton Bay in south Queensland, where they were completely isolated from their families and friends over the long months of the then medical regime. As the patient was under total isolation after diagnosis, the mode of movement south of the white patients was a special railway carriage in which the patient travelled, escorted by a nursing sister and a police officer.

Black patients, with Hansen's, were moved to Fantome Island, one of the Palm Group where they were attended by a group of French speaking nuns from Quebec, Canada. Although they too were treated in isolation, their families could be moved onto the nearby Great Palm Island, so that the patient enjoyed some physical proximity. Some of these patients were long-term if not permanent residents of Fantome because of serious disablement produced by belated diagnosis: on the island they had the benefit of care provided by benevolent, sensitive women.

As medication for Hansens became more dramatically effective, reducing the period of treatment, and as early diagnosis was possible, the attitudes to social isolation were modified. Peel Island was closed, its patients transferred to one of the Brisbane metropolitan hospitals, with family visiting rights, and with weekend leave for patients.

Shortly after the Cootharinga Centre for Physically-handicapped Children was built, in the mid-fifties, an Aboriginal boy came to the centre as an infant-in-arms, needing corrective orthopaedic treatment. He came from

the Northern Territory, possibly with the Flying Doctor. No personal or family particulars arrived with the patient. In the Home he was given a characteristic Aussie name – “Billo”. During the years he was in Cootharinga he never went home for holidays because no one was asking for or about him. At that time there was no social worker at the Centre to be concerned with the child’s family ties and home environment.

In the meantime Billo became Westernised in his ways. Finally the time came when his legs were strong and he was sturdy enough to return to the Northern Territory. By that time, it had been established that he had come from one of the large cattle stations, to which he duly returned. Billo’s initial reaction to the simple lifestyle of his family was to be expected. He looked around the place and asked “where is the bathroom?”, “Where is my toothbrush?”. “Where are the sheets?”. His intervening years in an urban community had so changed his lifestyle that some follow-up revealed that he had moved into the manager’s homestead where he was sleeping on the verandah – an outdoor link between both his worlds!

There was another small girl from the Torres Strait Islands who came to Cootharinga. She also had an extended period of residence at the Centre: she was a beautiful tiny ebony child, with the fine features of her Melanesian race. One day when she was on the beach with her white coppers, she saw along the beach a group of Aboriginal children, remarking to her mates, “Get a load of all those black kids, will you”. Being in a preponderantly white population and sharing her days with its younger members, she felt like one of them and did not see herself as a ‘black kid’!

After the Commonwealth Referendum in 1967, with Queensland policies opening the ‘closed’ Aboriginal communities, and ending distinctions between ‘protected’ and ‘exempt persons’, no doubt triggered by the well-publicised Black Rights Movement in the USA there emerged a new spirit of liberation and self expression among Australian Aborigines.

This became evident when a cluster of indigenous people gathered close to the city, using Anzac Park rotunda – an historic structure – as a campsite. When the numbers of squatters built up in and around the rotunda – which had no amenities, toileting facilities, or privacy – the Townsville community who used the Park for relaxation and family outings, suddenly became vocal, as did also the local media.

The Townsville City Council was embarrassed about this occupancy which was an overt confrontation with the municipal regulations, which prohibited residence on, and drinking alcohol in, a city park. But actually the Council had no effective authority to dislodge the miscellany of campers. The Council saw it as a police function.

Being an alderman on the Townsville City Council at the time I felt it was important to establish the identity and preceding location of the members of this encampment. With the idea of doing a quick survey I found two persons who were sympathetic to my plan – a black Islander pastor, and an Anglican clergyman who had indigenous people in his parish. Our plan was to interview each person individually, on site – a strategy which presented some difficulties as there were generally campers lying about on the rotunda floor, some sleeping off alcohol intake. Armed with a simple questionnaire, we conducted interviews as confidentially as we could.

The findings indicated that the squatters were not a homogenous group – some had come from the inland, some had drifted up the coast from southern settlements, some had been residents living with their families on Palm Island but stated that they had been asked to leave by the then current Aboriginal Palm Island Council because they were troublesome. Armed with the data obtained, we decided to approach the local representatives of Government agencies who might help to resolve the problems they had listed. Of the self-identified ‘rejects’ from Palm Island, their situation was discussed with the Palm Island Administration: certain of the ex-residents were authorised to return, with a proviso about their behaviour. For others who, when asked about their entitlements as unemployed to Unemployment Benefits, insisted they did not know how to register – the Commonwealth Employment Service was approached and proved cooperative.

Our conclusion was that the squatters were only technically ‘homeless’. Most had rejected other options which were available to them. This was the first of a series of acts of confrontation with the municipal authorities and police by Aboriginal squatters, drawing attention to a number of unresolved racial issues in the Townsville community. The strategy proved effective as an attention-getting mechanism to the extent that the authorities became reluctant to take resolute eviction action when Aborigines camped in unauthorised places.

Hoping to ensure public access to Anzac Park and the rotunda, the Townsville City Council, through the Mayor, took up negotiations with the Commonwealth Government about the funding of an accommodation facility in the city centre. The Hostels Section of Commonwealth Department of Aboriginal Affairs in Canberra agreed to convert a downtown residential into a transient hostel which was duly opened. I do not recall seeing advance plans of the restructuring of the selected wooden building situated on one of the busy city streets, and I doubt whether others in North Queensland had been given an opportunity to check the facilities: no doubt it was confidently expected that a Commonwealth Department concentrating on hostels would have full expertise in the type of interior

facilities needed in such a hostel. At the official opening, I noted features which appeared inappropriate for technically 'homeless' persons – thick carpeted floors and white plaster walls in the individual bedrooms, no kitchen for preparing meals, but a small space given to preparing beverages and heating soup, in short, no facilities for cooking substantial meals for undernourished and alcohol-habituated people!

As rent was to be charged, and as there were several hotels in the vicinity, there seemed less likelihood of the 'homeless' considering housing their first priority. Such social rehabilitation is unlikely in the presence of the euphoric flagon. This hostel has proved more suitable for working people, for transients, but it was not suited as a social rehabilitation centre for the 'homeless' Aborigines for whom it was acquired.

During World War II, Townsville had been a strategic centre for military operations in the Coral Sea and south-east Asia. With the end of the war in 1946 and demobilisation, Townsville had a series of demountable buildings – barracks, offices – basic structures of fibrolite, which had been taken over by the Queensland Housing Commission and converted into simple accommodation for low-income families – white, Aboriginal and Islander. As the hospital social worker, I made home visits to many occupants of these units, which were unpainted, unattractive, the surroundings bare of vegetation, and littered with rubbish. In essence it was a fringe-dwelling settlement, creating a poor impression to air tourists who disembarked at the nearby airport and drove by these virtual slums on the edge of town.

Eventually the Housing Commission decided to demolish the structures but gave assurances the residents would be relocated in a new Housing Commission development in a suburb closer to the city. When built, this new complex of buildings was quickly filled by families in need of accommodation: but I cannot recall any Islander or Aboriginal families being among the relocated tenants. As there was no public comment on this, and as there was no visible evidence they were homeless, the presumption was that the indigenes must have been satisfactorily housed elsewhere.

Being over-committed in so many directions, I had little time to explore minority housing. In more recent years much Commonwealth funding has been allocated to Aboriginal and Islander housing, administered by special indigenous programs.

When the Aitkenvale Hostel was built it was established primarily as a transient centre for blacks moving from one workplace to another. Only 'protected' people would have been eligible for accommodation – for example those who, sometimes with their families, were assigned to work projects on the mainland. But as a recognised centre also for patients

visiting Outpatients and Special Clinics, it was a dubious resource on the outskirts of Townsville. The hostel was never intended to be for long-term accommodation, nor as a mainland residence for Palm Island youths taking apprenticeship courses in Townsville. Housing for blacks has remained a hardy perennial problem in the coastal cities of North Queensland.

Watershed Referendum

In June 1967, the Commonwealth Government conducted a national Referendum, at which the voters gave a new deal for Aborigines and Torres Strait Islanders: bona fide citizenship, the right to vote, and to be henceforth included in the Commonwealth Census, etc.

At the end of 1967 a group of Townsville people, concerned to see appropriate community action following on the Referendum, had constituted themselves as an Inter-racial Citizens Committee of 24 persons with representatives from University staff, trades unions, churches, the local authority, organisations for the welfare of coloured people, service clubs, veterans groups and social workers. With a doctor as Chairman, the Committee comprised four ministers of religion, a returned serviceman, Service Clubs, six Aborigines and Torres Islanders, three Union representatives, and two social workers (including myself). Sub-committees were formed to research the areas of Unemployment, Housing, Education and Citizenship of indigenous people, the findings of which were presented at the Seminar held at the Pimlico Campus of Townsville University College, December 2-3, 1967.

Main speakers at the Seminar consisted of two indigenous persons: Mrs Faith Bandler, General Secretary, Sydney based, and Mr Joe McGinness, Cairns based, President of the Federal Council for Advancement of Aborigines and Torres Straits Islanders. The two white contributors of major papers were Professor Charles Rowley (author of *The Destruction of Aboriginal Society*), Department of Politics, University of Papua New Guinea, and Dr Colin Tatz, Director of the Centre for Research into Aboriginal Affairs, Monash University, Melbourne.

Here was the realisation of a community group's intention to bring together at a seminar a parity of white and indigenous people to consider if any changes had emanated from the Australian people's vote for black rights in June 1967. The Seminar was so unprecedented in its concept that it aroused a negative reaction from the conservative elements in Queensland society, particularly the then Queensland Government. The organising committee found itself black-listed as a movement with sinister purposes by government spokesman and other groups, including the official body of

OPAL, who advised the City Council, the churches, and the public, not to attend.

But the Committee proceeded undeterred by the opponents of the plan whose criticisms were given expression in the media. Despite adverse publicity, the Seminar took place in the Refectory of the Townsville University College, with excellent papers delivered by the guest speakers, followed by discussion groups, an evening barbecue and Aboriginal and Islander dancing. The final session ended with a closing summary and a set of thirteen resolutions.

The ratio of white and black people was close to parity – 60% white, 40% black. This was unarguably the first democratic gathering of blacks and whites in Queensland (possibly in Australia) to consider their mutual concerns about citizenship for all Australians.

Although there was no official representation from the Queensland Government and although the personnel attending the organisational meetings were watched and identified by the Special Police Branch, and although the press was negative at the outset, the Seminar attracted a wide range of interested people, some 300 in all, who came from as far north as the Torres Islands and beyond the Queensland border to Victoria and South Australia. With the previously critical media present and reporting fully and favourably on the proceedings, the Seminar was considered an operational success.

The organising and the findings of the Seminar were recorded in a publication: *WE, THE AUSTRALIANS: What is to Follow the Referendum?* (1968, Proceedings of the Interracial Seminar, Townsville, December 1967).

Historically, it established a precedent for inter-racial dialogue in Australia. I still recall the excitement engendered during the planning and the event itself. I was proud to have had a part in it, first as a member of the Committee who planned the event, secondly as the person who thought up the title for the Seminar – “WE, THE AUSTRALIANS”, thirdly as the proactive alderman on the Townsville City Council, I had the honour of officially opening the Seminar.

Fairly early in my political life on the Townsville City Council I involved myself, and interested some others, in a move to form a coordinating body for several local indigenous groups – OPAL, the Torres Island Advancement Association and a couple of Aboriginal sporting bodies. I had the idea that if they formed a united front they could be more vocal and active in pursuing their collective place in the community. Although the concept was not in use then, the objective was to actually ‘empower’ indigenous people in the Townsville area by consolidating their position in the community and by speaking with a united voice.

OPAL (One People of Australia League) had been formed by early idealists directed towards the joint sharing of the resources of Australia, attracting both whites and blacks to this cause. The League sought to develop programs in which blacks could be reconciled to urban living and to becoming an integral part of the settled community. Tribal Aboriginal life had been disintegrating, its members drifting from place to place, some moving to the edge of communities as ‘fringe-dwellers’. The idea of bringing the white and black races together was certainly belated – too late to coalesce the jagged edges of decimated tribal groups, ruggedly shaped by historical misadventures. The OPAL movement was to encourage the two groups to come together amicably and to develop a common group life.

I first became aware of the conscientious efforts of OPAL when I found Opal House in Brisbane warmly accepting Aborigines who were moving south for certain medical treatment with families wanting to accompany them. At the House, concerned staff of OPAL provided both accommodation and support for northerners in their large, homely, comfortable residence, reserved for blacks needing temporary accommodation. As the League pursued its objectives quietly, giving little anxiety to conservative politicians, they were endorsed in their services by the State Government, with some funding from the public coffers. The League had branch organisations in this area of Queensland, involving both blacks and sympathetic whites.

Particular details of this coordinating project are not clear in my memory. However, the facts that I can recall were the scheduling of a public meeting which I chaired in the Town Hall, and at which the guest speaker was Dr D H (‘Nugget’) Coombs, Chairman of the Federal Reserve Bank of Australia, a strong national advocate for the Aboriginal people. Dr Coombs spoke relevantly and eloquently; there was general discussion and a move to establish an Exploratory Co-ordination Committee. From the floor a committee was nominated and the meeting closed with the elected representatives meeting around the Council table.

My political naïvete showed up in this whole project: there had been no pre-meeting line-up of prospective office-bearers for the new organisation. My idealism about the workings of democracy proved unworkable. Confidently expecting natural leadership to emerge from such a session, I realised too late, that the black people had a natural shyness and little experience in organisational procedures. When nominations for an executive were called for, not one of the black representatives felt equal to chairing the new committee. It was also starry-eyed thinking to expect that a group of mixed black and white people, virtually unknown to each other, would have the necessary ability to select appropriate representatives of the Committee for

executive positions. Eventually a white man, a new face to both blacks and whites, volunteered to take on the chairmanship.

The Coordinating Committee, loosely combining the disparate groups, brought together two Aboriginal sporting bodies, one cohesive Torres Island organisation, OPAL, plus concerned representatives from the white community, myself included. It was not successful. It would have been a miracle if it had worked.

From these kinds of experiences, I learned not to expect discrete elements to readily coalesce into a corporate entity. With adequate preparation, it might have developed into a mutual support structure. Being a full-time senior social worker with, more often than not, staff shortages, I had insufficient time for such time-consuming sorties from my many Council commitments, as well as from my hospital duties.

The Commonwealth Referendum in 1967, giving full citizenship to Aborigines and Torres Islanders, was a watershed event in the democratisation of Australian society: since this historic event, the national government has introduced positive discrimination policies in education, health and welfare.

Many Aborigines have been successful in the dominant white society: for example, Sir Douglas Nicholls who was State Governor of South Australia; Senator Neville Bonner, long term elected member of the Upper House of the Federal Parliament in Canberra; Albert Namatjira, eminent artist; Kath Walker, distinguished poet; numbers of musicians and authors; Yvonne Goolagong, twice Woman Tennis Champion at Wimbledon; a RAAF pilot and numerous men in uniform; and an array of sportsmen and women. Other urbanising influences such as tertiary education and senior government appointments are producing a steadily growing indigenous leadership in the Australian community.

The existence of two mainstream cultures on this continent is a long saga, highlighted by many shared commonalities, but politically neglected in the vital areas of reconciliation and collaboration.

THE FOUNDING MOTHERS

Countrywomen, Inc.

One of the pioneer women's organisations which had its beginnings in Queensland in 1922, established a network of branches across North Queensland commencing in 1923. This was the Queensland Countrywomen's Association (QCWA). Its *raison d'être* was to provide a support system for women separated by distance, life, family and work roles. The movement came at a time when women were dispersed over a largely unpopulated countryside, the majority home-makers in the pastoral and agricultural industries – in small towns, in mining centres, on the land. Most often the telephone was their main social linkage, but periodically highlighted by get-togethers at central points of a district. The Association developed a network of branches which was geared to facilitate social links for women normally isolated in 'outback' situations where they were deprived of the company of other women. Regular meetings provided a purpose and a bonding, a forum for their separate and mutual problems, their needs, their combined interests.

Where women in country districts had opportunities to meet, the idea of an organisation to serve their interests took on. Their combined energies became visible in the form of QCWA buildings which were often the only usable community venues in country towns, and were used as such by the general populace for balls, dinners, lectures, receptions, and the like. They were initially, and have remained, monuments to the basic human need for sharing group experiences.

Travelling to their regular meetings, generally held by day, but necessitating fifty to one hundred miles along indifferent country roads and tracks, these became the special events of the isolated and dispersed countrywomen. The formal meeting agendas completed, the members were then able to share personally satisfying activities – arts and crafts, cooking demonstrations, gardening, talks on family issues such as schooling and isolated children, health services, women's needs, library facilities.

From these scattered branches, ideas were adopted for more concerted action through the regional and State conferences. The Association operated in two directions – bringing to the attention of the regional and state executives matters which could be more effectively addressed through

the larger representative divisions. Conversely, from the main centres there was a reverse flow-out of news, developments, visits of official leaders and skilled persons who led workshops and seminars at the country branches.

Improvement of general community conditions must have long been on the agenda for the Queensland Countrywomen's Association in North Queensland, as is evidenced by the number of hostels built for women and children in both cities and towns. For families who could not afford boarding school fees at remote centres, the Countrywomen promoted the correspondence schooling which enabled home tuition of rural children of primary school age, and actually established their own hostels near district schools where primary school children could continue to secondary education.

A good opportunity for me to experience the sisterhood network of the Queensland Countrywomen's Association in action came when I was invited to be guest speaker for a series of Annual General Meetings in the North-West Division of the Association. These meetings were scheduled over a week or so to enable the Divisional President and, traditionally, a guest speaker, to attend each Branch.

Our itinerary commenced at Mount Isa where the local and district country women met in the oasis-like mining centre. The following day I had a unique opportunity to participate in the Annual General Meeting of the Countrywomen of the Air, conducted from the Western Queensland base of the Royal Flying Doctor Service in "The Isa", as it is known in North Queensland. In North Queensland the vernacular for Charters Towers is 'The Towers', for Cloncurry 'The Curry', etc.! With only the President and myself in the studio, the Queensland Countrywomen's Association members were all out "there" in space, yet all participating in the formal business session.

Eventually it was my turn to address this 'invisible' membership, a network of listeners at their two-way radios, ensconced in their homes in Western Queensland and the Northern Territory. My theme was to point up some of the significant developments in education, health and medical, and other facilities which were helping to develop and enhance community life in North Queensland, the particular facilities which would be likely to interest family women who for a long time had to cope with an overall paucity of basic services in the region. It was universally understood in North Queensland that specialised medical, health and tertiary education were specialties concentrated in South East Queensland, close to Brisbane, difficult to access by the northern population.

My talk was followed up by a question and comment time from these outlying members; most of the listening women were involved in the

discussion, their voices and responses coming over clear and keen, thanks to the technology of radio. One could feel the intricate connecting links, the camaraderie, the intellectual curiosity, the stout hearts.

Next on the North-west Division Queensland Countrywomen's Association AGMs was Camooweal, on the Northern Territory border, some 188 km from Mount Isa but actually within the area of the Mount Isa City Council, some outer suburb! A mini-border town, consisting of the main street which formed part of the highway into the Territory, the settlement's largest building was the Queensland Countrywomen's Association Hall – obviously the main community centre for public gatherings. (A colourful description of this outpost settlement was given some years later by a social work student from James Cook University, for whom I had arranged a practice placement with the Mount Isa City Council – he referred to Camooweal as "a place where pedestrians share the footpaths with emus and kangaroos!".)

From here our 'bush' plane took off northwards towards the Gulf of Carpentaria, where the next Annual General Meeting was at *Gregory Downs*, a cattle station, boasting a separate hall, very likely a Queensland Countrywomen's Association facility. To reach this venue, we flew over miles of uninhabited flat and lightly timbered country, to land at a small strip beside the homestead, where there were already several light planes which had been flown in from out-lying properties. An array of cars and trucks brought other members in over the dirt tracks.

Here again was the palpable awareness of the excitement and concern of members for each other, perceived in the spirited greetings and warm exchanges, in their interest in the greater community and the characteristic Queensland Countrywomen's Association hospitality which the occasion engendered. Because of the flat terrain surrounding the Gulf and its sea-level topography, these women, living on isolated cattle stations could, during the wet monsoonal season, be completely cut off from each other and the supply centres for literally weeks, even months.

After *Gregory Downs*, the President and I proceeded by car eastwards from Mount Isa to be present at a series of day and night meetings at western towns such as Cloncurry, Julia Creek, McKinley, Kynuna, Richmond and Hughenden, staying overnight either at cattle properties or at Queensland Countrywomen's Association hostels for high school and working girls, and countrywomen in transit.

Cloncurry is a landmark country town, famous as the birthplace of the Royal Flying Doctor Service. Originally the district was occupied by the fierce, proud Kalkadoon Aboriginal people. It had become a settled town, seat of the Shire Council, which operated a combined Library, Art Gallery

and Museum. Within the grid design of the town, I was intrigued to see the Mitakoodi Units – brick homes built by Aboriginals along their own designs – ground level houses, surrounded by gardens. Here, it seemed, was a successful experiment where the residents built their homes the way they wanted them, unlike much of the public housing for Aboriginals built by Commonwealth and State authorities, where the designs were drawn up in the cities without consultation with the peoples who were to occupy them, a practice which has been highly criticised by anthropologists and social psychologists.

One of the smaller rural centres, Kynuna, was merely a cluster of buildings – an historic hotel with rings for tethering horses still in place along the front verandah, a Bush Nursing Centre run by two resident nursing sisters, and a newly built modern mini-library, part of a Regional Library system which operated out of Mount Isa. This miniature public library which offered an outreach reading facility for the surrounding rurality contained a diversity of attractively jacketed books, which were replaced every six months from the central Library at Mount Isa.

McKinley too had its all-purpose community hall – another Queensland Countrywomen's Association building, good for meetings, weddings, entertainment – a convenient centre for bringing together a dispersed population. In fact the Hall was the only visible evidence that McKinley was a centre for the district. Places like this were well described by the Australian poet, Banjo Patterson who wrote "the mailman if he's extra tired would pass them in his sleep..."

Among the overnight stopovers was a large cattle station where artesian bore water flowed incessantly in a solid stream, providing ample drinking supplies for the stock and coincidentally maintained an all-season greenbelt around the homestead. The Queensland Countrywomen's Association hostess on this occasion was a Conservatorium-trained pianist who saw as one of the disadvantages of rural living, the difficulty in obtaining piano-tuning for her instrument, one of the extra hardships which face country people with particular skills!

In another small town, Richmond, we slept in a Queensland Countrywomen's Association students' hostel. Of such night meetings where the members might travel alone for from fifteen to fifty miles, they spoke nonchalantly of the distances: they knew the district and the roads and were unafraid.

On this western tour, involving a dozen or so Annual General Meetings, I chose not to have a fixed and formal talk, preferring to feel the pulse and mood of the gathering which also brought together the husbands of the members, and deal with themes which I felt would be of interest to each

assembly. My themes tended to focus on the needs of the people of Northern and Western Queensland, and of the exciting new developments in facilities and services – the improving educational resources, particularly the tertiary institutions of James Cook University and the Townsville College of Advanced Education, the development of medical and clinical specialities in the northern cities, special education and rehabilitation centres, sheltered workshops, marriage counselling and child guidance.

One of the modes of linking together in corporate endeavour the dispersed Queensland Countrywomen's Association branches was the special projects selected at Divisional and State conferences. The special project for the year I visited the North-west Division was fund-raising for the purchase of cardiophones for rural hospitals. This was a telephonic apparatus by which the doctor attending a patient with a heart dysfunction could immediately relay the cardiac readings to a centre in Brisbane for rapid diagnosis and recommended procedures, possibly for air transfer to a Cardiac Unit in Brisbane.

From this extensive circuit, promoting the interests and welfare of countrywomen in rural and remote Western Queensland, I returned to Townsville with a new appreciation of the meaning of QCWA to its members, and of its long and proud history as a socially stabilising force in the life of the women in the 'bush' and furthestmost outposts.

In large centres such as Townsville, the several urban Branches of the Association are closely attuned to their country sisters and their specific needs. In Townsville there is a downtown hostel for countrywomen and their minor children who come to the coast for medical and other purposes. There is also a family Holiday Centre with units giving preferential treatment to Queensland Countrywomen's Association and country families.

Many of the city members have been associated with the Queensland Countrywomen's Association from their early years, at a time when Townsville had a real need for benevolent women's organisations. Despite the changing nature of city life, these women have remained loyal to the founding principles of the Association, at their regular meetings continuing to recite their tenets, and enthusiastically singing their rallying theme song. A strong comradeship and mutual concern continues to characterise their abiding relationships with their out-of-town and outpost sisters within their historic Association.

Bush Nightingales

'The mantle of safety', a phrase coined by Rev. John Flynn in his concept of the Flying Doctor Service could also be applied to the Bush Nursing Service,

which has had a strong presence in regional Queensland. The nurses are the 'Florence Nightingales of the Australian bush'. The corps of rurally distributed nursing centres has provided a protective cover for injured and ill men, women and children of the outback across inland and far northern parts of North Queensland.

For dispersed country people who had no ready access to doctors for medical emergencies and for routine treatment, the Bush Nurses took their professional skills to advance-base units, ministering with characteristic proficiency and resourcefulness to a diversity of acute and traumatic situations until such time as the Flying Doctor made his routine calls, or responded to a notified accident or critical condition.

These courageous women, 'out there in the bush' have earned a respect for their sensitive solicitude for their dispersed outpatients, and occasionally, inpatients. Their contribution to maintaining rural people with on-the-ground caring service needs to be recorded in the annals of outreach humanitarian services which has helped to mitigate the physical and stress crises met in 'the great Australian loneliness'.

En-gendering Hidden Agendas

During World War II, 1939-45, Townsville had been transformed into a frontier military base for the allied operations in the South Pacific and South-East Asia. With the recommended evacuation of women and children, much of the family and social stability had been withdrawn from the city. With cessation of the fighting in the Pacific zone, evacuated families returned to Townsville and began the re-settling in processes.

The role of women who were full-time homemakers left much to be desired. Equipped with a basic education to minimum school-leaving age, followed by early marriage and children, they had little time or opportunity to develop further skills and interests. Ongoing schooling was not actively encouraged. Pre-school child care was a rarity. The war years had an unsettling influence on both the women who remained in Townsville and those who were evacuated. There were few existing women's organisations to provide group support and social stimulation – the Country Women's Association, the YWCA, Red Cross, Girl Guides, fellowship through the Churches, Legacy (for War Widows). Among these groups, and among other community bodies, there were stirrings, looking towards re-establishing community life, seeking new ideas, new goals.

In the renewed town life, I became implicated as a guest speaker at annual general meetings of women's groups, who asked me to speak on such themes as women's place in the community, careers for women, social work, etc.

At a Lutheran Women's Group Rally I spoke on *The Importance of Being a Woman*; to the Salvation Army Women's Home League on *Home Life and Family Problems*; to the Women's Christian Temperance Union on *How to be Happy though Aged, Sick or Handicapped*. Other topics which I addressed included *The Dilemmas of Equality* for the Business and Professional Women's Conference, *The Crisis in Human Environment*, and *New Education for Work and Leisure*. At a Royal Australian College of Nursing Conference in 1962 in Townsville, I took as my theme *The Nurse in the Modern Community*.

Space travel was a feature of USA when I visited the western hemisphere in 1967 during my long-service hospital leave. At the Montreal Expo I saw an elaborate display of the astronauts technologies, most intriguing of which were the feeding devices for men in space – tubes and ganglia for meals of processed concentrated foods. Later in New York in the headquarters of the United Nations, I was given a special pass to hear an all-male select committee discuss the August topic of "The Peaceful Uses of Outer Space" which I mentioned in another chapter. The American women I met seemed singularly uninvolved, and less than enthusiastic about inter-planetary space and beyond. This provided my theme "Space-Age Woman" for a talk I gave to the Townsville Branch of the National Council of Women.

When the Sisters of Mercy asked me in 1969 to frame a series of lectures by local social workers to their pastoral and teaching members, I drummed up the general title of *The Capacity for Concern*, dealing with the varying social work services in the community. For a Young Catholic Workers Leaders course on Magnetic Island, my subject was *Our Role as Women in the Community*. In 1968 the assessment of the status of women in education, economics and politics constituted my theme in *The Women's Role* on International Women's Day.

As a panel speaker on *The Abortion Issue* at a Uniting Church session in 1972, I argued that it was a drastic and undesirable form of birth control but that its legality or otherwise should not be determined by male legislators, and that women should have the preponderance of say in the decision-making. I argued strongly for *Women's Place in Community Life and Politics* at a Lions Club Dinner in Collinsville. On a Father's Day occasion in Townsville my theme was *Father/Daughter Relationships*. The Dorcas Society of Seventh Day Adventists asked me to address them on *Our Place as Women in our Communities*, and in 1969 I spoke at the St Andrew's Mother's Day on *Myths about Mothers*.

As a guest speaker at Blackthorn Past Students, Charters Towers, I selected the title *Women in Education, Careers and Community*. To the resident students at St Raphael's College, James Cook University, I spoke on *The Imperative for Women's Presence in National and International Affairs. Shaping our*

Communities the Way We Want Them was my message to the delegates of the Northern Division of the Annual General Meeting of the Queensland Country Women's Association in Townsville. For a Black Women's group meeting at Queen's Hotel, my subject was *The Role of Women – their vital role in family life, their social rights and responsibilities*.

I was continually surprised at the number and variety of men's organisations and mixed groups, who invited me to address their sessions on a broad spectrum of subjects which had relevance to the general community. These I treated as opportunities to let the men as well as the women hear my conviction that women were conspicuous by their absence in prominent places – they were under-rated, underpaid, under-rewarded, lacking opportunities to maximise their latent skills – in the market place, in public affairs, in government.

In my dialogue with women's groups over two decades, I saw my role as engendering good feelings about themselves, their unique roles and their potential to move in new directions, with new awareness, visions of achievable futures. I tended to focus on their need to keep learning all their lives, their need to continually give time to their expressive/creative faculties, and to keep reminding them that, as representing one half of humanity, women should therefore have an equal voice with men in the macro-field of community-shaping and decision-making.

In retrospect, I discern how the Townsville women in the 50s saw career women as models who could add fuel to their suppressed ideas and goals, their striving for self-fulfilment, and their dreams of themselves as having access to ongoing education, as being recognised economic units, and in having a legitimate place in politics.

From the sixties women in North Queensland were rallying to conjointly consider their unmet needs. They were becoming unsatisfied with their unrecognised status as the pivotal centre of home life, as the country's unpaid, but fully functional contributors as home-makers, carers and volunteers, knowing that the worth of their community contribution was not calculated as an integral part of the Gross National Product of the Australian economy.

With developmental projects converging on this region in the sixties came a new set of family contingencies in which I was directly involved – both in the City Council and hospital contexts. One of these was the opening up of nickel mining at Greenvale and the planning of a refinery at Yabulu, fifteen miles north of Townsville. These ventures attracted an inundation of unemployed workers and their families who arrived in a medley of cars, trucks, and a few trailing caravans. Unable to find housing, these families squatted along the Townsville Strand, along the beach at Rowes Bay and

close to the city centre beside Anzac Park. Proceeding from the southern states these new arrivals had made the long trek to reach what they saw as their Eldorado. Many came north unadvisedly, under-financed, under-resourced, highly vulnerable.

The public places of Townsville suddenly presented a scene of disarray, with illegal camping in areas which lacked the amenities for the numbers needing them. The environmental conditions became a priority issue: the Council resolution was to convert one of the inner suburban public spaces, Dean Park, into a temporary caravan park. From this influx population were many families below the poverty line, living in the confined caravans and tents – with a spin-off of exhausted wives, sick children, marital tensions, demonstrating the direct linkage between stressful situations from within and without, and the marginally coping capacity of a floating population.

The situation eased when the bulk of the families found work in the new industry, extracting the nickel at Greenvale where the company established a community village complete with houses, health clinics, school, recreational facilities.

Unmarried Mothers in Hibernation

From the 1950s one stream of clients who invariably came through my office were the single expectant girls, who fell into the category of *Unmarried Mothers*: of these some were referred from Out-patients and Maternity Clinics, some were self- or parent-referred. Their ages ranged from early puberty to the 30s: the mature clients in the 20 - 30 age group seeking counselling and support came from other centres of Queensland, from interstate and overseas, all seeking refuge and anonymity in North Queensland. Because of prevailing community attitudes to illegitimacy, they would leave their family and social circles and work environments and move to an area where they were unknown to wait out the birth of their babies and then sign them over for adoption. By the time these young women arrived at my office, they were quite definite about their adoption plan: all they wanted was an interim plan. The climate of opinion of that era left them without other acceptable options.

Townsville never had a single mothers hostel, as did Brisbane and Rockhampton, but I made arrangements with the Executive of the Townsville branch of the Queensland Countrywomen's Association for expectant girls to be accommodated at their Mother's and Children's Hostel and I placed some of the girls in paid helping roles with sympathetic families: our various resources satisfied the clients who sought refuge in Townsville.

The teenage school and working girls who were living in the family home would be encouraged by their families to go away and have the baby elsewhere which, in planning terms meant seeing a social worker who arranged for the minor's admission to one of the unmarried women's hostels, facilities conducted by various churches in the capital and other Queensland centres. In these refuges they would be looked after, some light work arranged for them outside the hostel, and later appropriate hospitalisation. The adoption arrangements were planned by the Department of Children's Services of Queensland which interviewed, assessed and registered couples considered suitable for adopting a child, sometimes twins. This official State Government centralised adoption agency obviated certain malpractices and abuses which existed in other States, which enabled hospitals and private practitioners to arrange private adoption of patients' babies – a practice unlikely to ensure effective pre-vetting of adopting parents and homes, and the likely incidence of cash inducements to hospitals to favour certain applicants for children. In Queensland, prospective adopting parents would be carefully assessed by designated departmental child-care officers, and the order of listing prospective parents and homes was respected. The birth of twins could require re-arranging the eligibles, as twins were not separated, and there was some attempt to match up the physical features of the adoptees and the adopting parents.

Because of the high incidence of pregnancy among single girls and because of negative community attitudes to their prospects of inadvertent motherhood emanating from misadventure, there was a steady supply of infants for childless couples.

It has taken sexual freedom as espoused by women authors such as Simone de Beauvoir, Betty Friedan, and Germaine Greer, who have crusaded for removing the sanctions against single parenthood to fuel a social revolution in positive attitudes to the single mothers. Running parallel with this spirit of sexual liberation has been the technological developments in contraception to regulate reproduction. Despite this there remains a steady quota of unplanned-for babies, but fewer are signed over for adoption. The acceptance of the single parent as eligible for assistance in the Commonwealth Family Welfare program has given social and economic status to the single mother.

When Family Planning was being accepted in the southern states as a new resource in scientific management of family size, the concept received a negative response from the Queensland Government. The prolonged struggle by a group of Townsville women advocates seemed doomed to failure but there was an amazing breakthrough by a university faculty wife, Beryl Richards, who remained undaunted and successfully enlisted the

support of the Deputy Prime Minister in Canberra. While in Townsville, Doug Anthony endorsed the plan for a Centre which gave the organisers sufficient political weight to move concertedly to set up a Family Planning Centre.

Despite prolonged initial frustrations, the Family Planning Clinic has grown in size, clientele, stature, public and governmental acquiescence. I had a large number of clients who needed such a service, including the basing of charges on the client's ability to pay. The Family Planning Clinic did both. Its firm establishment has been a milestone resource for women in the Townsville area.

Marital Escape Hatches

In the cavalcade of human problems presenting at the hospital, family crises provided a regular clientele. Although until the mid '70s there were no visible community facilities such as women's shelters for abused wives and children, there were "sympathy stations", the first being the Hospital Social Work Department, where strategies of support and family counselling went into effect. If summary action was required in the form of relocation of vulnerable family members, there were discreet refuges in the town's women's organisations. Consistent with the pioneering and women-focused services in the State, the Queensland Countrywomen's Association accepted my referrals of mothers and children into their downtown hostel and into their Family Holiday Units on the Strand. The Salvation Army would also make cost-free temporary accommodation available in the People's Palace, a low-cost timber lodging house mainly used by families in transit. Later, when this organisation constructed a complex called Mancare, thoughtful provision was made in the design for emergency quarters for women and children.

Some of the women and children who sought sanctuary from other outlying towns and districts came into the city after being mistreated by abusive and alcoholic husbands and fathers. In the fifties and sixties the incidence of family breakdown because of excessive alcohol by the family breadwinner was high. If the exhausted mother was hospitalised, there was a departmental provision for the officer in the State Children's Department to have the children compassionately admitted as volunteer 'wards' to the orphanage in Townsville. A child, or even two, presenting at the hospital with a sick mother could also be compassionately admitted to the Children's Ward while more suitable plans were made.

Stalking Status Issues with Cabinet

An historic landmark which unequivocally declared women's rights and aspirations to full social, economic, and political equality was International Women's Year in 1975. Anticipating its onset, the Queensland Government had, in 1973, set up a Commission of Enquiry into the Status of Women in Queensland, consisting of four persons – two women – a Solicitor and Educator, and two men – a Judge and a Solicitor. Their brief was to enquire into the condition of women generally in Queensland, and in particular:

- (1) "the nature and extent of the rights and opportunities available to women in the political, legal, economic, educational, social and related field;
- (2) the desirability of advancing any of those rights and opportunities; and
- (3) ways and means by which any recommended advance in those rights might be advanced."

The findings of the Commission on the status of women in this State were revealing. Although women had been voting in Queensland since 1905, there had only been two women elected to the State Legislative Assembly. There had been no women judges, and no women Cabinet Ministers. Few women were serving on local Councils. Of 56 Hospital Boards, comprising 316 government-appointed members, only 25 were women.

The comprehensive brief of the Enquiry was completed and submitted to the Minister for Justice on August 27, 1973. The Report commenced with a joint statement on a New Equal Partnership, and then went on to consider: women in the family, public life, legal status, economic status, state public service, medical matters, social status, women in isolated areas. Among recommendations in the report, the Commission indicated the need for legislative and administrative changes in such areas as matrimonial property, succession duty, land ballots, the composition of public boards, child-care services, and part-time employment for women in public service. The enquiry concluded with a summary of recommendations, fifty in all, grouped into legislation, administrative changes and community education.

Faced with these Recommendations, the Queensland Government resolved to set up a Council of Queensland Women in April, 1975, consisting of fifteen female members. With three of its members officially associated with the National, Liberal and Labour Parties, it was politically representative. Chaired by the Solicitor who had participated in the Commission of Enquiry, the Council was vocationally broad-based with two general practitioners and a specialist, the State President of the Queensland Arts

Council, an executive member of the Federated Clerks Union, a journalist, the Matron of the Rockhampton hospital, an area representative of the Regional Council for Social Development, the President of the Queensland Ladies Jockey Association, National President of the Queensland County Women's Association, a social worker/Deputy Mayor (myself).

At the initial meeting of the Council of Queensland Women, it was clarified to the members that our deliberations were confidential, with our recommendations to be submitted to Cabinet, through the Minister for Justice. The release of any information on the Council discussions to the Queensland community was to be made by Cabinet. This meant that we, as members, could not give feedback in our specific areas to women or the general public.

However, I was able to invite women across North Queensland to make comment on situations and issues which they considered as needing to be addressed by the women in Council. There was good response from both rural and urban northerners: these were tabled for consideration by Council.

Between April 1975 and May 1976, the Council of Queensland Women met on a monthly basis in Brisbane. When further clarification on the status of women in certain categories was needed, Council called in and conferred with key personnel before submitting its recommendations.

Each of the sessions had a broad spread of agenda items, which had to be accommodated within the five or so hours available to the two members from Central and North Queensland, who had to fit into flight schedules. Despite the intervals between meetings and the wide spectrum of interests among the members, there were vigorous discussions, at times keen debate, with resolutions based on majority vote.

Initially appointed for a twelve-month period, the Council functioned for fifteen months. A unanimous recommendation of Council to Cabinet to continue its functions was not accepted. A confidential summary of the Council's deliberations was prepared by the Chairman and distributed to its members. Because of the confidential embargo, the Councillors did not have public accountability to their regions.

Clearly, a follow-up of the totality of the exercise – from the recommendations of the Commission of Enquiry into the Status of Women in Queensland, and its sequitur – the deliberations of the Council of Women and recommendations to the Queensland Government – warrants a longitudinal study by a feminist researcher.

The World Year for Women

In the latter quarter of 1975, as the Australian contribution to *International Women's Year*, A National Conference, *The Women and Politics Conference* was organised in Canberra, with an agenda of high-profile women speakers from around the world and from the ranks of Australian women. As an inducement to Australian women to attend, the Whitlam government arranged for a fixed economy airfare from any part of the continent (as I recall it was something like fifty dollars return fare). Various women's organisations in all the States sponsored delegates.



Two Townsville citizens, Thelma McEvoy and Joan, relaxing at the Women and Politics Conference in Canberra, 1975.

The Council of Queensland Women nominated two representatives, both from upstate, a colleague from central Queensland and myself from North Queensland (I was also the official representative of the Townsville City Council.)

It was an unprecedented forgathering of women conferees from every state in Australia. My recall is that some 800 women came together. For one

week they resided in the residential halls of Australian National University, attending formal talks, panels, debates, group discussions, with informal exchanges around the tables in the collegiate halls. Ranging in age from the teens to the very seniors, it proved a unique experience and watershed in the women's movement. Australia had its own eloquent women academics, professional and businesswomen, philosophers, journalists, sharing rostrums with brilliant internationals from UK, Europe, USA and Canada, and the Pacific Basin.

The assemblage had a series of options for attending daily sessions on a broad spectrum of women's issues – Within and Without the Parties, Women Voters, Bureaucracy, Development, Trade Unions, Power in Institutions, Political Office, Feminist Theory, Media, Campaigning, Women's Issues and the Parties, Lobbying, Arts and Literature.

For the rural and remote women, it was a revelation to hear the easy oratory of their intellectual, cosmopolitan sisters – world-wise, self-assured, persuasive, with their individual formulae for liberalisation, and social, political and economic equality.

One of the popular speakers was a dynamic black activist from southern USA who amused her packed audience with her comments on *testicular* power and her view that in the USA the women's real 'enemies' were the men in power in the Pentagon. She counselled the Australians to avoid the disease which she referred to as "Pentagonorrhea".

The Conference produced its own daily newspaper, informative, with skilfully reported news on the highlights and personalities of the previous day's sessions, photographically animated. In one issue, the Editor wrote. "We are sisters. We have the opportunity to involve ourselves creatively in the political process, to redefine and restructure the concept of power: a concept which was created and has been maintained by men....Sisters, let us stand together this week and develop strategies for change which will involve us all."

The Women and Politics Conference engendered vigorous rhetoric and dialogue. Yet there was another side to the gathering – a sensitive, caring, tolerant mood, and democratic appreciation of those who came to hear and learn and share with a vast sisterhood, which was denied them in their particular regions and lifestyles.

A small delegation of women surfaced at one of the sessions: they came from a very small place which just about everyone at the conference had never heard of – Dingo, Queensland. These several women had heard of the Conference in the Federal Capital, and, attracted by the modest airfare available to the delegates, they turned up, and publicly expressed their enthusiasm for this rare event in their lives. In addition indigenous women

from far North Queensland and other faraway places were able to share democratically with their white and brown 'sisters'.

Dismayed at the continuing negative editorials being daily printed in the daily local newspaper, the Conference organisers protested, but the rubbishing and trivialising continued. A special general meeting was called, which resolved to stage a street march to the newspaper offices.

With several hundred women converging, I joined them in their march into the city, light-heartedly singing en route. When the destination was reached, most of the processors, including myself, disbanded, but a small activist group decided to raid the press premises where there was some sort of confrontation. As I sipped coffee with some colleagues in a downtown cafe, I had no idea that a scuffle was occurring in the newspaper office. This women's march was a fairly predictable reaction to hostile journalism targeted on a peaceable assembly.

That march was filmed and shown on T.V. I wondered whether one of my two sponsors as a delegate – the Queensland Government – spotted me in a protest march, a procedure which was prohibited by the Queensland Government of the day!

When I returned to Townsville, I read letters to the Editor of the *Townsville Bulletin* from readers criticising the utter waste of public monies spent on the Women and Politics Conference. I wrote a letter to the Editor setting out the ideology, efficiency and organisation, and constructive achievements of the Conference, describing it as a first-ever opportunity for representative women in Australia and overseas to confer on mutual interests and issues. I was not surprised that my letter was not published.

The eight hundred or so women moving about the Australian National University campus, and doing some serious talking on fundamental questions were a formidable enough body to attract many male parliamentarians who audited the sessions, keen to hear the commentary and feel the pulse of the group's responses. They would have done well to recognise the surge of new ideas, the tremendous energies, the perspectives and priorities of contemporary Australian women.

But custom dies hard. For all the enlightened happenings in the nation's capital, the printed invitations to the Prime Minister's evening reception for the 800 women designated appropriate dress for the occasion: "Lounge Suits"!

The long-term evaluation of the benefits of International Women's Year (IWY) will probably dismiss the knee-jerk reactions of its critics and opponents. My own impressions of the events are that it gave mental stimulation, hope and renewed confidence to many women, and that it

gave a novel impetus to women to increase their interest and their participation in public life. And it enabled women to reflect on their own life situation and performance and place in society, making them more self-aware, more motivated, more conscious of their own capabilities. IWY also gave a solid reminder to men that women constitute one half of the human community, and are entitled to a place as co-equal partners in the total life of the society.

During IWY I experienced some interesting breakthroughs into hitherto male territory. During that year I received a series of invitations to be a guest speaker at men's organisations, no doubt displacing the traditional male spokesman – examples, at speech night for All Soul's College, Charters Towers; at a Lions change-over dinner at Collinsville; at Thornbrough-Blackheath school reunion in Charters Towers. The National Safety Council invited me to address a Seminar in Townsville – the first woman to be so invited. Later I was asked to break tradition and speak at the Annual General Meeting of the Safety Engineering Society, and later the Townsville Tourist Organisation.

IWY has had an impact, correcting the 'one-way thinking' about the respective value of men's and women's contributions to their society. Having contributed to the raising of the community-consciousness of women's special qualities, skills and needs, it now needs women to sustain this awareness and to move resolutely into those spheres of community life where their presence is critically needed, particularly in the civic and political arenas.

The By-pass of Homemakers

It might be asked what women can contribute to the public arena. In all aspects of community life, they bring a new dimension – a creative, constructive nurturing, caring and sensitising role, and a practical capacity to look holistically at the issues. Because of their own biological roles, women have a vested interest in what constitutes national priorities, as determined by the still highly male-dominated areas of decision-making. Most national budgets give priority to purported 'defence mechanisms' for example, the US government has for years directed close to half of its national budget to military hardware and its related industries. Military preparedness would not be the priority of women who have conceived and carried the unborn infant in their bodies for nine months, who have experienced the 'exquisite' pangs of childbirth, and been responsible for sustaining and nourishing their children until they are able to go it alone.

All of which raises the vexed question of the national significance of mothering and its corollary, home-making. Are mothers, by being caring

parents, contributing to a community's productivity? How well rated is the service they are providing to their country? What useful economic roles are they performing in their capacity as homemakers for the vulnerable young? While not officially rated as an economic unit in the economy, the family-oriented women transform houses into homes: they act as educators, nurses, counsellors, budgeters, organisers. They are truly the main agents in stabilising the community – a stalwart volunteer force who, despite a cluster of demonstrable skills, rate the status of unpaid labourers.

Merely asking such a homemaker if she is working, her immediate reaction is to say, "No, I'm just a housewife". This is the response of a person who feels devalued, has a low self-image: all because she does not receive either a weekly pay package, and is not seen by the national calculators as part of the national economy. Yet women are the pivotal persons in the family household. By contrast, the employed domestics have a far better deal in working conditions: they are relatively better off, have an 8-hour day, while the homemaker working around the clock, seven days a week, has a no-pay, low-status function.

The poet Milton in a sonnet reflecting on his blindness, bemoans "When I consider how my life is spent" eloquently summarises his plight in the poetic lines of the sonnet, then reconciles himself to the fact that "they also serve who only stand and wait." I would suggest that the mothers of our community also "stand and wait" – they wait for their children, outside schools, outside dancing and music lessons, outside dentists' surgeries, beside sports fields. As part of their responsible ministrations, they are continually, and without complaint, 'serving and waiting.'

In our materialist, monetary-driven society, mothers and grandmothers in their particular roles, are non-persons economically. One researcher, in the University of Melbourne's Centre for Applied Research, Dr Ironmonger, has estimated that the household as a place of leisure and consumption is a \$140 billion industry, of which women's part is valued at \$100 billion. On these figures, he was well able to conclude that the persons applying themselves to home duties are producers whose "goods and services are a valuable part of the national wealth."

The women at home, pressured by the range of community good works to sign on as volunteers have further added to the economy by maintaining a wide spectrum of unpaid community services in education and welfare – in Red Cross, Meals on Wheels, Lifeline, Guiding etc. This high value area of sustaining community philanthropies would add sizeable increments to the \$140 billion free-loading for the economy, already donated by homemakers. Yet neither home-making nor volunteer work outside the home are counted in the Australian Gross National Product! No wonder there has been a mass exodus of home-makers from this full-time role, to

enter the paid work force, where they have the satisfaction of earning a pay package, while home life has been insidiously changing – some might say disintegrating-around the continent.

Contemporary women need to be self-advocates in two directions. From the time they leave secondary school, they need to be vocal about their needs for ongoing education and skills development. Whether they live in city, suburbia, or in rural settings, they need to press for locality-based continuing courses, provided in centres or by correspondence – in stenography, computing, horticulture, arts, crafts, psychology, humanities, communications, government and politics, and refresher courses in the newer technologies of, for example, nursing and teaching. These types of courses need to be particularly geared for women who elect the role of homemaker and the rearing of young children. They need courses which fit comfortably into the mothering role, which provide intellectual stimulation, and prepare them for the time when they can enter the away-from-home work force.

These are the 'empowerment' modes for women's equity in the market place and the corridors of power. The women's movement has done much to brace their gender power into moving resolutely into the public arenas – into business, the professions, politics, administration, even the defence forces and trades.

An eminent American philosopher, scientist and designer, Buckmaster Fuller, has predicted that in the next century women will be running things as, he said, "the undisputed managers of the earth". This surely posits the vital need for women to prepare themselves, not for a wholesale takeover, but for a genuine democracy where the sexes have an equal share and responsibility for home-making-in-the-round, that is, the management of the family life of the nation.

Until women believe they have much to contribute to public life and government, and match these convictions with a combined offensive to move out into the public life, they will have no real impact on the social and political structure of Australian community life. Woman also will need to develop the same kind of group loyalty among their own gender as that which enables men to retain their power base in the professions, commerce, trades, and government.

CYCLONICS

The Really Big Blows

People moving into North Queensland are warned of certain hazards – tropical diseases such as dengue fever, malaria and Ross River fever; shark attacks, deadly taipan snakes, fatal encounters with jellyfish. Infrequently mentioned among the list of deterrents are cyclones. Possibly because, although they can and do pulverise great stretches of the Queensland coastline where most of the cities and the larger towns are situated, they are periodic phenomena which, within a decade are conveniently forgotten.

In loss of life, the cyclone which struck Bathurst Bay on Cape York in 1899 was the most severe cyclonic disaster recorded in the State. Known to have drowned were some 300 fishermen on their fleet of ships, plus an uncalculated number of Aborigines inhabiting the area. At the time, there was no mechanism for counting the toll among the indigenous population. The accompanying surge of the Bathurst Bay cyclone, estimated at 12.2m, is said to have penetrated miles inland.

After the turn of the century, cyclones were identified by name – actually they were given female names! Later, a correction was made to this somewhat chauvinistic procedure by a decision to alternately use male and female names – a small indicator of gender equality at work.

In its short history of one hundred and thirty years, Townsville has experienced a number of major cyclones, one of the most severe being Leonta in 1903, during which many buildings were laid waste, including a ward at the Townsville Hospital where ten patients lost their lives.

My first encounter with a major natural disaster in Queensland was in December, 1971, when Cyclone Althea moved in from the Coral Sea, destroying homes, public buildings, roads, utilities, communications, and disrupting family and community life. As the “blow” moved towards the coast on the night before Christmas Eve, I was alone in my small home, a pioneer miner’s cottage, said to have been built in the 1890s in Charters Towers, and later, as the gold rush petered out, re-located in Townsville. A single-level wooden structure, set on rough-hewn timberposts to which it was secured by iron bolts, its original core typical of the miner’s dwelling was a central passage between four small rooms, with a skillion roof at the

rear to protect the wooden stove from the elements. Previous owners in Townsville, had made modifications to the basic format: internal walls had been removed to create a spacious lounge, with the addition of a verandah along three of the outside walls, with plenty of ventilation provided by horizontal wooden louvres – so characteristic of early tropical homes. The louvered walls proved to be hospitable to the forceful winds of Althea.

At first the gale-force winds blew from a southerly direction, changing course as the storm intensified and came in from the north-east off the Coral Sea. In the early morning hours of the new day, December 24, Christmas Eve, the house developed a sort of pitch- and-roll, reminiscent of old sailing ships, moving up and down as though it was seeking release, shuddering spasmodically. The wind generated an ominous high-pitch note, quite eerie, evoking images of “the howl of Banshees”. Along with these discordant sounds was admixed the lashing rain, accompanied by the cacaphonic instrumentation of trees and poles crashing, corrugated sheets being torn off structures and hurtling overhead.

There was good reason for the official advice to “remain in your own home until the cyclone has passed over”. Forceful waves could be heard pounding on the relatively sheltered shore of Cleveland Bay.

After the night of buffeting, all that my cottage lost were two sheets of corrugated iron roofing, and a partial cave-in, where a tree had crashed onto overhanging eaves.

By dawn the streets were impassable, littered with the debris of trees, iron, disengaged timbers, electricity lines. Telephones were out. The Australian Broadcasting Commission radio went silent when its transmitting tower at the airport toppled.

One solitary local radio station, 4TO was still operational. It became the immediate communication link with the community, reassuring and informing listeners, directing its energies towards restoring the shattered morale of the citizenry. This commercial station became a clearing-house for delivering official advices, relaying vital messages, raising volunteers, and launching an appeal for funds to help cyclone victims.

Another reassuring presence was soldiers in battle fatigues from Lavarack Army Base manning great bulldozers to clear the roads of the cyclone's overnight harvest on this morning of Christmas Eve. Street scenes resembled a modern version of the French Revolution barricades, but with the military operational efficiency demonstrating that the chaotic scene was recoverable.

Already in the seventies, there was a State Emergency Service in place in Queensland; in place, but not as yet fully tested for a massive community

disaster. Only vaguely now can I recall the City Council, on which I was then an alderman, earlier deliberating contingencies for a possible counter-disaster preparation and response. There had been designations of emergency roles for permanent Council staff. The Chief Health Officer had been designated the Welfare Officer whose task it was to liaise with the four main agencies geared to render welfare assistance – Red Cross, for the registration of victims and the tracing of missing persons; the Salvation Army and St Vincent de Paul, whose resources were food, clothing, bedding, furniture; the Seventh Day Adventists for accommodation, clothing and material help. Although functioning as independent elements, these four agencies went straight into an all-out action to help the Townsville community in the critical phase of post-impact Althea.

For some twelve months preceding Cyclone Althea, an exploratory committee of welfare personnel had been meeting periodically to consider the need for an overall co-ordinating body to represent the social welfare resources of the city. There was now a multiplicity of caring agencies committed to specific clientele needs, but lacking a mechanism for joint-dialogue with their collateral service-providers. It was realised that a linking body, along the lines of the Queensland Council for Social Services, could provide a mutual support structure for its member organisations, could conjointly consider the generalised welfare services for the city, and could combine their skills and energies to enhance the life of the citizenry.

During 1971 the exploratory committee, consisting of representatives from the Department of Social Security, St Vincent de Paul Society, Marriage Guidance Council and the Hospital Social Work Department met periodically in the Hospital. By December, 1971, because of the looming holiday festive season, the committee decided to defer a proposed public meeting until the new year of 1972. In this short duration, Cyclone Althea struck, dramatically sheeting home the unarguable case for a more co-ordinated harnessing of Townsville's welfare resources: a community catastrophe for which there was no unified welfare ‘peak’ organisation!

By approx. 10.00 am Christmas Eve, 1971, after Althea's destructiveness had passed over the city, I began to consider my priorities for action – as a home-owner with a damaged residence, as a senior social worker at the Hospital, where I could anticipate real calls on the social work department, and as an elected city alderman?

The relative proximity of the workplace dictated the logistics of checking-in and, if necessary, pitching-in. Having circumnavigated the intervening street barricades, I arrived at the hospital to find torrential rain pouring down the stairways and flooding the public wards with several inches of rainwater, from a damaged roof. As few of the medical and general staff

had presented for duty, I joined with the medical superintendent and a few others in vigorously sweeping the downpour out of the wards.

A couple of hours later, I managed to check into the old Town Hall on the main street, where I ascertained that the centre of action was the Police Station. At that time, the police staff occupied an old wooden building, inadequately lit and ventilated, its small rooms, for some time criticised as totally inadequate for the existing staff, now suddenly over-congested with an array of extra personnel commandeered for post-impact cyclonic action.

As the Chief Health Officer was already on site, in his emergency post as Disaster Welfare Co-ordinator, I perceived there was clearly no space for extra-numeraries, so I returned to the hospital. None of the social work staff had made it to work.

As the only social worker on duty, I was quickly involved with distressed individuals and families presenting in Casualty. Among them were elderly people who had been located huddling in their unroofed shattered homes by scouting SES personnel and soldiers in jeeps. When disaster victims began to emerge from the general wreckage around the city, it transpired that they constituted vulnerable members of the population – the frail aged, the disabled, low-income families in destroyed housing, the marginally coping, anxious people shocked into inaction. Of these, the majority were recipients of social security, suddenly needing repairs to their dwelling, temporary accommodation, financial and material help, and basic information about how and where to seek help.

Government departments fairly promptly set up offices to administer support services. Their varied locations about the city and their specific briefs were unknown to these helpless citizens, particularly those without phones, transport, and access to relayed information. It was a case of people in need being immobile, unable to reach the dispersed offices. The cumbersome prevailing bureaucratic assessment procedures, pre-requisite for authorising home repairs, meant long delays in restoring the homes of the 'little people' who, individually, had no bargaining power for prompt service.

One concerned group who organised themselves into a spontaneous welfare unit working with the State Emergency at their West End HQ, was the Staff and Distaff – university wives of James Cook University co-ordinated by Mrs Monica Campbell who had extensive experience in welfare work in the slums of Glasgow. This group initiative was typical of the humanitarian response which is generally triggered by big community disaster.

The Birth of Wee Care

Among the early Althea casualties presenting at the Hospital emerged the need for emergency care of small children deprived of parental care by the latter's hospitalisation, or their inability to cope with their particular crises and whose stresses were referred to the social work department for a child care plan. Normally, if a mother was admitted as an inpatient, the social worker could recommend and gain compassionate admission for her dependent child. But the incidence of multiple minors of a hospitalised mother posed other solutions.

At the time of Althea, Townsville had only one official facility for residential child care – the State Children's Home. This institution accepted care for orphans, neglected, abandoned, and 'disturbed' children. Minors who did not fall within these categories could be admitted for 'care' in the residential, home but this required being 'signed over' for state care, even on a temporary emergency basis.

Such custodial care in a state institution was not appropriate for this type of family-in-crisis. Care in private homes by bona fide 'good neighbours' was preferable. And this is how a new community based agency came into existence, as one of the outcomes of Althea. Among the volunteers who came to the hospital social work department to offer their services was Mrs Kath Gordon, whose surprise arrival was a most welcome addition to an over-worked department with depleted staff. Kath and two of her colleagues were members of a Catholic Women's Group who had been helping disadvantaged families by actually taking children temporarily into their own homes. The number of family crises precipitated by the cyclone brought into focus the urgent need for a facility to provide alternate accommodation for children whose parents were unable to care for them in the short term, typically a father working out of town, and a mother suddenly admitted for emergency hospital treatment.

Was I relieved when these women involved in a neighbourly home-care for children-at-risk were prepared to open their homes to the cyclone affected children! The scheme went into effect, a great support for nuclear families with marginal finances after a cyclone.

With the passage of time the caring women discovered there was a continuum of referrals, and too few 'foster' mothers without sufficient respite for their humane work. Realising they had taken on a steadily expanding task, some of the volunteer carers came to my office to discuss the situation: it was decided to arrange a public meeting to alert the community to this specific acute problem.

The City Council made the Town Hall Chamber available for the meeting which was held on April 20, 1974. I was asked to chair. We had an eminent

guest speaker, Dame Enid Lyons, mother of our stalwart volunteer, Kath Gordon. Dame Enid, widow of Australian Prime Minister, Joe Lyons, was the first woman elected to the House of Representatives in the Australian Federal Parliament (1943), and the first woman member of the Commonwealth Cabinet (1949). The meeting was well attended, attracting representatives from the main local Churches. There was a surprise development when the Catholic Bishop of Townsville, Rev. Leonard Faulkner, speaking on behalf of the Sisters of Mercy, offered the use of a trim brick villa which had been the nurses interim home at the Mater Hospital. Following from his magnanimous offer of a building, rent-free, came a spontaneous 'domino-effect' from the other church denominations present – Anglican, Uniting, Seventh Day Adventists – to meet the facility's telephone, electricity and other maintenance costs. Manifesting ecumenism at its best, and demonstrating there is a contagious factor in group good works! Coolock Cottage, which I had the Deputy-Mayoral honour of opening on June 27, 1974, became a haven for children whose family life was in crisis. Instituted as the Wee Care Service, it has continued to attract genuine community support, including the building of its own facility by the local Apex Club, and with a host of benefactions from community groups such as the Guiding and Scouting movements, secondary schools and university students. Wee Care was one of the more positive outcomes of Althea.

As envisaged, the public meeting was called early in 1972, resulting in the formation of the Townsville Welfare Council, with an initial membership of over thirty agencies. One of the constituted sub-committees of the Welfare Council was to frame a Council policy and procedures for natural disaster response.

In the wake of Althea, the images of many bewildered and distressed citizens prompted the newly constituted Townsville Welfare Council to set up a Natural Disaster Sub-Committee whose brief, essentially, was to ensure a more structured and effectual input of helping services in future community emergencies.

Enlisting volunteers experienced in human service work, many currently engaged in health and welfare fields, constituted the first organisational work for the new Sub-Committee, involving them in regular training sessions, briefings and field exercises.

In constituting welfare teams geared for 'special services in disaster' situations, two distinct categories of volunteers were defined, both needing to be immediately available at designated emergency centres. The 'first contact' group were to be intake registrars, recording basic information about the victims, and being alert to identify, and refer on, those in need of special help. The second 'follow-up' group would comprise those with

diagnostic and counselling skills in dealing with individual and family trauma and stress.

Early in this structuring process, a local State Emergency Service official joined the Committee and became actively involved in the course work and practical sessions. This official collaboration led to the statutory recognition of the legitimacy of a community welfare component in counter-disaster work in Townsville.

For two decades, the Natural Disaster sub-committee of the Welfare Council was the community's vigilante group organising teams for crisis situations. During those years, there were no cyclones, no major community disasters to test out the effectiveness of this welfare infrastructure.

Three years after Cyclone Althea, Townsville was to be closely involved with a more severe cyclone when Cyclone Tracey ravaged Darwin on Christmas morning, 1974.

Literally, a thousand miles away, on the furthestmost north-western sector of the Australian continent, Darwin would seem to be too remote to affect Townsville on the central coast of Queensland. But Townsville quickly became a logical destination for a stream of refugees ordered to evacuate Darwin, a flattened, dysfunctional city, the administrative centre for the Northern Territory.

An official decision had been made to evacuate three-quarters of the Darwin population, that is, some 30,000 people. For those without their own transport, a massive airlift was implemented, mainly to the capital cities in the south. For those with vehicles, there were two main highways – one southwards through Alice Springs to Adelaide, the other through Mount Isa in western Queensland, then easterly on the Flinders Highway to Townsville on the Pacific coast.

For those who had no personal or family reasons to head south, Townsville became a haven. For the onward bound who had reasons to proceed further, these weary road travellers were directed to the welfare centres where they were supplied with food, changes of clothing, petrol vouchers and financial assistance.

The indifferent mechanical and uncertain road-worthiness of family vehicles which headed out of Darwin and streamed towards Townsville was an epic cavalcade of battlers, somewhat resembling the 'Okies', described in the Saroyan saga *The Grapes of Wrath* who made their poverty-stricken trek to California at the time of the great depression in USA.

In the intervening years since Townsville's experience of Althea, when there was no welfare co-ordinating structure to service a local community in disarray, some precedents had been established for helping disaster victims.

The Commonwealth Department of Social Security took resolute action, obtained civic approval to set up an emergency team of welfare workers in the Town Hall, working in conjunction with personnel from Red Cross, Salvation Army, St Vincent de Paul.

The mercy operation was not without administrative obstruction. Official red tape strangles many a humanitarian operation. In Townsville where large amounts of relief funds were being donated by the local community specifically to help the victims of Cyclone Tracy, none of this money was released to provide necessities and material aid so desperately needed by the Darwin refugees who presented in Townsville. I recall a mother and her new-born baby in the emergency centre, who needed real help, including a nursing brassiere. When her plight was made known to the funding management, help was refused on the grounds that all the money had to go to Darwin. Such an anomalous situation: when three-quarters of the affected population, including the vulnerable mothers and children, were no longer in Darwin.

The close fisted attitudes by the power-brokers highlight the need for a strong and assertive voice from a cohesive welfare organisation to have the necessary political clout in human crises. Mercifully, communities have their hidden agendas of compassion. When the financial stringencies of the Darwin overlanders who had made Townsville 'port after stormy seas' was made known to the public through a radio station, a responsive hotelier on Magnetic Island ran a barbecue and raised funds for the hapless evacuees.

Airlifting a Psycho-Geriatric Ward

Another group of at-risk members of the Darwin community who were sheltered in Townsville were some fifty patients from the Geriatric Ward of Darwin Hospital, a ward virtually demolished by Tracey. They were airlifted by a RAAF Hercules, for inpatient care at TGH 'for the duration.' It was a night flight, with the patients expected at the Hospital in the early hours of the morning. As I had been alerted of this mercy flight, I presented early in Outpatients where medical and nursing staff were already on duty.

Casually, I enquired about hot drinks and food for the overnight travellers, and was surprised that such a detail had not been thought of. Yet here were a contingent of elderly chronic patients being rushed on a military plane which had no facilities for serving food to vulnerable people, being transferred under spartan conditions. Someone went about preparing basic refreshments. How keenly those patients lapped up the tea and sandwiches!

With the chaotic ward state, and the haste of the transfer, the pertinent medical and personal histories did not accompany the visitors. When the medical superintendent Dr Bowler, decided they were in need of quick

admission, the patients were hospitalised en bloc. Their need for social assessment was referred to the social worker. Initially this proved a heavy assignment, as few of the patients could identify themselves, few knew, or had, home addresses being long term inpatients, few could give particulars of their families, or their length of stay in the Darwin hospital. Slowly I was able to obtain useful data from their home-base hospital, which threw light on their situation and helped in the ongoing medical and social planning.

My out-of-town clients were a mixed group – Aborigines, some from offshore islands, some from central Australia, European migrants, and mainlanders from the southern states long out of touch with their families. Among them were bedfast frail aged, senile, alcoholically brain-damaged, paraplegic and psychiatric patients. To better understand their individual and social backgrounds, I contacted various resources in the Darwin area and established links with their faraway families. Amazingly, there were responses, and there were possible havens. A couple of veterans were pleased to return to repatriation hospitals in the south; an Aboriginal paraplegic indicated that he would like to return to central Australia if he could have a folding wheel-chair, which he did after a wheel-chair was obtained for him.

One family in Europe also responded to my inquiry about a patient: in fact a brother and his wife came to Townsville to visit him. In Darwin Hospital he had been bedfast and incommunicative, but he became re-mobilised by intensive physiotherapy in TGH. These relatives actually escorted this patient back to his hometown in Europe.

As mentioned in a previous chapter the most bewildered, uneasy and less communicative, their language tribal, was a group of some ten to fifteen Aborigines who had been living in remote and island indigenous settlements before they had been hospitalised. They felt quite out of context in Queensland, in various ways indicating their wish to return to the Northern Territory. At one stage, it was observed that the whole group was agitated, a group reaction when one of their number became critically ill. It transpired that none of them had been out of the Territory before. Their collective anxiety was attributed to their close ties to their native land, and the sudden dread they experienced that they too might succumb in this strange place, and not be returned to their sacred sites and spiritual ancestors.

It was a case of intensifying our contacts with their kinspeople and of restating our intention to arrange for their repatriation when the hospital in Darwin was able to accommodate them. As they had been officially evacuated because of the damage to their hospital accommodation, it was uncertain when they would be allowed to return. There were official reassurances that all bona fide residents of Darwin would be given free

transportation back to Darwin. I vaguely recall one Aborigine who was returned direct to Elcho Island, another to Melville Island.

Over the six months before my resignation from TGH, in which I was case-working our Darwin hospital patients, there was a significant number of patients planned for and discharged. In other words, the number of geriatric patients waiting for repatriation to Darwin was considerably reduced.

In the same year as Cyclone Tracey, 1974, a big 'blow', generated in the Coral Sea, moved up and down the North Queensland coast, keeping the seaboard communities in suspense, before finally weaving its way southward to vent its dislocating energies in massive rains in and around Brisbane. Flood rains inundated low-lying areas in the south-east part of the State. By this time valuable lessons had been learned from the two north Australian cyclones of the imperative to have community preparedness and welfare mechanisms to go into effect in the post-impact phase of a disaster. In the Brisbane area there was a welfare organisation in place which arranged emergency staffing for crisis centres. One of the innovations was the setting up of "one-stop centres", strategically convenient to the affected suburbs, where an array of governmental and philanthropic agencies provided assessment, and sustaining and restoring services to the flood victims. The involvement of social work professionals from the University of Queensland and from key government departments facilitated the co-ordination of the counter-disaster response on the family/community level. The social impacts were researched, and eventually, published.

Town/Gown Dialogue on Disaster

A new set of resources for understanding and researching disasters characteristic of North Australia converged on Townsville in the 1960s, with the staged development of James Cook University. Two of the early disaster resource persons were Professor Hugh Trollope, Head of the Engineering Department, and Professor John Oliver, Head of the Geography Department. Both brought considerable overseas theoretical and practical experience in Natural Disaster.

When I joined the Behavioural Sciences Department of James Cook University in September, 1976, one of my early responsibilities was drafting a practicum for the field education of students in the Social Work Program. I gave emphasis to experiential learning associated with the tropical environmental, sociological, geophysical influences on community living in Queensland, also preparation for both macro- and micro- crisis practice.

As a seasoned practitioner working in the region for twenty-one years, I had a raft of challenging experience at the interface of community disasters.

Soon I found myself in inter-departmental dialogue with Professor John Oliver who, as a social geographer and meteorologist, had expertise in the community impacts of natural disasters. He showed interest in the new social work program and the prospective areas for practical learning in the field work components: I was enthused with the Professor's respect for the potential anticipation of the social sciences in one of his specialised areas – social geography.

In 1977, when Oliver was on overseas academic leave in Boulder, Colorado, he wrote to my office from the Centre of Studies of Natural Disaster, inquiring on behalf of his American colleagues about extant Australian literature on welfare responses, particularly the stress and shock syndrome identified after Cyclones Althea and Tracey. A hurried search for published data in Australia produced a paucity of titles. Ongoing exchanges between the professor in transit and myself considered the feasibility of initiating university/community dialogue in Townsville.

With this challenge and with the approval of senior staff in Behavioural Sciences, plus the endorsement of university administration through the office of the Deputy Vice-Chancellor, Professor Trollope, I felt encouraged to do some tentative planning for a campus-based seminar on the welfare issues in community disaster. First, I sounded out the disaster expertise within the departments of Engineering, Geography, Physics and Behavioural Sciences, meeting with positive responses. There was an equivalent interest expressed in the State Emergency Service, local authorities, Community Health and medical personnel, the media and directors of communication systems, and social welfare practitioners. By the time Oliver had returned from his overseas researches, a framework for the seminar had been outlined, through my office as Field Co-ordinator in the Social Work Program.

When the seminar was staged on campus, December 3, 1977, it was officially opened by the Vice-Chancellor, Professor Ken Back for a sizeable number of community participants. The key address, "The Challenge of Natural Disasters" was delivered by John Oliver. The one-day seminar was a genuine town/gown meeting of minds, with five academic speakers (Administration, Engineering, Geography, Psychology, Social Work) and five community speakers (Local Authority, Radio Communication, State Emergency Service, Social Work Administration and a Social Work Practitioner).

As an exercise in community/campus dialogue, and as a goodwill university demonstration of multi-disciplinary collaboration, the seminar

"Natural Disaster & Community Welfare" was rated a success. It was also a gracious tribute from the august well-established varsity departments to Social Work, James Cook University's newest program, with a staff of two – the Director, Associate Professor Wolfgang Grichting who summarised the days proceedings and myself, the Field Co-ordinator (who coordinated the seminar) thereby proving the latent democracy in systems which are reputedly hierarchical!

The publication of the Seminar papers under the title of "Natural Disaster & Community Welfare", which I edited, was produced in December, 1977. (Innes Reid, J. (Ed) (1977) *Natural Disaster and Community Welfare*, James Cook University: Townsville).

Professor Trollope encouraged me to coordinate two further seminars at Mackay and Cairns, coastal cities north and south of Townsville. Again the plan was to conjointly involve the university speakers with relevant local personnel. The townside papers were delivered by the Mackay Medical Superintendent, an anaesthetist who had been on hospital duty in Darwin during Tracey, a member of the SES, and an alderman/social worker. The Mackay seminar was held in February, 1978.

At the Cairns Seminar, in May 1978, the community speakers were the Cairns Medical Superintendent, the Director of Community Health, a consultant physician, the radio operator of the Royal Flying Doctor Service, and the chief welfare officer of the Cairns SES.

The combined papers from the three seminars were published in 1979, under the title of *Planning for People in Natural Disaster*. They were supplemented with contributions from international researchers commenting on natural disasters in Australia, plus a poignant letter from a family man who had live experiences of three cyclones Ada and Althea in Queensland, and Tracey in Darwin – the combination of which had seriously disrupted and finally split up the family, an outcome which might have been different had there been available pre-planned counselling services for disaster victims. (Innes Reid, J. (Ed) (1979) *Planning for People in Natural Disaster*. James Cook University: Townsville).

A Centre for Disaster Studies

Following up on the favourable climate created by these seminar initiatives, James Cook University established a Centre for Disaster Studies, headed by four departmental chairmen, and with a loose membership of staff who were involved in disaster research. Unfortunately it had no specific campus locus, and its infrequent meetings were held in the Engineering Department. Among the five established functions of the

Centre, was field studies into the post-impact effects of national disasters in the region.

The first formal activity undertaken by the Centre was the dispatch of a five-member inter-disciplinary team of researchers to Cairns to study the post-impact and socio-physical effects of Cyclone Peter. The research team comprised an academic in Civil Engineering leading the exercise, a psychologist, a post-graduate engineering student, a social worker (myself), and a student social worker as part of her field placement experience.

In the first week of January 1979, Cyclone Peter, which had generated in the Gulf of Carpentaria, crossed Cape York, and transformed itself into a rain depression which caused severe flooding in the Cairns area. Within five days, 81 inches of rain had fallen in the Cairns area. This disaster was an interesting test case for the overall counter-disaster plan which had been enunciated by key local experts at the Disaster Seminar held in Cairns on May 12, 1978.

The brief of the Behavioural Science members of the team was to consider the impact of the disaster on the population, and the availability, adequacy and efficiency of the services to the victims. Peter was a cyclone of moderate intensity, spelt out in low-level flooding. The city of Cairns was actually marooned, its normal arterial road exits and spanning bridges under water, preventing the possibilities of transportation to higher level safety for frail aged and nursing home residents. Luckily, re-location of families from flooded areas was available, emergency centres were set up, and there were helicopter modes of provisioning isolated settlements and surprised travellers. There was a welfare co-ordinator for the necessary rescue operations plus the traditional rallying of caring organisations. Our findings on the coping mechanisms of the Cairns community were submitted in reports to the University, (Volker, R., Reser, J., and Innes Reid, J. (1979) *Cyclone Peter – Effect on Cairns Disaster Investigation Report*, Centre for Disaster Studies, James Cook University: Townsville).

Disaster research and studies continued to engage members of the Centre, both within and outside Australia. As the only university in the Australian tropics, with annual summertime prospects of major cyclonic catastrophes across Northern Australia, such a Centre of specialised disaster studies was logical and relevant. With the retirement of Professor Oliver his driving force and broad knowledge of the disaster field was re-directed southward when he re-located to Brisbane. For a time there was a re-vitalisation of disaster research in South-east Queensland; subsequently another initiative was developed in New South Wales by a Behavioural Scientist from James Cook University.

James Cook University early espoused in its academic specialties those fields of studies which were regionally specific and unique for a tropical university – tropical lands, seas, atmospheres, and biological communities. Cyclone research incorporates all four: these merit multiple and interdisciplinary investigation by a close-range environmentally attuned and concerned campus such as James Cook University.

FROM SCHOLARSHIP TO SCHOLARS

*Townsville too long
projected the frontier image
sweat on its back
mud on its boots

symbols of virility
and prowess
such as sports fields
ubiquitous pubs
and a base vernacular
no sentence without a bloody

but slowly
the image has yielded
to mellowing influences
the man of letters
is no longer
a leather-skinned postman

for the corrected images
some attributions to
James Cook University
and for example
Professor Colin Roderick's
brainchild
the Foundation for
Australian Literary Studies*

Eighth Grade Ceilings

Within nine months of leaving Lake Forest in our trusty yellow jeep, in mid-1953, I had experienced sundry sensations of being transported from a cultural, intellectual and socially sophisticated commuter suburb of Chicago to the antipodean metropolis of Melbourne with its well established educational resources, then on to North Queensland where I came up against a time warp of a sociology which had not yet acquired the taken-for-granted modernisms of big city life in Australia, or any other so-called developed country.

Townsville, the largest city in North Australia, had been established in 1864 as a settlement on the shores of Cleveland Bay which, only a century earlier, in 1770, had been identified and named by Captain Cook from the deck of the *Endeavour*.

With a population around 35,000 in 1953, Townsville was a visibly polyglot community moving at what I perceived as a decelerated tempo, part induced by the climatic duo of a hot-wet, approximately 25-35°C and hot-dry season approximately 15-27°C. I learned that Townsville had a bit of a reputation for its mainthoroughfare, Flinders Street, being the hottest in Australia. There was one air-conditioned building, owned by the AMP Insurance Company. Low-rise design characterised the city centre, the tallest building being no more than four stories.

The city had one Municipal Library, cost-free to bona-fide residents. Its siting, on the main street, adjacent to other civic facilities was central and appropriate. Unfortunately, it was located inconveniently, on the second floor of a Council building and was serviced by a small unreliable lift and a set of stairs, neither of which were suitable for frail aged and wheelchair users. I doubt if the book collection was sophisticated enough to warrant a Dewey-Decimal classification. "Suspect" literature, for example Havelock Ellis, was held in a locked glass-fronted cabinet, with the only librarian reluctant to open its door!

Also well-placed, in the main block of the city centre, was a Council-owned Royal Theatre, strategically central to the citizenry, with seating space for an audience of 850. A well-used and popular converging venue, it functioned as the main cultural centre for the Townsville community – for the annual Adult and Juvenile Eisteddfod, for local repertory and visiting theatrical or musical productions, for school speech nights, dance recitals, concerts, town meetings, etc.

Townsville had had a long history in promoting the performing arts – through dramatic societies, dancing schools with state-wide reputations, choral groups, a goodly number of highly competent piano teachers. Railway, municipal and military brass bands had long added their rhythms and sonorousness to ceremonial occasions. Kilted pipe bands were available for civic and ecclesiastical processions, a well-established ecumenical practice. The visual graphic and plastic arts were less in evidence, as yet without group sponsorship.

The cultural expressions in the community life were influenced by the level of schooling and intellectual life available to the citizens. The philosophy of Queensland public education in that era incorporated the notion that, after eight years of primary learning, the individual pupil was sufficiently schooled to move on and take a place in the working world. This early cut-off point marginalised the life prospects and work skills of youth, their employment options, their vocations, their economic security, even their recreational satisfactions.

In the fifties Townsville had one State High School, located in a complex of buildings shared with the Technical Education Department, which offered theoretical and practical training for young people who could attract billets as apprentices in a number of local trades. The buoyancy of trades in the area impacted on the number of young people who were fortunate enough to be signed on by the industrial bosses. For those not taken on, there were few opportunities for development careers in North Queensland.

The small percentage of adolescents who completed their secondary education to Senior could not continue on with their studies in North Queensland, their ongoing education depending on whether their parents could afford to send them south to post-secondary colleges and universities in Brisbane and further south. With no tertiary education resources north of Brisbane those who moved on by moving south were more disposed, after qualifying, to remain there where there were more professional opportunities.

For young people not only in Townsville, but all over North Queensland, the crux of the problem was the school-leaving age pegged at 14, with the majority of pupils only proceeding to eighth grade – a level officially labelled as Scholarship. Quite a presumptuous rating for such a basic attainment!

A large number of family women had also left school at the official school-leaving age: they had little chance of developing income-earning skills, particularly if their children were preschool age, there being limited availability of full-day childcare in the northern towns.

Minor children of basic-wage labourers faced the financial stringencies of minimal income levels, unless they were fortunate enough to complete secondary schooling which would have opened doors to careers in banks, offices, nursing, salesmanship, certain apprenticeships.

Many low-income parents were pleased to have their teenagers find work, support themselves and perhaps contribute to the family needs. These 'sign-off scholars' were deprived of the four extra high school grades which would have bridged the chasm between a 'base-pay packet' and upward occupational and social mobility.

Nor were exigencies such as physical handicap among school-age children addressed in state education planning. Schools were built to a standardised design, often two-storey, with high staircases as physical barriers for students in wheel-chairs at either primary or secondary level. The first breakthrough for these disadvantaged groups in North Queensland were the community – engendered plans, initiated by interested organisations such as the North Queensland Society for Crippled Children and the

Endeavour Foundation, which established specialised residential centres for physically and intellectually disabled children.

In the mid-twentieth century, the North Queensland population was clearly in a no-win position for full educational options for its members.

Elementary Considerations

In the hospital, I found a contingent group of paediatric patients deprived of their primary schooling who, dropping out of their normal classwork, were falling behind in their studies. For long-term hospitalised children under treatment for nephritis, arthritis, major surgery, time hung heavily on their days, punctuated only by medical rounds and by family visits, if the parents happened to be residents in the area.

I remember discussing my concern about this lack of mental stimulation with Dr Vic Henry, the Consultant Paediatrician, who endorsed a plan to submit recommendations to the Hospital Board. The upshot was that the Board took up the proposal with the Education Department who responded favourably. The Hospitals Board allocated a room in the Private Wards, with the Education Department supplying the furnishings and a part-time teacher, Mrs Rita Jell. After the poliomyelitis epidemic when a large number of affected children from various parts of North Queensland had been admitted to an isolation ward of the Hospital, Mrs Jell had been employed by the Education Department as their teacher. When the Cootharinga Centre was built by the North Queensland Society for Crippled Children, she had transferred there to continue the schooling of the post-polio patients relocated from the hospital.

This first hospital school for general paediatric patients established the principle of continuing classwork for primary pupils under extended treatment. The schoolroom being sited on the fifth floor of the main hospital building, the children seemed to enjoy the break away from the ward, and the activities of the classroom. Not that it was easy for the teacher: there seemed to be a continuum of distractions and pupil absences, attributable to unannounced medical rounds, and ward-based treatment procedures precluding pupil attendance. But it did provide a pilot project demonstrating the benefits of continuing schooling for minor patients with major medical conditions.

This addition to patient resources established the principle of on-site learning so that, when the new Paediatric Ward was built, there was an official school plan, incorporating ample teaching space, well equipped by the Department of Education with the latest technologies, library, and with a full-time teacher, Mrs Joy Burnett, who remained on the job until her retirement.

Tertiary Transformers

With no tertiary education north of Brisbane, professionals in North Queensland were necessarily drawn either from the southern capitals or overseas. Many who came into the tropics left after a brief sojourn: they had difficulties acclimatising, working without a solid support base of colleagues, or were attracted to better prospects elsewhere. Some left convinced of the validity of a popular theory postulating the incapacity of white people to perform sustained work under tropical conditions.

As I had been on the receiving end for field-educating undergraduate social workers who were prepared to venture north of the Tropic of Capricorn for practical experience, I longed for a closer source of supply of social work professionals to fill the increases in staff establishment at the hospital, and to fill vacancies opening in a number of agencies across North Queensland. As I nostalgically recalled the pervading intellectual influences in the many university cities in which I had lived, tertiary education for the North Australian region appeared to be an unrealisable pipe dream.

On one of my fortnightly flights to Cairns, I happened to notice that the seat immediately to the rear of mine was occupied by the Queensland Minister for Education, the Hon J C Pizzey. I also noted that the adjoining seat was vacant – a classic opportunity for a northern petitioner to move in alongside a captive audience! Instinctively I did so. Mr Pizzey took this mid-air encounter chivalrously, listening to my earnest verbal submission about the desperate need for a university in North Queensland. I liked the way the Education Minister listened and responded. At that time I felt I was a lone voice crying in the wilderness.

That was, until I discovered there were others also thinking along these lines, already having informal discussions over dinners and engaging in some dialogue with education and university leaders in Brisbane. Then there was a meeting called for interested persons, the result of which was a decision to form a Townsville and District University Society, with a large number of us becoming foundation members. Some prominent and clearly persuasive people were selected to negotiate with strategically placed personnel in the capital. From these stirrings and movements came a plan to locate a University College in Townsville, under the auspices of the University of Queensland.

Then things really began to happen. Plans were drawn up for a complex in the suburb of Pimlico, on Education Department land. An Educational academic, Dr Frank Olsen was appointed Warden. Construction began, and lecturers were engaged in Botany, Chemistry, Engineering, English, French, Geology, History, Physics and Zoology.

The tertiary vacuum in North Queensland began to be peopled. By 1961 Townsville University College had become a reality, with long-range plans for a full-size university in train. This concept for a permanent campus was capitalised on when the Townsville City Council took the initiative in 1962 by offering the Queensland Government, as an earmarked gift, some 400 acres of land situated on the foothills of Mount Stuart. It was a master stroke, ensuring that the planned northern university would be in Townsville.

By 1967 the new university had become operational in the new suburb of Douglas. In 1970, a Bill, establishing James Cook University of North Queensland was signed on site and in person by Queen Elizabeth II. The event marked the permanising of tertiary education in Queensland's tropics.

With the Pimlico College faculties transferred to the Douglas campus, there was a steady consolidation of specialised environmental fields of study, for example, Marine Biology and the Graduate School of Tropical Veterinary Studies.

The hidden skills agendas which the university staff brought to the tropics were their diverse community interests which early began to influence cultural life in North Queensland. The scientist leading the graduate veterinary studies, Professor Rod Campbell, spearheaded the first youth orchestra and initiated an effective lobby for musical instruction in local primary and secondary schools in the region. It was a Zoologist Professor Ron Kenny, whose artistic interests led to a formally constituted Townsville Art Society.

Another unforeseen bonus to North Queensland came with the families, specifically the wives of the incoming, predominantly male, academics. The university wives, like their husbands, were a cosmopolitan group, well educated, well travelled, soon putting to work in the community their skills as craft workers, linguists, museum curators, authors, experienced welfare personnel. Combining their energies as a town-gown support organisation, staff and distaff also formed a community support unit, and were associated with the SES during Cyclone Althea in 1971. In calculating the value of a large field of scholars and scientists, to a city such as Townsville the extra-numerary resource persons within their family units need to be acknowledged in the litany of benefits provided by a university.

The presence of tertiary learning for North Queensland brought sociological challenges to the sleepy hollow features attributed to the tropics. An early strategy was its rallying call to the youth of the north to 'sign-on and study'. Intensive marketing was needed to induce the secondary school drop-outs to seek a more subtle goal than 'the pay

package': the counter proposition was the ultimate benefits accruing to the decision to become temporarily impoverished tertiary scholars. Initially the least persuaded beneficiaries were the secondary students in the 'bush' who had no idea of university possibilities and its relevance to their own life satisfactions if they were prepared to accept its intellectual challenges.

Another untapped market for University students in North Queensland who seemed to need no propagandising, were the adults, in their twenties to their eighties. These were a response group which included suburban homemakers, business and military retirees who had been educationally deprived because of factors of distance, cost, family responsibilities and work commitments. The university also learned a few lessons from the early candidates seeking entry. One mature 'housewife' without secondary schooling who was disallowed a couple of times, when finally admitted topped the list of successful scholars, and went on to become an academic, a researcher and an author. Who is wise enough to discern the potential, the high motivation and the will to succeed among hopeful 'marginal' applicants? Remember the lacklustre university years of Einstein and Hawkings!

Understandably, for a number of years, student response to the new centre of higher learning was slow. A university campus was a strange phenomenon to the youth of the region. For years there had been no inducements for them to even complete secondary schooling. Much promotional work was instituted from James Cook campus, particularly targeted at secondary school students.

During these formative years I looked wistfully at Douglas campus to espouse my particular profession: social work. Staffing continued to be problematic for government departments, agencies and philanthropies employing social workers across tropical Australia. My own workplace, Townsville Hospital, employed the largest staff of social workers in North Queensland (by the late sixties there was a staff establishment for six social workers, and always staff vacancies). In 1968 and again in 1970 a colleague, David Hall, in the Department of Social Security, and I took our recruiting anxieties to Dr Ken Back, the University Vice-Chancellor, from whom we received a good hearing, but no immediate prospects of a local solution. After Hall transferred south, I resolved to restate the case for Social Work studies, indicating the unarguable vacancies, plus excellent prospects for graduates in social work in north Australia, James Cook University being the only university in the tropics. In my submission, lodged in February 1973, I wrote "... In the broad spectrum of intellectual disciplines, the social sciences, seeking to understand and enhance community life, appear to have some logical academic priority – that is, if the University has a deep concern for its own social environment, and for the forces which

actually determine its own integrity and effectiveness ... The largely unstructured community life in North Queensland posits the need for the same tertiary emphasis, research, and application of skills as do the physical sciences... Tropical man, and tropical community merit equivalent intellectual concentration as do tropical plants, pests and livestock ..."

In my paper, I argued the specific case for social work education, its feasibility, citing the national shortages, the regional needs, the expressed student and local community interest in the course. To my submission a substantial list was appended of the current establishments employing social workers, and the large field of untapped opportunities for prospective employment. It went to University Council where, according to the Warden, it was favourably received. The position of Director for a Social Work Program was duly advertised, culminating in the appointment in 1975 of Associate Professor Wolfgang Grichting from the University of Michigan, USA.

I hadn't reckoned with the outcome of my sustained activism which was to involve me in further action. In June 1975, after twenty-one years of hospital work I submitted my resignation in order to concentrate on the onerous but unpaid duties as Deputy/Acting Mayor of Townsville City Council.

It proved a memorable, crowded, challenging, and stimulating period, which wound up in March 1976 with the Council elections in which I ran as an Independent Mayoral candidate – and lost!

Now finding myself fully disengaged from politicking at the interface of community life, I temporised about my future. In the interim I accepted the Presidency of the Townsville Art Society, allowing me to promote the development in the city of a Regional Art Gallery. However, I did not have long to ponder my ongoing career. James Cook University posted advertisements for ancillary staff in the new Social Work Program, and drew my attention to the fact. With a professional background of a decade or so in community development work in the USA, and with two decades of social work practice around North Queensland, I felt I could make a contribution to the new social work program at James Cook campus. During my years of medical social work, I had been a field educator for some fifty undergraduate students from Queensland, interstate and overseas universities.

In September 1976 I was appointed to the Social Work Program, where I became Field Coordinator of the practicum – the practical learning placements completed by undergraduate students during their four years of university course work. As I drafted the practical component of the course, I had strong convictions of the great unserved spaces and settlements of



(Above) The first Social Workers to graduate from James Cook University: Kerrie James, Patricia Hays, Paula Masselos, with Professor W. Grichting, Assoc. Professor J. Campbell, Professor G. Kearney and Field Work Co-ordinator Joan.



(Left) Joan with Shirley Gilliver (background) at a formal dinner on campus.

Far North and Far West Queensland and of our regional obligations to prepare our professionals to fill the wide gaps in human service work. My own experiences in outreach social work to clients in Far North Queensland, through the Cairns Base Hospital, my air visit with the Flying Doctor into Cape York and communities around the Gulf of Carpentaria, with flights into the far west to introduce new services in the Mount Isa region, had kept me aware of the great scarcity of community services in outback Queensland. Now that there was a regional and tropical university in place, there was an academic incumbency to prepare social scientists to redress the geographical imbalance between urban and remote/rural helping networks.

Remote and rural areas of northern Australia had a host of small towns and pocket communities historically short of resources in health, education, employment, communications, libraries, all-weather transport, and the range of community and welfare services generally available in the coastal belt. There was a palpable need for caring professions to concern themselves with assuring access to facilities for rural communities. From the commencement of field placements for social work students attending James Cook University, there was a focus on experiential practice in both urban and rural settings from Atherton Tablelands beyond Cairns in Far North Queensland, encompassing Mount Isa in western Queensland, on to Darwin in the Northern Territory, and southwards into the coastal centres of Central Queensland and in Brisbane. Interstate practicals were arranged in and around Newcastle in New South Wales, an area which for some reason was not being used for practicum training by other universities.

By 1983 there were such numbers of social workers practising in the region sufficiently motivated to form a North Queensland Branch of the Australian Association of Social Workers. Emboldened by the establishment of a social work degree course at James Cook University in 1976, the Branch successfully negotiated with the national executive of the Association to hold its Twenty-first Biennial Conference in North Queensland. Between July 2-7, 1989, the North Queensland Branch hosted this Conference in Townsville on the campus of James Cook University: it was the first AASW conference to be staged in the Australian tropics. Responsibility for its organisation was undertaken by a small committee of local members, who within six years of becoming an official Branch of the AASW, demonstrated their firm commitment, planning skills, courage and vigour in successfully staging this northern occasion for professional deliberations. Over 400 interstate delegates attended to vindicate the executive decision to go tropical – a clear affirmation of their confidence in the calibre of their North Queensland members, along with their own professional vision and their Australian perspective as a national association.

In 1969, Townsville was to gain a parallel tertiary facility – the Teachers Training College, sited also on the foothills of Mount Stuart, adjacent to James Cook University. A few years after its establishment, when a ceiling had been placed on student admissions to the early childhood and primary education curriculum, because of a predicted oversupply of teaching graduands, the College Council resolved to diversify its instructional programs – a logical development in collegiate education. In order to officially incorporate other study options and signify its expanded courses, the institution changed its name to the Townsville College of Advanced Education. One of the new career paths was Business Studies, another was Performing Arts.

In 1973, when I was invited to become a member of the College Council, I recall an early agenda item was an advice from the Whitlam Government drawing the attention of collegiate institutions to gross shortages of welfare personnel across Australia, along with inducements for colleges to institute a Community Welfare course. I confess to being one of the most enthusiastic councillors advocating this initiative. The idea was ratified and a staff academic delegated to research existing courses in the south. When implemented, this new course filled a perceived gap in the skills training of personnel for the field of welfare.

The new Community Welfare course was well-planned, broad-based, generalist, combining theoretical campus study, with practical field work experiences. For full-time students, the course was designed to be completed within two years, leading to an Associate Diploma. It was anticipated that the course would also attract work experienced, but professionally unqualified persons employed in community agencies and government departments, wanting to broaden their theoretical knowledge base.

The original concept of the ADCW was to provide an infrastructural network complementing the roles of the social work profession. The course work had a number of parallels with the Social Work Program at James Cook University, but trimmed down to half its size and length, offering an array of ancillary welfare skills. There was an enthusiastic enrolment, with a preponderance of mature people – predominantly women – already working in community agencies, keen to upgrade their present levels of competency.

The voice of regional community workers soon made itself heard for extensions of the course work to centres such as Mackay and Cairns, to which the TCAE responded by developing off-campus study centres, the appointment of local co-ordinators, and regular visits by the mainstream staff from Townsville. These outreach programs proved a pragmatic solution to the well-documented needs for decentralised community-based welfare education in strategic regions of North Queensland.

Among the many significant community developments which have happened in North Queensland, during the latter half of the twentieth century, I consider that the greatest transformation has occurred in its range of educational resources.

The first growth area has been in primary schooling, proceeding from the resolve of northern citizen groups to ensure: that every northern child should have access to basic schooling at close range; that rural and isolated children would be guaranteed educational services through correspondence courses, school of the air and town hostels; and that no disabled or sensorily handicapped child would need to be transferred to specialised institutions in southeast Queensland.

It was northern citizen committees which initiated the first community consciousness-raising about the educational needs of physically and intellectually disadvantaged children by establishing specialised centres, first in Townsville, which incorporated schooling as well as other recommended habilitation therapies. It was parents in the rural sector who made the first moves to enable their young people to have access to secondary schooling in the area, through establishing town-based hostels. Subsequently the government undertook to expand educational facilities for country children by building consolidated high schools in strategic towns, at the same time providing comprehensive daily bus travel for rural youth who lived at home.

All these evolving improvements laid the groundwork for the greatest educational triumph in the region – the tertiary studies ‘on site’ in North Queensland, giving a new meaning, stimulation, continuum and horizon for the preparatory schooling already in place.

From a core of resolute citizens, who had been well educated elsewhere, came the first moves to secure North Queensland its own university, initially functioning as a University College, and securing its own autonomy in 1970 as James Cook University of North Queensland.

These progressive movements over a couple of decades have already had a salutary influence on the character and quality of community life in these latitudes. For urban secondary students, the proximity of a university has offered ongoing challenges and new worlds of knowledge to explore; for rural youth, their orientation to a higher learning has been whetted by university-programmed experiential live-in explorations of campus options. Tertiary students in North Queensland now have a broad spectrum of professional careers after graduation, with further enticements to develop augmented skills through postgraduate and research competence.

Mature age enrollees from North Queensland community have been vying successfully with ‘freshers’ for the university distinction awards, giving

weight to the impression that the adult population is experiencing a learning ‘high’. The significance of this is that a formerly deprived population which had latent intellectual skills but minimal prospects for their maturation, has experienced a shift from potential to an actual transformation.

The spirit of enquiry which informs the idea of a university retains the hallowed pure research of traditional academia, but it is complemented with a second strand of applied research directed towards contingent problem-solving which benefits the surrounding community. A relevant example has been the application of engineering research to design sea-water enclosures, assisting coastal local authorities to protect swimmers from the deadly stinging jelly-fish (*chironex fleckeri*).

The town/gown dyad is alive and well. The cultural life of North Queensland has been invigorated by the introduction of university courses in visual and performing arts, which open new dynamics and dimensions to community expression in gallery and theatre media. Musical life no longer depends on an annual overnight visit to Townsville of a Queensland Symphony Orchestra. In fact, the city has gained through an initiative at James Cook University, an international reputation for an annual national festival of chamber music to which the townspeople have excitingly responded.

A modern languages division, targeted towards community benefit, is advancing inter-ethnic communication and understanding in the region and beyond. The Material Culture Unit has set in train a network of local museums in the upper half of the State.

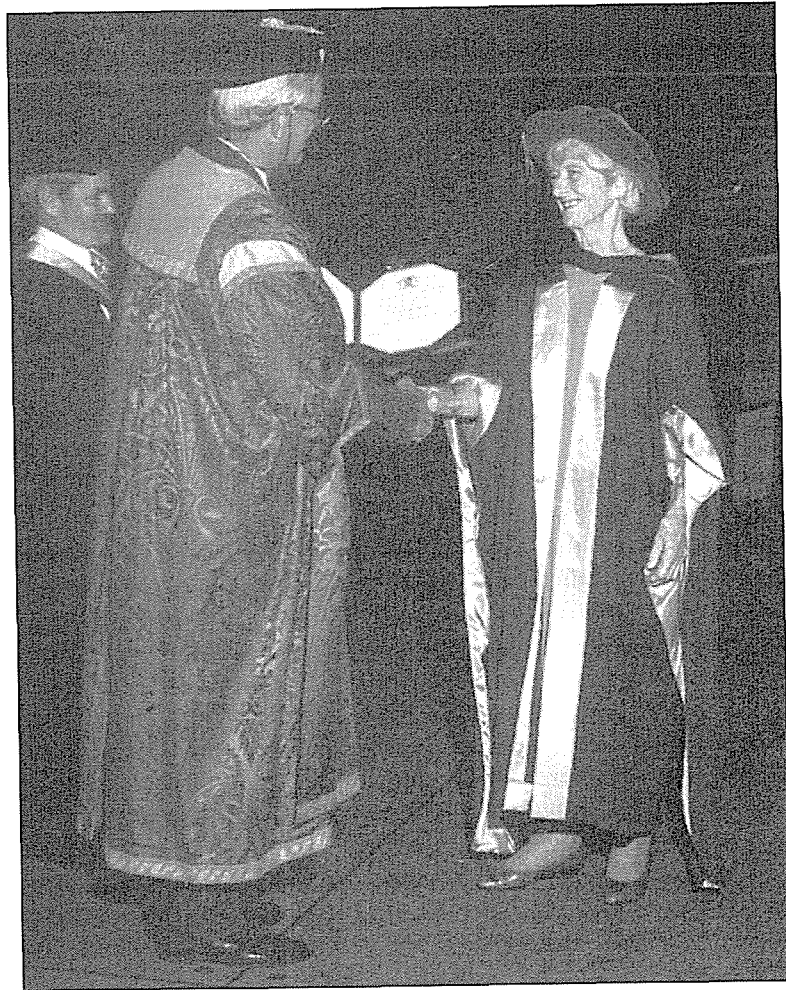
With the siting of the James Cook University in Townsville, regional communities were quick to express their determination to establish their own tertiary centres. Cairns has acquired a satellite campus with extension courses being offered in Mackay and more remote students have access to correspondence courses in certain disciplines. These are sample indicators of what university has meant to North Queensland.

In North Queensland, tertiary education has proved an exceptional community transformer, possibly our northern population’s best processor, with a capacity for converting apathy into enlightenment and, hopefully, human ignorance into wisdom.

A university’s main claim to fame rests on its foundational postulate: that, as defined by Aristotle, man, i.e. the human being is a rational animal. That is, an animal uniquely capable of thinking, of remembering, of designing and creating, of imagining and dreaming, of formulating and refining sophisticated ways of communication through speech, signal, symbols, image and sound. In all these essentially human skills, the X

factor is the power of the human brain to perceive, to reason, to reflect on and learn from the past, and to apply intelligence to probing the unknown, the undiscovered – an infinite challenge.

If rationality is the distinguishing feature which differentiates the human species from the rest of the animal kingdom, humans need to be aware of, and to exercise their uniqueness. The community's specific province for engaging and expanding the human intellect is its universities which aim to inculcate rational thinking, and its logical sequitur – rational behaviour.



Chancellor John Williams, James Cook University, conferred an Honorary Doctorate of Letters on Joan in 1995. Joan was the first woman selected by the University Council to receive an Honorary Degree.

INJECTING SOCIAL SOLUTIONS INTO LOCAL BODIES

Ten Civic Fathers – and one Mother

A new direction presented in 1967. In the hospital environment where the unexpected was the normal feature of each day, I was not at all surprised when the Medical Superintendent came to my office. But I was certainly surprised at the reason for his visit. He came as spokesman for a group of local men who had decided the city needed a change of its Council-elected representatives who had been in office, unopposed, for 18 years.

This new group calling themselves the Association for Civic Development were at the point of selecting candidates to contest the next local government election. The Association was a non-party-political group, and my “boss” was the President. He invited me to join and contest the election in March of that year. Having no political ambitions, and having never been a member of any political party, I was blissfully unaware of this move to unseat an entrenched Council. I confess I showed diffidence to the idea, and could not see how I could take on any further community commitments than I already had. At that stage, I was not able to visualise how it might help my hopes for an improved community. I must have said “Why me?” to which I recall something to the effect that because of my community interests, I had been nominated for incorporation in “the team”.

It did give me immediate satisfaction to hear that a woman was to be included as a candidate. Putting off the decision in the hope that I wouldn't have to make it, I asked for time to think. When the President of the ACD returned, I was still demurring, particularly as I was, in that year, after thirteen years of employment at the Hospital, entitled to some three months of long service leave, which was about due at the time of the elections. The rejoinder to my particular argument was that the Association had realistic expectations about the outcome, and thought they would be lucky if only a few of their candidates were to be voted into office. Enquiring about the policy of the ACD team, I was impressed by its broad platform, particularly noting plans to improve services to the aged, to child care and, incredibly, the employment of a municipal social worker! Until this imminent election, I doubt if a social worker had ever been listed as an objective in local government in Queensland. This ‘plank’ of the platform certainly touched



Townsville City Council in Session, 1975. Ald. Mike Reynolds seated opposite Joan, the Council's first woman Alderman.

a responsive chord in my a-political attitudes. The initiative for this would certainly have come from the President, Dr Norman Scott-Young, who, as Medical Superintendent of Townsville General Hospital, was aware of the appointments of social workers to local authorities in New South Wales.

While remaining irresolute, I discovered that my name had been put on the list of prospective candidates. With assurances from Scott-Young that the Association was hoping to reduce the monopoly of the current Council, I became reconciled to doing some minimal politicking on TV and radio, press interviews and participating in public forums concentrating in the area where I considered myself more competent to make comment: community welfare. The election came all too soon – the ACD was elected to a man – and one woman! In its hundred years of existence, Townsville had never voted a women into local government. From its civic beginnings in 1867 to 1967, TCC had been a male preserve. Interestingly, there had been four women elected to other local authorities in North Queensland before 1970 – Atherton, Mount Isa, Hinchinbrook and Mareeba. Altogether in Queensland, there had already been 22 women serving on local councils, including a Deputy-Mayor in Toowoomba.

For some years prior to the election of the first woman onto the Townsville City Council, there were a number of pace-setting local women who had formed two branch organisations of the Women's Electoral Lobby, and the Australian Local Government Women's Association in the city.

Among these vocal protagonists for women's rightful place in politics was Mrs Susie Dickson, a natural leader, dynamic, eloquent, persuasive, who became the Founder President of the ALGWA in 1960. Logically, she would have been a more appropriate candidate for this historical election which voted in a woman in 1967. Yet it was I who was offered this political challenge.

Through thirteen years of social working in Townsville and Cairns Hospitals, under Queensland's free public hospital system, I had experienced the highly centralised and bureaucratic nature of Queensland Government politics, which exercised tight controls over major and trivial decisions affecting the northern half of the State. In my office, I had met continual frustrations about centralised metropolitan decision-making. It had not occurred to me that the key area where changes were needed was the political sphere. It was the Association for Civic Development which had made the first breakthrough towards redressing the imbalance of all men and no women as local government representatives for the citizens of Townsville.

Thus began my adventitious entry into the local government in Townsville. My political awareness was basic, essentially that of the average voter.

Around 1950, when I was an art teacher in Illinois, I recall a brief vicarious encounter with politics when the League of Women Voters in Illinois asked me to design a logo for their convention. Through this honorary assignment, I was able to discern the vigour of the US women's movement seeking political equity.

In the election year of 1967, the Townsville Branch of the Australian Local Government Women's Association organised a convention in the city, which was held at the Teachers College. Among the guest speakers were two women aldermen from New South Wales: one, Joan Pilone, on the Sydney City Council showed me coloured photographs of the *City Fathers and Mothers*, both the Mayor and Aldermen in their full regalia. The dignity of the distinguishing civic robes impressed me sufficiently to subsequently move in TCC for a mayoral robe and chain of office for the Mayor of the City. A generous citizen presented the new regalia to the Council, which has since been proudly worn by successive mayors on ceremonial occasions.

Following the ACD victory, the elevation of mood and enthusiasm for the new breed in Town Hall suggested that a change in the local government representation had been timely. In a democracy, it is inappropriate for politicians at any level of government to remain in office for, as long as eighteen years, this civic longevity presupposes there is a dearth of citizens capable of effective leadership.

In its eighteen years of office, the displaced Townsville Citizens Association had achieved many major developments for the city, including CSIRO (Council for Scientific and Industrial Research Centre), Lavarack Military Base, James Cook University of North Queensland, Townsville Teachers College. All of these establishments had come about as a result of the TCC acquiring large tracts of land, and offering portions to the appropriate Commonwealth and Queensland planning authorities, thereby ensuring facilities which have given strategic importance to Townsville in North Australia. The TCA Council had constructed the city's first water-supply from the Paluma Range; they had also prepared plans for a major flood mitigation and water storage dam on Ross River (which our ACD Council later built.)

The new Mayor of the ACD Council, Harold Phillips was a retired businessman. Of the ten aldermen, there were seven professionals: a surgeon, a chemistry professor, an architect, an engineer, an accountant, a dentist, and a social worker, and there were three businessmen.

The Committees of Council onto which I had been allocated were: Health and Building, Parks and Reserves, Town Common Advisory, and Child Day Care Centre. With due ceremony my colleagues and I were sworn into office at Town Hall. A few days later, I deserved to be 'sworn at' when I took civic

leave for three months for my authorised pre-planned long-service leave from my hospital position.

An ingénue in my new role as a *civic mother*, I turned over my social work responsibilities at the hospital to a locum who had been engaged by Townsville Hospitals Board, and commenced an air itinerary which was to take me through USA and Canada, Britain and the Continent, and home through the Middle East and India.

My overseas leave was typical of many professionals who use their earned respite to make themselves more *au fait* with relevant services and systems relating to their work roles and interests. In those three months of special leave, I visited some 24 medical social service centres in USA, Canada, Britain, Europe – rehabilitation units, public and special hospitals and clinics, residential and educational centres for persons with disabilities, caring centres for the aged.

My prospective civic functions propelled me towards US local government, (in California I had discussions with a City Manager who had displaced the Council concept). In Toronto, I inspected the impressive City Council complex, in New York the United Nations Organisation, in Geneva, the World Health Organization, the British Houses of Parliament, the City Hall of Copenhagen. The many vistas and insights experienced on this global journey – whether of provisions for special categories of human service, of governing establishments, of cultural landmarks – art galleries, museums, musical venues, heritage buildings and monuments, parks and plazas, historic streetscapes – all provided new visions for my several roles as social worker, city councillor, and citizen.

Catapulted into political office, as a rank novice, I found I had much to learn about local government procedures, municipal rules and regulations contained within the Local Government Act (the working 'Bible' of the Town Clerk). Being blithely unaware that the general public could attend Council meetings, I had never seen a Council in action. In the feverish period preceding the election, there was no time and, in my case, little point in preparing myself for this extra uncertain community role.

Wielding a new Broom for Citizen Welfare

Being absent on long service hospital leave for the first three months of the first triennium in office, I felt relieved that I had not, at the outset been given any Council Committee chairmanships. In September, 1967, when I took my seat at the magnificent cedar Council table, a historic piece, dating from 1906 – designed by a local architect and constructed by a skilled craftsman, I found myself catching up on the diverse municipal business transacted during my absence.

My first impression was the lively atmosphere of Council sessions, which began and remained throughout its civic life an open forum for the aldermen who being non-party political were not bound by caucus pre-decisions. Rank individualism characterised the stand taken by each member of the team, with all decisions resolved by majority vote. This opportunity for open slather on controversial issues seemed to please the media who always attended the evening Council sessions. Often the media published our lively debates verbatim.

As a *bona fide* member of the Co-ordinating, Health and Building, Parks and Reserves, Town Common Advisory, and Child Care Committees, I considered these as compatible grass-roots working areas of Council. With Dr Scott-Young, the Hospital Medical Superintendent, as Chairman of the Health and Building Committee, I realised I had a strong colleague in that arena. Quite early in my political life I had no trouble putting through a minute to purchase a wheel-chair for the use of disabled persons coming into the city. In a well-run Council-operated Women's Rest Room, adjacent to Town Hall, on the main street, the wheel-chair took its place as a symbol of a new caring council policy towards people with handicaps.

During my travels abroad, I had seen and learned much, felt refreshed, quietly determined to reconcile my existing hospital commitments with my civic role. The unremitting long hours of full-time hospital work, combined with regular unpaid overtime on behalf of clients and the families had now to accommodate to Council and Committee sessions, inspections, interviews with citizens, official occasions, such as visits of dignitaries. Fortunately Council meetings were in the evening. Committee work was either early morning or later afternoon as all the aldermen, with the exception of the Mayor – a retired businessman, and his Deputy-Mayor, had their regular occupations to attend to by day.

Much of the serious discussion and planning in Council is done in its Committees: here priorities are decided, with the Committee minutes tabled and presented by the Committee Chairman, to full Council meetings for review, query, debate and resolution. On each Committee are several aldermen, the Mayor is ex-officio member of all Committees and the relevant departmental heads, for example the Chief Engineer on Works, the Architect and Health Surveyor on Health and Building.

Child Care Centres

The incoming Council had its policy to implement, including unprecedented plans in the welfare area. One such ACD 'plank' was for the development of day care facilities for preschool children. This proved a sound basis for early reviewing and rationalising of this family-oriented

sphere. One such facility in which the Council was already directly involved was a Child Day Care Centre which was housed on the third floor of the City Building, next to Town Hall. This centre had been established during World War II for the minding of children of working mothers. Supervised by a trained nurse and with the help of volunteers, the children were contained for hours, some for the entire working day, in a confined third floor space.

A colleague alderman Eric Grey, who was also a City Council member of the Day Care Management Committee, proved a strong supporter for relocation of the centre: he referred to the upper storey quarters, gardenless, physically difficult of access – two long sets of stairs, alternatively an unreliable lift, as *the Bastille*; a description which the local press enjoyed. The upshot of our combined lobbying was that relevant Council staff were assigned to locate alternative space for the day centre.

This was found two blocks away, in an unused ex-industrial warehouse, which had been acquired by the Council as part of a civic square development. Once the day care centre was in place in the spacious building, at ground level and with outdoor play space for the children, I successfully moved for the establishment of an accredited kindergarten in the centre and the employment of a qualified kindergarten teacher in-charge of its activities. This kindergarten, *Koolkuna*, incorporated programmed learning for older preschool children, as required for accreditation by the Queensland Crèche and Kindergarten Association.

Logical progression into the existing Council responsibilities for child care involved suburban childminding facilities, both those operated by community committees and those privately-conducted. Council approved my recommendation to engage an expert in Early Childhood Education as a Consultant. This was Peggy Banff, who was the Queensland Director of the Crèche and Kindergarten Association in Brisbane. She undertook to survey Townsville's suburban day care facilities, to assess their programs and make recommendations to Council, in the form of comprehensive reports. Within her brief, she extended her skills to conducting teaching seminars to the directors and staff, offering guidance in the selection of appropriate play equipment, books, management procedures, general programming. Departmental heads closely involved in this project were the Town Planner and the Chief Health Surveyor, who took the initiative in framing a Code of Standards and Practices for Townsville Day Care Centres, which, when formally adopted by Council, became a model in standard-setting for preschool day centres in Queensland.

The next step in the preschool arena was to upgrade the skills of the employed personnel, most of whom were trained on the job, without formal instruction. A local colleague in preschool education, Anne Matthews, and

I interviewed the then Principal of Technical and Further Education, John Ramsey, regarding the possibilities of a training course for day-centre employees. The Principal was prepared to mount such a course provided there were sufficient numbers. There was a good response, and a Child Care course was introduced the following year which, since then, has continued to provide certificate level training. Later the course intake was opened up to aspiring as well as to existing staff.

Later (during the Whitlam Government in Canberra, 1972-75) Commonwealth funding had been allocated to establish more child care centres in Australia. On one of his official visits to the national capital, the second ACD Mayor, Max Hooper, was alerted to this, and on his return asked me to set out a case for such a facility in Townsville. I prepared the proposal which was forwarded in an official submission to the Office of Child Care in Canberra. The application was approved, and a grant of \$250,000 was made to the City Council.

A Child Care Advisory Committee was formed of Council personnel and townspeople: I was appointed Chairman. The first task was to select a suitable site and negotiate for acquisition of the land. Government specification was that preferential admission be given to children of migrant families, children with handicaps, sole-supporting parents, plus preschool children of Social Security beneficiaries. By the time the ACD Council went out of office in 1976, the ground work had been done for a multi-functional complex – to include a day care facility, a headquarters for a Family Day Care Service, a playground for local children with a proposed building to accommodate a vacation program for school children. The incoming Council in 1976 completed the first phase of the project – ‘Galbiri’ Day Centre.

Some Success with Access

Another innovation I spearheaded on Council was in the area of access, plus facilities, for persons with physical handicaps. A background of over a dozen years in hospital social work, and an equivalent number of years of experience as a member of the Board of Directors of the North Queensland Society for Crippled Children had given me insights into the mobility problems of persons with disabilities. I was all too aware of the hostile array of architectural and engineering barriers for individuals in wheel-chairs, those who wore callipers, and those using walking frames. Typical homes in the tropics are built in the high-block mode, to keep families high and dry from the seasonal flooding produced by the monsoons and cyclones in the summer months. Certain public buildings were also built on high blocks, for example primary and secondary schools, effectively debarring students in wheel-chairs. Solid brick and cement public buildings tended to

be raised above ground level, accessible by sets of steps, but barriers to wheel-chairs. Where installed, regular lifts tended to be useless for wheel-chairs, corridors generally too narrow, and door entrances, particularly to bathroom and toilet amenities, unsuitable for wheel-chair users. On the streets, the built-up kerbs were difficult to negotiate in wheel-chairs.

In my capacity as honorary secretary for the NQ Society for Crippled Children, I was able to secure a copy of the manual authorised by the Australian Council for Rehabilitation of the Disabled, which set out the recommended dimensions and designs for exterior and interior modifications of structures to ensure effective access and use by handicapped persons. The Manual set out the correct angle of ramps, the required width of doors and corridors for wheelchair passage, the levels of functional furniture, the positioning of doorknobs, etc. Access designing for wheelchair mobility was authorised by Council and referred to the City Engineer: kerbs were cut away strategically at corners and at pedestrian crossings, gradients replaced steps, a parking bay was allocated on the main street for vehicles bringing wheelchair users into the city centre.

Armed with the Manual, the City Architect designed a new set of public toilets for public parks and reserves: these were strictly ground level with wide entrances, spacious cubicles for wheel-chairs, with modifications of wash-basins and toilet heights, and with supporting handrails. When the Architect scanned specifications for projected new public and commercial buildings, he was able to specify Council requirements for compliance with the Manual of Standards for access of physically disabled persons. When the new branch library was built in Aitkenvale, I had the satisfaction, as Chairman of the Library Sub-Committee, of ensuring that a long access ramp to the upper floor was built for wheelchair users and for mothers propelling strollers.

In a joint approach by a sponsoring Lions Club and myself, the Department of Civil Aviation agreed to re-structure the portion of the Air Terminal building to provide an Invalids’ Rest Centre. One room was given over to nursing procedures – well-equipped with amenities and including trolleys for transporting stretcher patients to and from planes. The Resting Room for Invalids was so attractively furnished that it was used as an occasional VIP reception room, where distinguished visitors to the city were interviewed by the media, and served refreshments. In my third term in Council when, as Deputy Mayor, I often stood in for the Mayor, I recall the occasion when I welcomed the Queensland Governor, Sir Colin Hannah, and escorted him, accompanied by airline officials and the media-men, into the Invalids/VIP Lounge. As I sat there while the media interviewed the Governor, I wondered who would have had right-of-way if a stretcher patient had simultaneously arrived by plane!

In its whole-hearted adoption of access and mobility principles in engineering and architecture for persons with physical disabilities, Townsville City Council was, at that time, setting standards in citizen-oriented design by local authorities in Queensland and, possibly, Australia.

These two early examples of innovation in Council business, on behalf of resources for persons with handicaps, and on behalf of early child care provisions, made me aware that there was a big role in Councils for elected representatives with a welfare perspective. I began to feel reassured that, when I was absenting myself from my hospital office for Council business, I was still working on behalf of hospital clients, viz. family welfare involving child-care, and helping one large category of hospital patients – those with physical handicaps, and bed-fast patients in transit.

Informing Community

In the first triennium, 1967-70 of my serving as an Alderman on the Townsville City Council, I was able to initiate, as a member of the Health Committee what was probably the first Directory of Health and Welfare Resources in North Queensland, classified in the following sections:

Holiday Camps for Children
Aboriginal Settlements
Hospitals and Health Centres
Hostels for Migrants
Educational Establishments
Women's Services

The first Health/Welfare Directory, which has been retained and regularly reviewed by successive Councils, has become a valuable listing of the City's escalating community resources, which have accompanied its significant population growth and its reputation as an energetic, well-served and caring community. It has become an impressive publication, annually updated by the Community Information Centre, another welfare agency which was planned as a Citizens Advice Bureau initiated during the last term in office of the ACD Council.

This resource was to be located in the disused space of the vacated Health offices in the old Town Hall, after the Council moved into its new facility, the Civic Administration Building. In the Architect's sketch plans, office space was included also for welfare staff, and for the Family Day Care Program. A subsequent resolution of Council to call for re-development plans for the whole of the old Town Hall site frustrated this multipurpose Community Advisory Bureau. The concept was taken up by the succeeding Council who opened a Community Information Centre in another historic building, the old Magistrate's Court, built in 1877.

Youth Council

In its first three year term of office, the ACD Council sponsored another project with a welfare orientation: the Townsville Youth Council – somewhat along the lines of Junior Councils being promoted in southern states, e.g. Tasmania, and Victoria. While these southern local authorities focussed on primary-age school children, I managed to persuade the aldermen to concentrate on the adolescent age group. Nominated as the liaison person from TCC, I saw the Youth Council as a proactive program, targeted at young citizens to encourage their civic awareness and their capacity for contributing to the community life. Youth representatives came from the city's secondary and tertiary institutions, from youth groups such as apprentices, Scouts, Guides, sporting associations. The Youth Council consisted of 15-20 members, representing their affiliated peer groups. Over the period the TYC functioned, I watched them develop their civic awareness, interests, and skills, learn through their direct encounters with local government to devise their own policies, priorities, and strategies. On several occasions they sought and obtained official permission to address the full Council.

One memorable written submission, orally presented by Martin Hislop, the Chairman, to City Council was a spontaneous request by the Youth Council members for a Youth Worker to be employed by the TCC. In conduct, and in commitment, they comported themselves as an impressive mini-Council: sitting around the magnificent 1906 cedar Council table, they engaged in democratic deliberations on municipal issues which had relevance to the youth of the area. For some three years the Youth Council deliberated their issues on the seats of local government in the Council Chamber of Town Hall. The concept could have been developed and consolidated: its basic structure and mode of representation could have been improved. In its short life, it established a paradigm for adolescent involvement in city affairs. Natural leadership emerged from its membership. Such a neophyte civic group in dialogue with its peers, and representing them in the civic arena demonstrated its capacity for enlisting support for youth initiatives in shaping aspects of community life in Townsville.

Since the first Mayor of Townsville took office in 1866 local government has been an integral part of Townsville's development. Initially, voting in municipal elections was reserved for 'property-owners', viz. those who paid rates. Later legislation enfranchised non-ratepayers and women. Throughout Australia Aborigines were not authorised to vote until 1967.

Yet, in 1967, one hundred years after Townsville began, there was still a hang-over in Council thinking of the importance of the 'ratepayer' vis-a-vis the 'rent-payer'. I found this attitude archaic. While the rate-payer contributes directly to Council finances, the rent-payers contribute

indirectly through the rates levied on their landlords. This constantly large group of rent-payers include Commonwealth and State public servants, defence forces, commercial and banking personnel, in fact, any employee subject to transfer. While they are resident in a city, they are equally its citizens, and entitled to the same democratic rights as the permanent members of a community. I recall being involved in early Council debates on this artificial distinction between rate-payers and rent-payers. Commencing with the ACD, the more recent focus on unpropertied welfare groups has extended a better respect for those in the community who do not own, and may never own, their own home.

Because, for decades, men had 'governed' Townsville, the Town Hall Council Chamber, entered separately from the Administrative offices, boasted one, time-honoured, poorly-sited and badly-designed, male toilet. Thought had never been given to the possibility of women on Council, or even to the actuality of women citizens attending Council meetings to hear their elected representatives debate controversial issues. This historical oversight was rectified in the new Administrative Centre which our ACD Council built in 1975 to replace the mellow old Town Hall in which we first conducted Council business.

For the most part, debate at Council table was orderly, with the two mayors during our term of office allowing full reign for debate. Occasionally, there were lapses in rational discussion, as when my argument was dismissed by a colleague exploding with "You're talking a load of garbage": being on the Health Committee, I noted the analogy! From years back when I studied Logic at Melbourne University, I have a lasting memory of the weakest line of argument being *argumentum ad hominem* – that is, not rebutting the opponent's reasoning, but attacking the opponent's integrity and power to reason.

City Mall

One alderman, an architect, moved for the investigation of a City Mall, an initiative adopted by Council, who then commissioned a private Town Planner to prepare a draft design. When the initial draft was presented to a meeting of the local Flinders Street merchants they approved the plan in principle. But when the completed Mall proposal was later presented to the main street merchants, Council met with some solid resistance. The plan was not considered viable. Access for delivery of goods became an issue. The merchants were already uneasy because of the development of suburban shopping centres free of parking problems. In the procedures leading to this impasse, Council strategies were not well thought out: we had not involved the shopkeepers in the preparation of a working model. They remained outsiders, critics, opponents.

But as a conciliatory move to the main street business houses, our Council worked conjointly with the Queensland Government to construct a high-rise parking centre, immediately adjacent to the Mall. This shoppers' downtown facility was completed and opened for business during the ACD term. Its main purpose was to eliminate kerbside parking in the proposed Mall of two city blocks.

The succeeding Council looking at the possibilities in past Councils' failed projects revived the Mall plan, secured initially the cooperation of the shop-owners by wisely involving them as consultants to the project, and, using variations of the original design, built the Mall. The Mall has transformed the environs of Townsville main commercial centre, affording relaxed shopping, aesthetic landscaping, al fresco eating places, and has been an attractive venue for both local residents and tourists.

Library on the Move

In January 1969 when the City Librarian submitted a report to the Council indicating the need for a programmed development of library services in Townsville, I enthusiastically moved for the adoption and implementation of her recommendations. It was resolved to appoint a Library Sub-Committee to explore the expansion of services to the reading public. To my surprise I was appointed Chairman. It was this Committee which planned, and with the co-operation of the City Architect who designed the structure, the city's first Branch Library in Aitkenvale. When it was opened in November, 1971, it had several noteworthy features: it was set in an attractive suburban park alongside an arterial road; it was air-conditioned, with the adult library on the top floor, the children's library at ground level; a garage space for a mobile library to serve the outer suburbs, a balcony space for outdoor story-telling; and, as mentioned earlier, a long ramp giving access to the top floor for people in wheelchairs and for mothers propelling strollers. Being strategically located in the geographical centre of the entire municipality, it was accessible to suburban families, and soon justified its establishment as its reading public rapidly surpassed the number of registered readers in the long-established city library.

The pre-existing Townsville Citizens Association had perceived the need for a systematic overall plan for the development of Townsville and had appointed a Town Planner. As the first in North Queensland, he produced a map for the orderly demarcation of the city's 'structural' growth, developing functional zones – for example, Civic, Commercial, Residential, Maritime, Industrial, Parks, Special Purposes. Emanating from this civic replanning was a City Square to accommodate a Civic Administration Building, and a citizen focus in an array of community resources – theatre,

art gallery, library, museum, park, and plaza, to be designed as a complex for which land had been acquired in the inner city environment.

When financial districts become centre-stage in a community – a good example is Wall Street in New York City, – the social/recreational/cultural and civic interests are pushed out towards the periphery. At night and at weekends, the city centre becomes a gloomy ghost town.

Time and history have shown that Topsyism – that, is random development of communities creates incongruous elements such as industrial areas with their air and noise pollution juxtaposed alongside residential areas. Without careful planning, a city centre tends to become a hub for centralised commercial transactions, diminishing the available space for downtown facilities where people can share in their communal life – in such resources as theatres, libraries, restaurants, galleries, child-care and youth centres, a meeting venue for the aged members, and a Mall. The sort of popular facilities which give the city 'a live heart'!

When our ACD Council occupied the Town Hall seats in 1967, it accepted the first phase of the TCA civic development – the Administration building. Finance for this project necessitated the sale of the old Town Hall; the adjacent City Building where the library and Child Care Centre were housed, the Theatre Royal, seating capacity 850, air-conditioned; and the Council-owned Central Hotel; as well as as a convenient street-level Women's Rest Room with well-maintained amenities. Popular features of the historic Town Hall structure were the main chamber – a large hall with parquet flooring, a magnificent 1906 cedar pear-shaped Council table, and, overlooking the main street, a long balcony with decorative iron-lace panels: these many features gave the Town Hall a sentimental and central place in the life of the community.

To sell off almost a city block of prime Council real estate for finance for the new Town Hall, to demolish the several structures to enable a total re-development of the site, the ACD accepted a majority vote (not mine!) to offer the whole parcel of land, including the Theatre Royal, without any collateral plans for its quick replacement. Townsville was to be without a civic theatre for an indeterminate period. Suddenly I found myself as a minority, with a couple of other aldermen, opposing the theatre's demolition. We used television and press to fiercely defend its vital community functions and argue for its interim retention.

A Civic Theatre

Theatre Royal had brought performers and patrons into the very heart of Townsville: it was a popular main-street venue. Despite a strong public outcry, the building was razed. A temporary venue had to be found. In this

crisis, the Town Planner saved the day by recommending two interim facilities. One was a disused and deteriorated Wintergarten Theatre seating 1500 with a large stage and raked auditorium where Madame Melba had once sung to a capacity audience. The other was a School of Arts Building, 1890 vintage, which had a flat-floor auditorium, – a structure which had earlier incorporated the State's first free public library, a Museum and an Art Gallery.

Under the re-drafted usage the School of Arts building became the Townsville Arts Centre with space allocated for Theatrical purposes, a Pottery Centre, Fibres and Fabrics venue, Little Theatre, Art Gallery – the whole enterprise to be managed by a Community Association on which I was pleased to be nominated Council representative.

With the axing of the city's main theatre, and the general absence of cultural facilities which are the landmarks of the more sophisticated communities, I felt emboldened to move in Council for the establishment of a new Standing Committee to concern itself with such apparent civic deficiencies. Amazingly, my motion met with little opposition. And so the Arts and Culture Committee, identified by the Town Clerk, as permissible under the Local Government Acts, was authorised.

Promoting the Arts and Heritage

The macho image of Council business – the hard core priorities: roads, rubbish, reticulations – had been challenged. There was some spontaneous derisive reaction from aldermen who viewed the arts/culture as effeminate and degenerate. I was quickly nominated Chairman. Relevant departmental heads – the Deputy Town Clerk, the Town Planner, the City Architect, the City Librarian, and a couple of brave aldermen were nominated to the Committee. Luckily I was delegated to define its functions and submit them to Council: as I saw it, the brief of the Arts and Culture Committee would be:

To foster and encourage artistic activities in the city; to preserve the city's cultural heritage; to provide wider venues within the community for participation in, and enjoyment of the arts;

Terms of Reference for the Arts and Culture Committee: were matters relating to:

- the fine arts and the performing arts (music, drama, ballet, etc.)
- the literary arts; and
- the housing and display of artistic, historical and scientific collections.

At that time, Townsville had no civic art gallery, no museum, no theatre, no National Trust! I doubt whether any local authority in Queensland had an equivalent cultural sub-committee to specifically promote these aspects of community life.

A Municipal Social Worker

To recapitulate on the main reason for allowing myself to be listed as a candidate for the 1967 Council election – the ACD plan to employ a municipal social worker, to my mind, the most politically innovative plank on its platform, I became aware that only one or two of my colleagues considered it a priority item. Once when I raised the matter, one alderman said, “we don’t need a social worker now that we have one on Council”. A bit dismayed, but undeterred, I kept the topic well to the fore in my Council priorities.

In 1970, I gained my first municipal perspective on the quietly emerging feminist movement when I was nominated official City Council delegate to a National Conference of the Australian Local Government Women’s Association in Melbourne. With the theme of ‘The Role of Welfare in Local Government’ the Conference attracted over 100 women delegates, including 55 women parliamentarians, aldermen and Shire Councillors.

The venue was South Melbourne, which was the first local authority in Victoria to promote the development and integration of welfare services in local authority government by appointing a Municipal Social Worker as early as 1947. Other municipalities in Victoria had followed this lead, with some 38 local authorities employing welfare personnel.

Interestingly, the same trend towards involvement of local government in the welfare field was also evident overseas. In the United Kingdom, legislation was introduced in 1970, requiring all city councils to appoint a Director of Welfare Services. Under Swedish legislation, local authorities were required to appoint a Social Welfare Committee, including one qualified social worker to help formulate a base for long term planning in welfare work.

I was duly impressed with meeting up with more than fifty women politicians, including some experienced parliamentarians, but I noted that, of the long list of official speakers at the Conference, the only woman was Edythe McCallum, the social worker for the City of South Melbourne. In her address, she said, “Local Government has traditionally been concerned with the provision of some amenities which are of general benefit to the welfare of their citizens, such as parks, gardens, playgrounds. Assisted by grants and subsidies, local Councils have also undertaken a wider range of community services to meet the needs of particular groups, from the very

young to the aged. It is this closeness to people and the knowledge gained from the closeness which gives local government an opportunity to determine local needs and to develop appropriate welfare services.”

The Conference fired my zeal to ensure that the ACD City Council in Townsville became the first local authority in Queensland to initiate the employment of a Municipal Social Worker, as they had contracted to do in their original platform.

In the same year, 1970, there was a breakthrough. The Council agreed to place advertisements in national and local newspapers. The position was something of a will-o-wisp as there were no precedents in Queensland for social workers in local government: municipal social work was a ‘terra incognita’ in the State.

The response was slow but there were responses, mainly from unqualified applicants. Of the few professionals enquiring, most lacked broad community experience. Eventually, there was an enquiry from a well qualified, highly experienced social worker who came for an interview, and was offered the post which he declined. I could appreciate why he did not feel easy about the prospect: he was interviewed by a large array of unpersuaded aldermen – some of them newer replacements on the original 1967 ACD team. Our prospective appointee was informed that he would not be free to make public statements. This professional gagging tends to apply to most professional departmental heads in municipal government. Councils tend to have this characteristic – they insist that all information, general or technical, for the public be released either by the Mayor or Committee Chairmen. Professionals employed by Councils find it hard to play a silent role, particularly when their professional advice is disregarded. Political expediency and grandstanding tend to take precedence over professional wisdom.

By the time the third election came into focus in 1973, I indicated to the Mayor that I would not be a candidate for a seat on the next Council. He seemed keen to retain me on the team and offered to add “Community Welfare” to the Arts & Culture Committee which I had originally introduced into the Council sub-committee structure. Both of these areas of municipal concern were new departures in Council agendas in Townsville. With the prospect of the Welfare component to the Arts & Culture Committee, two areas which I considered congruent as being people-oriented, both being sensitive to the quality of life in a community, and both long neglected in local government corridors, I capitulated and stood for election for a third term. Both my colleagues and I were equally surprised when I topped the polls among the candidates. This public affirmation helped to consolidate my status on Council. Under my re-

invigorated Chairmanship of Arts, Culture and Community Welfare, I soon renewed the move for a Municipal Social Worker.

When the press heard of the Council decision to re-advertise the social work position, an editorial appeared in the *Townsville Bulletin* headed 'A luxury our city cannot afford'. This struck me as an odd description of a profession which deals with stern realities, and has neither the time, the assets, nor the inclination to "luxuriate." This media challenge produced a set of mixed responses from citizens. A local troubadour composed a ballad which, to the accompaniment of his guitar, he sang over the local Australian Broadcasting Commission radio program:

*We don't need a social worker here in Townsville
We've no problems to justify the pay
Everything is rosy here in Townsville
Every day's a bright and happy day
There's no colour problem here or poverty
There's no lonely people being sad
Everybody's young in this vital happy place
When they criticise the town it makes me mad
The youngsters all play sport here in Townsville
No one sits around – no-one's bored
To employ a social worker here in Townsville
'Is a luxury we can ill afford'
It's the centre of our universe – our Townsville
Untapped tourist paradise, we say
This City in the Sun thrives on good clean honest fun
Let's keep things in the 'good old-fashioned way.'
Let the Government employ this social worker
Long as we've got the right to have our say
But don't disturb the scene – it's the way it's always been
What's a social worker anyway?*

With all the procrastination about employing a social worker, the ACD innovation began to look a bit of an apology for action. While TCC was declaring its intent, it roused the interest of southern Councils, who communicated their interest in possessing our description of the municipal social worker's role. Again I prepared a definition which was sent, unchallenged, to Brisbane and Ipswich City Councils as requested. Both these Councils managed to appoint social workers before Townsville. It was not until 1974 that an interested social worker had replied to the TCC sporadic advertisements, and had been accepted as the Municipal Social Worker

As there were no other local authorities in North Queensland employing social workers, the appointee, John Toohey, had a difficult role. He took up the post early in 1975, making regular reports for Council through the appropriate Council Committee, the Arts, Culture and Community Welfare Committee, on which he took his place as the Council's newest departmental officer. John Toohey's major role was to evaluate services and needs in Townsville and make considered comment to TCC on the state of the welfare arts: he was not implying that TCC undertake to meet all the gaps in services.

Between 1967 when the full Council of ACD members was prepared to implement its policy, and 1975, there had been considerable change in the ranks of aldermen, due to transfer, resignation, and death. The newer aldermen had not been part of the ACD policy-forming pioneers who had included innovations like social work. During his time with the City Council, Toohey set up his departmental systems, represented a sympathetic Council presence in the community, and worked effectively with the community's welfare personnel. When he resigned at the end of the year, the position of social worker remained vacant until after the elections in March 1976. It had been difficult for John Toohey in his role as the first Municipal Social Worker appointed in North Queensland. His role was evaluative, advisory to Townsville City Council and his parameters for close involvement in specific areas, such as Aboriginal welfare, were demarcated by Council. Although I had worked out for Townsville City Council a role definition of the Municipal Social Worker, the implications of acceptance of this statement were not realised.

After the incoming Labor Party team took office in 1976 the social work position was occupied by a Welfare Officer. Subsequently this appointee was replaced by a Social Planner who, over the ensuing years has built up a strong Department of Community Services within the Townsville City Council. By 1992 this department had a current staff of 12-15 community development and arts officers.

With the Arts and Culture and Community Welfare Committee taking its place as a new legitimate part of Council business, I began to feel emboldened to move more concertedly into action in this sphere of community life. Persistence eventuated in a Council decision in 1972 to plan a replacement theatre. The City Architect was directed to visit other cities and states and prepare a report and design for a new theatre. In due course, and on majority decision (not mine) the Council selected a site some distance from the city centre on a presumably solidly compacted full garbage dump site. By the time the third triennium of the ACD Council had run its course, the theatre, with a capacity for an audience of 1040 was well on its way, its design including access ramps and washrooms for the

physically disabled, interpreters' cubicles for multilingual conventions, a well-raked auditorium with a curtain partition to create an intimate theatre for smaller audiences.

The Art Gallery development for which the Arts and Culture Committee gave solid community support had been hampered by an opposing majority of councillors. However, the Council approved my motion to set up a Regional Art Gallery Advisory Committee, including in its membership shire representatives from Thuringowa, Charters Towers, Burdekin, and Hinchinbrook. I was nominated its Chairman. The members recommended the use of the unoccupied historical Magistrate's Court, built in 1877, as an interim gallery, and had requested that the architect report on the building and estimate the cost of converting it for gallery use. The Art Gallery Advisory Committee had submitted to Council *A Proposal for a Regional Art Gallery* in April, in 1975. The estimated cost for re-developing the Courthouse was then \$65,000. The Chairman of the Australian Visual Arts Board actually offered Council its resources in upgrading the structure, but the mayor refused the offer. A majority of the aldermen favoured the demolition of the building.

In the area of preserving the city's cultural heritage, as included in the terms of reference of the Arts and Culture Committee, there had been some progress. The Minister for Heritage and the Environment, Hon. John Herbert had indicated his willingness to address a public meeting, which was called by the Mayor. There was a good community response, and a Townsville Branch of the National Trust of Queensland was formed. At that meeting I was nominated Council liaison member for the Townsville Branch which went into immediate action to build community awareness and to take action to preserve historical structures, localities, and topographical features.

Later in 1975, in Council I successfully moved for another Sub-Committee: the Museum Advisory Committee, with a membership of Council and community representatives. Regular meetings were held culminating in a plan to invite the Director of the Queensland Museum to Townsville for consultation with the Committee. The ACD Council had in principle accepted the civic nature of such a cultural facility as the Museum. When the new ALP Council took office, this Museum Advisory Committee lapsed. The move for the Museum was shelved until 1984/5 when new moves were initiated for a social history museum by Professor Barrie Reynolds of the Material Culture Unit at James Cook University.

Inner City Development

Late in 1974, our ACD Council, again on the motion of the alderman architect Charles Arnold, resolved to consider the issues of inner city development. At a public meeting called early in 1975, and well attended by representative sections of the community, it was resolved to set up a Steering Committee on Inner City Development. Each of the attending groups elected their representative on the Committee. The groups comprised: Institute of Engineers, National Council of Women, National Trust of Queensland, Pensioners League, Institute of Architects, Retailers Association, Chamber of Commerce, Children's Day Centre, Arts Centre, Trades & Labour Council, Women's Electoral Lobby, Community Youth Centre and the City Council. Nominated by the alderman as Council representative, I was particularly pleased to be given this assignment. The incoming Committee voted me in as Chairman.

During my residence in the USA I had undertaken some extended serious although informal studies into the field of town planning. Being at that time an art teacher in Illinois, I was instinctively drawn into community planning as an area of macro-design, that is, shaping of community structures to harmonise with their functions, and their congruity with the built environment. Town planning incorporates scientific placement and layout of a community's diverse resources: this I had deduced from reading and attending lectures by authoritative city planners such as Le Corbusier, Gropius, Lloyd Wright, Mumford, Saarinen, and Eric Mendelssohn. The latter, whom I met in Detroit, had designed the Einstein Tower in Potsdam, Germany, later migrating to USA during World War II, where he had been lecturing and planning precincts in San Francisco and other American cities. During the war years, I had lived and been involved in community work in a model village, Norwayne, in Michigan, USA, designed by Eero Saarinen, the distinguished Finnish Town Planner, for the Federal Public Housing Authority. Norwayne was a residential community for employees at Willow Run where B17 and B29 bombers were manufactured for war service of the Allies.

The brief of this Interim Council Committee was "to set up Guidelines for the survey of transport, traffic, parking, cultural and environmental development of the inner city." During 1975, the Committee of thirteen met regularly, undertook research, tabling its report *Guidelines for Inner City Development* in November, 1975. Among its recommendations were: a traffic-free mall, civic, cultural, recreational facilities, open-air market, special illumination, fountains and gardens, outdoor stage. These *Guidelines for Inner City Development* were presented to the Council as a prospectus for revitalising the heart of the city. It was a spontaneous visionary exercise, emanating from a committed group of citizens.

Typical of utopian schemes, the Report's recommendations for an effective inner city development have not been seriously studied by subsequent Councils. In fact, a number of facilities which the Committee saw as vital to the viability of the city centre – the department stores, the library, the child-care centre are in the process of being sited elsewhere. Before any implementation of this plan could be commenced, the Council election was held in March, 1976.

The five main cultural facilities which the Arts, and Culture Committee had listed as priorities – namely, the Branch Library, the Civic Theatre, the Art Gallery, the National Trust, and the Townsville Museum – were all in position or in planning by 1975. It would be politically naive to expect that an incoming Council would automatically adopt all the plans formulated by its predecessor. The scheme which our predecessors, the Townsville Citizens Association had prepared for a City Square development was not effectively pursued by our Council. During its nine years in office the ACD Council sold off by majority vote two large parcels of the proposed square to the Commonwealth and State Governments for administrative office buildings. The visionary concept of a Civic Cultural Complex was insidiously replaced by bureaucratic structures which have changed the designated space to an administrative district. In general, elected political representatives tend to be uninformed about Town Planning principles. Many Council decisions and developments do not emanate from professional expertise, but rather from political and economic expediency.

In Townsville, the Mayor is voted for separately and directly by the electors. On the other hand, the Deputy Mayor, is elected by the ten aldermen and the mayor through a series of exhaustive voting. Although I had topped the poll in 1973, I was not automatically declared the Mayor's Deputy. Through exhaustive voting in each succeeding round of voting, the alderman with the lowest votes is eliminated. This proceeds until the last round has only two aspirants left. With so many male aldermen stacked against me, I thought I would have no chance of being selected. In retrospect I realise that the men were all so anxious to keep each other out and secure the prize position, they quite overlooked the way the tortoise wins: my name kept staying on the dwindling list. Finally, I was the only one left!

As Deputy Mayor, my civic duties escalated rapidly. Any time the Mayor was out of town or unavailable, I had to step into the position of Acting Mayor. This involved chairing Council meetings, welcoming official visitors and delegations, signing the cheques for Council projects – I recall signing somewhat timorously a million dollar cheque for some sewerage contract! – attending major civic and community events, official openings, and heading Council inspections, and a continuum of speeches, which I insisted on writing myself.

I was still a full-time senior social worker at Townsville Hospital, with an establishment for six social workers but often working on half to two-thirds of staff strength. My two roles involved constant commitments. So that I would not be considered negligent about my hospital responsibilities, I was careful to apply more than the officially required hours to hospital workload, including evenings and weekend time.

When the Mayor was elected a Member of the Legislative Assembly of Queensland Parliament, this necessitated his regular absence from Townsville from Tuesday mornings until Thursday evenings, plus other required parliamentary absences out of town. Between the two sets of duties at Town Hall and Townsville Hospital I found myself rushing between the two high power centres of community action.

Being thrust into extra civic engagements, I found I needed more clothes and more maintenance on my own car which I used regularly for Council work. In our period in office, all the aldermen used their own vehicles for Council purposes. This was because, when the ACD took office, there had been a mayoral car, but in a democratic self-effacing mood on taking office, the Council turned over the official car for the use and care of the Town Clerk.

For the first six years I was on Council, I declined to accept the rather nominal fees then paid to aldermen for their attendance at meetings on the grounds that I was a member of the Queensland public service on a full salary. But after six years of honorary Council service, I agreed to accept an annual honorarium for Deputy-Mayoral expenses.

In Council, I was Chairman of several committees: – Arts, Culture and Community Welfare, Child Care Advisory, Regional Art Gallery Advisory, Museum Advisory, and Inner City Development Committees. With very seldom a full complement of staff at the Hospital, and with escalating expectations of the Deputy/Acting Mayor (the following ALP Council made it into a full-time, well-paid position), my two offices became increasingly irreconcilable. Under tremendous pressure, I sustained the dual role for two years. For twenty-one years I had been doing social work in the Hospital; eight of these years I had also been the Social Worker for Cairns Base Hospital. For eight years during my so-called 'spare' time I had been serving on the City Council, with increasing responsibilities.

Within less than a year, in March, 1976, there would be municipal elections with, possibly, a new Mayor. It was a year for decision-making. In making a decision I was aware of my sentimental attachment to the hospital as a workplace where I had been in a congenial work environment since 1954. I saw the hospital as a sort of repair docking facility for the North Queensland population. A general hospital functions as a vital pressure

point for feeling the pulse and vigour of the community's well-being. Through the hospital systems are continuously flowing a stream of humans who reflect the fabric of life in the region. I doubt whether any other social work positions raise more fundamental issues, pose more dramatic challenges, and experience more basic raw material in human existence than medical social work.

In June, 1975, I resigned from my position as Senior Social Worker at Townsville General Hospital. The ACD third term of office would end in March, 1976. During this triennium I found myself increasingly out of phase with the newer replacements of alderman on the Council: of the original ten aldermen, one had retired, two had died, two had left Townsville – an actual replacement of half of the original elected ACD aldermen.

With oncoming elections, and major decisions to be made by the Association for Civic Development, I chose to absent myself from the meetings and to await developments. My non-attendance no doubt indicated that I was lukewarm about remaining with the current team composition. The outcome was predictable: the ACD announced its candidates for the fourth term, nominating one of the aldermen as their mayoral choice. The media were curious about my reactions and intentions.

My outcome was also predictable. I tendered my resignation from the Association, and declared myself an Independent candidate for Mayor. A number of friends and associates immediately declared support for my candidacy, formed themselves into a Committee calling itself *People before Politics*, and adopted the slogan *Joan for Mayor*. One of the other civic groups which had nominated aldermanic candidates but no mayor recommended to their supporters that they back my mayoral bid.

The Australian Labor Party initially fielded a team of aldermen without a mayoral candidate, which enabled some Labor supporters to align with my campaign. Almost at the end of the campaign, in fact, two or so weeks before the election, the Labor Party announced a candidate, Perc Tucker, who had been a popular leader of the Opposition in the Queensland Parliament, and was an experienced and well-respected politician. Although he had had extensive experience in state politics, he had never been in local government. But he had unanimous party backing, and solid financial party support.

On polling day, the ALP choice, Perc Tucker, received some 13,000 votes, I received some 11,000 votes, and the ACD candidate some 9000 votes. The 3-way contest ensured that the ACD mayoral candidate was not elected. The ACD might have rued the day when it bypassed *the people's choice* of

alderman in 1973! It was not pique which led me to run as an Independent: I was interested to put to the political test whether my own record had greater community support than the person favoured by the ACD team. The reason I did not name a team was my awareness of the tremendous organisation required to select and field ten other team-members. My philosophy was that I could work with whomever the community chose as their representatives. In retrospect I realise that my decision was politically naive and precarious. To be in the chief office of the city, it is essential to work from a base of strength with a predetermined working majority.

The ACD had been in office for nine years. It had survived three elections, and had served three terms, each of three years. During its political life, it had achieved much. It had developed many community resources – duplicating the water supply pipe line from Paluma; building the Ross River Dam; providing Magnetic Island with a sub-marine fresh water supply; establishing the city's botanical gardens at Anderson Park; building the Civic Administration Centre to replace the old Town Hall; constructing a high-rise inner city car park; building the city's first branch Library at Aitkenvale; planning and preparing the groundworks for the Civic Theatre; the relocation of the downtown Children's Day Centre; and adding an officially accredited kindergarten, *Koolkuna*; investigating the location and acquiring the siting for a new childcare centre, *Galbiri*; and inaugurating the community's first sewerage treatment plant.

Both the Association for Civic Development and the Townsville Citizens Association went into office as civic teams, that is, they were non-party political. As civic bodies, their platforms were determined on the basis of a locally-engendered vision for the Townsville community, presented for public evaluation and endorsement. Animated debates, closely monitored by the media, attested to the absence of a political party caucus making decisions in advance of formal Council sessions. With national political parties moving into local government elections in 1976, the nature of the political process has changed, in that local self-government tends to be influenced by party allegiances to their national/state power bases.

The voters' rights to participate in the general shaping of their community, and the quality of the corporate life have been diminished by the introduction of the ward system in which the voter in Council elections is limited to exercising choice for only two candidates – the mayor and the ward representative. This retraction of choice tends to inculcate a tunnel vision into local government, with the focus on the discrete needs of each suburban area – a formula for producing intra-city conflict about priorities and the allocation of budgets; it also limits the dimensions and perspectives needed for macro-planning to benefit the whole community.

During the ACD term of office, the possibility of direct citizen access to 'the ear' of Council was satisfactorily solved by designating an alderman as a contact person for each precinct. So, without gagging the voters' rights to participate in selecting the whole Council, the ACD was able to ensure community consideration of the needs of greater Townsville.

There have been other changes. Since the inception of its first Council in 1867, Townsville had relied on the fact that its Mayors were generally businessmen in the city who had good livelihoods, or, as when the ACD took office, a retired man who could devote full time to Council affairs. For years, this practice prescribed that the typical mayor would be a mature 'elder statesman' entitled to a small civic honorarium to meet his expenses.

It was not until 1976, when the ALP took office that, by authorising a substantial salary for the Mayor and Deputy Mayor, younger persons were able to aspire to mayoral office. This has substantially widened the options for mayoral starters, and has given the younger members of the community a chance to demonstrate their political skills. A well paid mayoralty increases the range of ages of candidates for office, as has been evidenced by recently elected mayors in Townsville.

Since the advent of the first women into the local government of Townsville in 1967, other women have taken their place, as a growing minority, in both Townsville and its neighbouring local authority, Thuringowa: they have established their rights – and credibility, as elected representatives of their communities.

Over the years, the steady growth of Townsville population activated its changing Councils to take steps to increase its area of municipal control: the solutions devised were to acquire, periodically, with State Government authorisation, pieces of the surrounding shire, Thuringowa. Because Townsville was the greater entity, the citizens of the shire had little chance to object. This was standard procedure until a politically wise and wily Shire Chairman, Dan Gleeson, made a successful application to the Queensland Government for the shire to be granted city status. This promotion was based on intensive developments within the Thuringowa geographic area. As a city sister, Thuringowa could no longer be pillaged by its municipal neighbour.

When I occupied a seat on Townsville City Council, I felt uneasy about this history of unilateral annexation of parcels of the Thuringowa area: later, in 1979, I went on record stating "... the main stumbling blocks to rationalisation of boundaries are the locally-elected representatives – the persons with a vested interest in maintaining the status quo ... the average citizen electors could be expected to align with deals which can be

demonstrated to advance their interests ..." (J. D. Tucker, (1981) *Local Government in Queensland*, Vol. I, p.242)

In the 1990s the Twin Cities of Townsville and Thuringowa came within the agenda for investigation by the Electoral Administrative Review Commission, appointed by the Queensland Government to consider the rationalisation of local authority boundaries. A rationalisation plan would seek to obviate duplication of parallel municipal facilities, consolidate human and economic resources, and so on. The Commission recommended amalgamation of the two authorities. But the respective Councils in office were the most vocal antagonists of the proposal. With neither local authority Council endorsing the plan, the voters were not persuaded – therefore, thumbs down to rationalisation.

Forty years on! How changed is the North Queensland scene! Where, in 1954, one lone social worker gingerly trod the region, there are now some hundreds of co-professionals at work, employed as specialists in diverse roles – as interpersonal, clinical, industrial and family court counsellors; as community workers, advisers and facilitators in the fields of youth, age, disablement, ethnic minorities; as public welfare administrators, as academics – professors, lecturers and social researchers. As yet, few have ventured into the most strategic of work places where, I am now convinced, the quality of individual and corporate life is fundamentally determined – in the political arena. It is here that the voice of human compassion and social reform needs to be clearly heard as a counter-balance to the prevailing policies and priorities of contemporary parliamentary rational economists.

Changes too in clients and client groups. In the 1950s hospital patients seemed accepting of the medical diagnostic and treatment procedures – a sort of august respect for the prevailing white uniforms of attending staff. The ‘medical model’ in which the responsibility for patient treatment was the sole province of the doctor, has been undergoing changes in hospitals and rehabilitation centres. The newer ‘teamwork’ concept has introduced conjoint consultations with an array of health professionals— nursing staff, physiotherapists, psychologists, counsellors, speech and occupational therapists, all of whom are involved in the provision of specific skills. More recently, the group process has been expanded to include at least sometimes, the central, but the last consulted figure in the treatment plan – the patient!

The mid-century was an era when such terms as ‘rights’, ‘entitlements’ and ‘empowerment’ were not in circulation in the context of citizen well-being. A more recent shift has occurred in the action base for effective changes through the formation of client groups who have common problems and needs, but who have felt powerless to be heard as individuals.

A group advisory role assumed by these coalitions has invoked a new set of salutary benefits central to the clients’ welfare – self-help, self-sufficiency and self-confidence. By merging into collectives, the combined voice of clients has been given access to the media, and to other public places where politicians hover.

The current preoccupation with ‘rights’ has surfaced as a global phenomenon, most probably emanating from international movements such as the United Nations, with its disseminated articles of faith in social democracy in action, and in its idealistic programs for World Health;

Educational, Scientific and Cultural objectives, The International Court of Justice; and the International Labour Office. Their respective ideologies have permeated through its constituent members, and have gained global recognition. As an original signatory of the UNO, Australia has certainly been influenced by its principles.

The 'rights' movement has set in motion a burgeoning constellation of groups claiming their own space and expectations: – the rights of women; of children – born, unborn, adopted, rural, *et al.*; of unemployed – all ages; of the aged – frail, chronic, confused, pensioners, retirees; of disabled – physically, intellectually, etc; of single supporting mothers; of indigenes and migrants; of the mentally ill, of boat people, of prisoners There appears to be no end to the forming and focusing of categories of 'special' needs. A veritable crusade of zealots promoting the rights of their specific sub-groups!

Uncompromising contrary claims proliferate – the right to privacy and confidentiality versus the right to public information and disclosure; the right of the relinquishing mother versus the rights of the unborn or adopted child to know its parentage; the rights of children conceived from anonymous donated sperm to be privy to their paternity, and presumably their right to hunt down their 'hush-hush' father figures.

Sectional interests in a community have no automatic claim to unilateral rights without accepting their collateral responsibilities as citizens. Individual and group rights are not part of natural law. They are introduced claims for reasonable equity, rights and privileges, agreed to by public consensus, incorporated into enabling legislation and, therefore, defensible in the courts of the land.

A democratic society presupposes co-equal universal respect for the legitimate rights of every bona fide citizen – all ages, origins, levels of functioning, geographical distribution. These freedoms and rights need to be articulated and enshrined in the Commonwealth Constitution, to be honoured and enforced by the Federal Government, by the institutions of justice, and vigilantly monitored by an informed public.

There is something flawed in the fabric of a society when so many splinter groups find the need to clamour and lobby for their specific rights in community life. The high incidence of social deprivation, and of single and multiple casualties reflects on the lack of sensitivity in the community.

It also reflects on the perceptiveness, the strength of leadership, and the agendas of politicians; on their preparedness and capacity to provide adequate safety nets for the more vulnerable citizens – the frail and dependent, the psychologically troubled, the impecunious, the

discriminated against, and the legions of disenchanting who are deemed surplus to the economy of the day.

Reflect on the number of highly skilled persons whose energies are directed to treating, curing and rehabilitating victims of preventable conditions – the unending tending of patients with illnesses induced by solid and liquid substance abuse, by physical inertia, and by disregard for recognised procedures for good health. What percentage of health budgets are earmarked for proactive health, safety and education programs?

Reflect on the ubiquitous crises associated with the dislocated parts and raw edges of family breakdown – the vulnerability of supporting mothers and their children, prospectless footloose youth, absentee fathers seeking substitutes for home life, plus the steadily mounting costs of social support structures for all the loose pieces of shattered family life. Can our society maintain its blinkered tunnel vision which fails to perceive and promote the fundamental basic socio-biological unit – the family, which creates and composes our corporate life?

Traditionally, the family has been the basic community cell in which social responsibility is invoked and implemented. The family unit is a natural paradigm in the body corporate for developing sensitivities and commonalities of interest in 'others', i.e. individuals and groups in society. A solid and stable family has been the mainspring energiser of persons' capacities to share individually in collective action. The first lessons in social skills are learned within the family circle: these are then able to translate out into gregarious interests and 'comfortable' feelings in group situations. It is the power base of an interlocking family which acts as a reservoir from which its members can draw to enhance their social efficacy. The disintegration of cohesive family life in modern society is accountable for much community disequilibrium and disorder. While the instinctive gut reaction of policymakers is to install diffuse support systems for social casualties who have experienced family breakdown, they tend to overlook the prime corrective: the protecting, promoting and reinforcing of the family unit as the organic base of a stable society.

In a number of chapters of *Tropical Odyssey*, I set out certain problems of individuals and groups, with comments on measures devised for helping clients overcoming, or coming to terms with, their difficulties and stresses. Many of these had sociological origins, traceable to pervading influences operating in the community. The birthing place and nursery for significant medico-social and other personal problems is sited squarely in pre-existing community patterns, customs, structures, pleasures.

The living climate of a community sets the tempo, the tone, the variables and options for its individuals and groups, ordering and/or disordering

lifestyles of its people by what is seen as acceptable to its governing bodies. These “bodies politic” operate at three levels – local, state and national: if they inculcate tolerance, cooperativeness, peacefulness and productivity, all is well. If they are dictatorial, life is precarious. Leaders who have statesman/woman-like qualities constitute role models for the citizenry, particularly those in their formative years.

After I entered local politics, I began to see how much easier it is, as an elected representative, to have direct input into the public and political scene. For years, in order to seek social change and remedies for what I considered intolerable and inequitable client conditions, I had to use the bureaucratic method of writing countless memoranda about departmental and other anomalies. As an alderman, I slowly learned there are more direct and effective ways to promote social change – in going ‘political’ – through verbal debate at a council table, through the shock tactics of gaining the attention of the media, through lobbying, through calling public meetings.

In selecting and electing candidates into parliament, there has been a noticeable absence of health and welfare professionals and others skilled in community care. These groups are committed to providing frontline emergency services for the social casualties who occupy much of their unremitting workloads. Skilled in effecting running repairs at the trailing edge of an insensitive juggernaut machinery, these caring personnel have practical field knowledge as well as intellectual disciplines to make a valuable contribution at the leading edges for innovative social engineering and restructuring – at the political interface. The modifying and humanising of the socio-physical environments which generate and perpetuate social ills need the insights and input of those who demonstrate a caring capacity in our society.

In our democracy, as caring Australians, it is at our peril that we disdain our responsibility for exercising our hard-won rights to elect our political representatives, to be vigilant about their performance, and to accept the challenge, if it is offered to us, to ourselves serve as policy-makers to promote our local community, our state community, or our country.

As the policies and practices of the day are set by the politicians’ preferences in the three tiers of representative government, voting citizens need to be actively concerned as to whether current policies are actually promoting social equity and other evidences of community wellbeing.

Is an equitable society achievable in a materialist economy? If governing processes are dictated by high finance, what are the prospects for everyman and Everywoman to be assured their prime needs can be met? Can these needs be simply defined? – for example, good family life, good health, a

good living, a good education, and a congenial environment? If these are the basic essentials, are they the priorities of our ‘democratic’ governments?

Social vision with insights and empathy for the general welfare of the citizenry are not the characteristics of politicians who espouse an economic rationale as the indicator of sound government. Our contemporary legislatures are rife with power-primed politicians with a singularity of purpose – to remain on their parliamentary seats indefinitely. This hidden agenda of long-stay career ‘representatives’ is contradictory to the concept of democracy which subsumes that many are capable of taking their turn as policy-makers in their society. By tenaciously holding onto their parliamentary offices, they form a cohort of strategically placed professional politicians entrenched in comfortable life sinecures – an unlikely dynamic for vigorous leadership.

Through the centuries human society has slowly introduced civic law to replace the law of the jungle, and improve on the limited vision of the cave dwellers. Perspectives have expanded around our internationally interconnected variegated planet.

As contemporary society moves towards the twenty-first century, its major problems have formidable dimensions. They no longer confine themselves to localities where they can be directly reckoned with. They tend to transcend national boundaries and even national solutions, because they are impacting indiscriminately on the world population.

Our planetary habitat has been sagaciously dubbed “the global village”. Being inhabitants of “the global village” has broadened our awareness of the world as being our greater environment in which we share with others in a common destiny.

There are recognised macro-problems to be confronted within our global village – pandemic disease, massive poverty, illiteracy, intergenerational unemployment, ethnic genocide, the misuse of power, the pillaging of the earth’s green cover, the universal threat of land, sea and air pollution, and a deadly armoury of weapons, including atomic chain reaction. At our peril, we are dangerously close to forgetting the fact that the main ingredient for peaceful ‘village’ life is neighbourliness.

With these dire prospects for a cataclysmic future for all life on earth, can we retain our optimism that society’s looming disasters will be overcome by human ingenuity and determination?

World history reminds us that the human is a very skilled animal whose particular genius in the spectrum of differentiated species derives from proven brain power – rational power and its practical applications: the power to think and reason; to remember and to anticipate; the power to

formulate speech and language; the power to transmit messages and images across vast distances; the power to store up civilisation's accumulated knowledge, enabling successive generations to also learn from the past.

Human curiosity about the environment has applied itself to charting the seas and plumbing their depths. After having explored the moon, scientific curiosity has launched intricate technologies towards outer space. Mathematical physicists have been credited with effecting discoveries in the decoding of the laws of the universe.

At the other end of the environmental spectrum, this quest for knowledge is probing the infinitesimal, penetrating molecular matter, with revolutionary investigations into genetic mysteries.

The propensity for world vision has manifested itself in the establishment of global institutions such as the United Nations, encouraging the peoples of the world to assemble and deliberate on their mutual interests and needs. Ideally, this represents the human zeal to utilise more constructive modes of problem-solving than sheer brutality and senseless battle.

The caring principles of concern and empathy have produced a sensitive technology in the areas of human disability – in precise instrumentation for overcoming the barriers of impaired vision, hearing and speech, and in mobilising techniques for reducing physical handicap. In the last century, there have been incredible developments in medical science.

The human genius, so visible in diversified fields of endeavour now needs to prove itself equal to the toughest challenge in its history: to preoccupy itself with enhancing the quality of its community life, and to assure a fair deal for the citizens of our world village.

On the basis of well demonstrated human skills, which are the inspiration of our social history, dare we feel optimistic about the potential to succeed in those crucial areas where, so far, men and women have had only nominal results, that is: in peace-keeping, in securing law and order, in promoting healthful lifestyles and environments, in ensuring enlightened people-oriented government, and in cultivating the long neglected virtues of neighbourliness, goodwill and goodworks?