



# *They used to call it Sandy Blight: Aboriginal health and censorship in Australia*

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**Abstract:** *In 1977, a documentary film entitled They used to call it Sandy Blight was produced by independent filmmakers on the National Trachoma and Eye Health Program, a program to survey and treat the eye health of rural Australians, particularly Aborigines and Torres Strait Islanders. The documentary raised awareness of and generated support for Aboriginal health. In this paper we discuss the eye health of Aboriginal peoples prior to and at the time of the documentary and the debate surrounding calls for the film's censorship.*

The Australian government's 2006 budget is an example of its lack of attention to Aboriginal health (Anon. 2006). There is a long history of insufficient government involvement in Aboriginal health and wellbeing. Some consequences of this neglect were exposed through the National Trachoma and Eye Health Program (NTEHP) and the documentary film of the program, *They used to call it Sandy Blight* (Nomad Films International 1977).<sup>1</sup> The NTEHP team visited rural towns, cattle stations, and remote Aboriginal communities throughout Australia. Most of the people screened and treated through the program were Aborigines and Torres Strait Islanders because of their population majority in rural and remote Australia and their status as the most 'at risk' group for trachoma (Briscoe 1984; RACO 1980). *They used to call it Sandy Blight* depicts the everyday conditions that Aboriginal peoples endured in the 1970s and highlights the basic services and resources that they were denied. The year 2006 marks the thirtieth anniversary of the documentary about the NTEHP, Australia's first nation-wide eye-health program to screen and treat trachoma and other eye diseases.

Here we discuss the work of the Trachoma Program and introduce the Aboriginal players who ensured its success: Gordon Briscoe, Jilpia Jones, Rose Murray, Reg Murray and Trevor Buzzacott. We examine the circumstances surrounding the making and screening of the film. We conclude by discussing the continuing legacy of the NTEHP and the international non-government organisation that arose from it, the Fred Hollows Foundation (TFHF 2006a).

## **Trachoma**

A form of conjunctivitis, trachoma is a preventable disease associated with poverty and poor living conditions. This highly contagious disease (caused by the bacterium *Chlamydia trachomatis*) is characterised by follicles on the inner upper eyelid. The follicles can lead to the 'in-turning of eyelashes and lid deformities' which scar the cornea and lead to visual impairment and even blindness (Heymann 2004:541; Wellcome

Trust 2005). Historically, trachoma has occurred worldwide; currently it is found mainly in developing countries and poor rural communities including some Australian Aboriginal communities (Couzos & Taylor 2003:572; Taylor 1997, 2006; Thomson & Paterson 1998). The high occurrence of trachoma in some Aboriginal communities is a result of dry, dusty environments, unhygienic and overcrowded living conditions, and historical neglect (Briscoe 1984; RACO 1980). Preventive measures, apart from eliminating poverty, include hygiene education, availability of soap and water, and face-washing (Heymann 2004:541; Hollows 1985). For the NTEHP Aboriginal workers the program was a learning experience and spurred many to continue working for health equality and social justice.

### **Trachoma in Australia**

Since European colonisation, trachoma has been known to be endemic in parts of Australia, frequently leading to serious visual loss (RACO 1980:1). As the standard of living for non-Indigenous Australians improved, rates of infectious diseases, including trachoma, decreased. New South Wales, the oldest colony, became the first state to experience the benefits of improved living conditions, and trachoma in eastern New South Wales became rare. In the more recently colonised regions such as the Northern Territory, living conditions were unhygienic for many, and Aboriginal peoples especially suffered from trachoma.

The prevalence of trachoma in Northern Territory Aboriginal communities was revealed by ophthalmologists Father Frank Flynn and Professor Ida Mann more than 50 years ago. During the 1940s Flynn conducted trachoma surveys and designed treatment programs in the Northern Territory (Flynn 1957; RACO 1980:1). His survey findings revealed that most Aboriginal Australians in the Centre (90%) and the Top End (84%) had trachoma. In the 1950s Mann conducted eye health surveys in the Kimberley and Eastern Goldfields regions and found trachoma to be rife in many Aboriginal communities, with more than half (56%) of the Kimberley Aboriginal population showing signs of the disease (Mann 1954a, 1954b).

Aboriginal Australians are especially at risk from trachoma blindness. In remote communities where one tap can be shared by many, preventive health programs are a challenge. The NTEHP found cases of trachoma in Aboriginal communities in New South Wales (particularly western New South Wales), Victoria, Queensland, Western Australia and the

Northern Territory. The highest rates were in Central Australia 'and [other] arid regions where public health neglect is most prevalent' (Briscoe 1984:11).

Trachoma flourished in regions where government policies forced large Aboriginal groups to live together on missions and reserves (RACO 1980:1). In Central Australia, Aboriginal histories of ill-health can be seen in the context of colonisation and dispossession. The Arrernte, Luritja, Amnatyerre and Warlpiri peoples were unsettled from their lands by the Tanami gold rush and an encroaching pastoral industry. By the 1940s and 1950s the Menzies Liberal government established Aboriginal settlements in Central Australia. These settlements were staffed by superintendents, school teachers, nurses and missionaries to ease Aboriginal Australians into 'civilised life' (Gartrell 1957:14).

As part of this policy, Warlpiri were forcibly settled at Yuendumu in 1946. Arrernte, Amnatyerre, Luritja, Warlpiri and Pintupi were taken to Papunya. These settlements cohered with government proscription of Aboriginal languages, social systems, ceremonial life and land ownership; white Australian law and Christian religion were imposed. Family groups were displaced, co-located with different language and ritual groups and subjected to sudden massacres, infectious disease epidemics and malnutrition (Marshall 2001; Myers 1986). In 1948, after a devastating measles epidemic at Yuendumu, a large group of Warlpiri were relocated to a government settlement at Lajamanu. Another group of Warlpiri were moved to Lajamanu in 1952, but many of them crossed the Tanami Desert to return to their own country. Warlpiri and Warumangu people at Tennant Creek were removed to Ali Curing in 1954 (Bell 1983).

In 1971, Geoffrey Bardon, an art teacher, arrived at Papunya to find 'a community of people in appalling distress...a place of emotional loss and waste' (Perkins & Fink 2000). Due to the nomadic lifestyles, Aboriginal peoples were not accustomed to the health hazards associated with sedentary living conditions. Government control and sedentism not only produced social and emotional distress but also intensified the transmission of infectious diseases including trachoma.

Fred Hollows, a New Zealand-born ophthalmologist who helped to establish the Aboriginal Medical Service in Redfern in 1971, soon became aware of the extent of trachoma blindness in the remote and arid regions of Australia. Professor Hollows persuaded the Royal Australian College of Ophthalmologists to lobby the federal government for funds to tackle the

high rates of trachoma in rural and remote communities. Their efforts were successful and, in May 1976, the National Trachoma and Eye Health Program was established.

The NTEHP team visited over 465 Aboriginal settlements and tested over 62 000 Aboriginal persons for eye conditions. Over many years, facets of Aboriginal health have been surveyed without subsequent provision of adequate remedial services. The Trachoma Program was built on the foundation that there would be 'no survey without service'. About one-half of the participants in the survey were treated for trachoma, and 1000 eye operations were performed. The program was dedicated to the training of medical, paramedical and interested lay persons, including the NTEHP employees, in the skills necessary to provide eye care. Eye operations were performed in tents provided by the military service at Amata and Utopia in Central Australia. These locations were chosen to cohere with Aboriginal patients' wishes to maintain connections to the land.

The original Trachoma Program was completed within two years so that assessment of the situation and delivery of treatment would not be blurred by time and change. No one on the NTEHP team became wealthy in those years. Eighty ophthalmologists from around Australia donated their services, and the full-time medical team worked for award rates. The program employed four full-time Aboriginal workers: Rose Murray, Reg Murray, Jilpia Nappaljari Jones and Trevor Buzzacott. Gordon Briscoe was the assistant director to Fred Hollows throughout the program. Aboriginal residents also assisted the trachoma team everywhere it visited.

### **The full-time NTEHP Aboriginal workers**

Jilpia Nappaljari Jones is a Walmadjari woman, born in the Great Sandy Desert in the Kimberley region of Western Australia. As a child she was taken away from her family, and brought up in North Queensland. Jilpia was employed as a registered nurse on the NTEHP team for three years, from 1976 to 1978. Gordon Briscoe is a Marduntjara/Pitjantjara man, born in Alice Springs in Central Australia. He and his mother were moved to a displaced persons camp at Mulgoa near Sydney during World War II. Gordon was assistant director of the Trachoma Program. Trevor Buzzacott, from Arabana country, was the NTEHP liaison officer. His job was to liaise with community members and provide program information in advance of the NTEHP team. With Aboriginal

and Afghan ancestry, Trevor was 'no man's inferior' (Jones et al. 2006). Rose Murray, a strongly committed woman from the Pilbara, was born on Moore River Settlement, a place made famous by Doris Pilkington's book and subsequent film *Rabbit-Proof Fence* (Jabal Films 2002; Pilkington 1996). Born with a low birth-weight, Rose considers it a miracle that she was not separated from her mother as a child. Rose's mother was determined to stay with her daughter as she was taken from her own family in the Pilbara. Rose became the NTEHP receptionist and clerk. Her husband, Reg Murray, a Yorta Yorta man, was the team's mechanic and cook. The personal stories of Rose and Reg during the Trachoma Program were outlined in a recent seminar (Jones et al. 2006). Through her NTEHP participation, Rose found members of her family: 'When we finally made it to the Pilbara I saw some hills on the highway and they hit me in the guts. I felt there was some connection.' Rose Murray found her grandmothers, her mother's sister, her two brothers and other relations during the NTEHP (Jones et al. 2006).

### ***They used to call it Sandy Blight***

As a result of the NTEHP's work, a small team of independent documentary filmmakers from Nomad Films International Pty Ltd joined the Trachoma Program in 1977. The film crew travelled with the NTEHP team as they visited remote settlements and stations throughout the Kimberley, across the Top End, to northern Queensland. Their 45-minute documentary film included a detailed description of trachoma and the resulting ocular damage. There were interviews with Fred Hollows and Gordon Briscoe, but no recorded viewpoints from the other Aboriginal employees, community members or participants involved in the Trachoma Program. However, the film portrayed a strong message about the poor living conditions and poor health status of Aboriginal peoples in remote and arid parts of Australia. The filmmakers originally called the film *Out of sight out of mind*, but the Australian Broadcasting Commission (ABC) insisted that this controversial name be changed, and it was renamed *They used to call it Sandy Blight*.

The documentary received mixed responses. The Commonwealth Department of Health (CDH) saw the information as controversial and tried to censor the film prior to its screening on ABC Television. The Director-General of Health wrote to Nomad Films International, the Royal Australian College of Ophthalmologists and Professor Hollows, insisting that the film be censored or not shown at all. The

CDH, which funded the NTEHP, wanted to assert its control over the film's content in order to conceal the poor living conditions and the extent of ill-health in Aboriginal communities in rural and remote Australia (Anon. 1978a).

The federal government was concerned that public revelations of the appalling health conditions in Aboriginal communities would be detrimental to the Northern Territory tourist industry. Would interstate and overseas visitors continue to visit the Territory if they knew that leprosy and sexually transmitted infections were rife in Aboriginal communities? The DGH stated that 'if the film were to be shown overseas, inaccurate and unfavourable impressions may be gained by prospective visitors to Australia, of the prevalence of disease such as leprosy, which evokes fear and horror in the minds of many people' (CDH 1978; Anon. 1978b). The CDH did not want to be held accountable for the environmental health conditions which enabled these diseases to flourish. The NTEHP survey demonstrated the importance of access to clean water for bodily hygiene and healthy eyes in dry and dusty conditions (RACO 1980).

The CDH accused Hollows of misleading the public with incorrect statistics on Aboriginal ill-health in northern and central Australia. The media were alerted to the federal government's criticism of the documentary, and journalist Jack Waterford (1978) wrote to the Royal Australian College of Ophthalmologists, saying that 'the trachoma film now appears to have hit the fan'. On 14 August 1978, the *Age* and the *Sydney Morning Herald* featured articles on the topic (Anon. 1978c, 1978d), and key players were invited to take part in television and radio interviews. The newspapers attempted to explain the CDH's criticisms: 'Professor Hollows has over-stated the leprosy and venereal disease rate. The film unfairly criticised the efforts of white health workers and exaggerated the blindness rate among Aborigines' (Anon. 1978c). However, public opinion, as expressed in the newspapers, rested firmly with Fred Hollows.

The newspapers included Hollows' responses to the federal government's criticisms (Anon. 1978e). He stated that the leprosy statistics came from the CDH's leprologist in the Northern Territory and the venereal disease statistics came from the NT Department of Health. He considered that the reported venereal disease incidence was lower than the actual incidence and that he had underestimated the severity of the health situation in the Territory (Anon. 1978c). An editorial in the *Age* in August 1978, entitled 'Nasty attempt at censorship', argued that 'the Health Depart-

ment's sensitivity does not credit it'. The editorial went on: 'reacting in the manner it has invites suspicion that the Department has something to hide. We do not suggest it has—other than its shame as a would-be censor. But the judges of this documentary film should be the public, not a small band of government officials. The screening should go ahead' (Anon. 1978d). The film did go ahead and was screened on ABC Television as scheduled on 30 August 1978. Once it was aired there was increased public support for the services that the NTEHP was providing. Among Fred Hollows' office papers (now archived) are many letters of support and donations which resulted from the Nomad Films International documentary (UNSW 1970–1980).

## Conclusion

Trachoma does not currently rank as a major contributor to the burden of ill-health in Australia's Aboriginal and Torres Strait Islander communities (ABS & AIHW 2005). But despite significant reductions, there is still a high prevalence of the disease in some Indigenous communities (Ewald et al. 2003; Taylor 2006). The World Health Organization has developed a systematic approach to controlling trachoma. Dubbed the SAFE strategy, it emphasises Surgery for trichiasis, Antibiotics for community programs, Facial cleanliness, and Environmental health improvements (Negrel et al. 2001). Currently, Australia has no SAFE program, but a recent study (Ewald et al. 2003) trialled three elements of the strategy in a Central Australian community. It concluded that trachoma will continue to occur in Indigenous communities until there is significant poverty alleviation and improvements in living conditions such as housing and overcrowding (as was recognised 30 years earlier—RACO 1980). The study also concluded that, because of high population mobility, trachoma control programs need region-wide coverage. This affirms the importance of the NTEHP and the need for a national approach to this infectious disease. Douglas Stanley, the director/producer of the original Nomad Films documentary, has recently expressed interest in making a sequel. This could serve not only to highlight developments in Aboriginal eye health but also to assess the extent to which censoring occurs today.

Fred Hollows' dream was to leave the world a better place. This is now a reality. In 1992 he established the Fred Hollows Foundation to continue his work. He died in 1993. The Foundation is a not-for-profit, non-government organisation that seeks to

eradicate avoidable blindness in developing countries, strengthen local health infrastructures, and find sustainable solutions to problems of inequitable access and affordability of services. It is engaged in capacity-building, poverty alleviation, and long-term development. Working with local partners, it supports and implements programs, monitors their progress and evaluates their impact. Since 1992, the Foundation has worked in collaboration with local partners in Africa, Asia and the Pacific. In Australia, it facilitates community-development programs with Aboriginal communities in the Northern Territory. This is done in partnership with several Aboriginal corporations and communities (TFHF 2006b).

*They used to call it Sandy Blight* helped ordinary Australians to begin to understand the extent to which the country's Indigenous people were suffering from preventable diseases. The documentary generated much support for the Trachoma Program and for the plight of Aboriginal peoples in general. It also gave Aboriginal Australians an insight into what was happening in other Indigenous communities across Australia. The NTEHP brought many persons together from great distances and had a common goal: to ameliorate the poor health conditions in Indigenous Australia. The strong sense of camaraderie in the NTEHP promoted the idea that Aboriginal and non-Aboriginal peoples could work together as equals. It is essential to reinforce the importance of maintaining the public gaze, with no censorship, now and in the future, on the poor living conditions, disadvantage and poor health outcomes suffered by many Indigenous Australians.

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### NOTE

1. Sandy Blight is another name for trachoma.

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**Jilpia Nappaljari Jones** trained in the early 1960s as a general nurse and midwife. By 1971, she was involved in the establishment of the first community-controlled Aboriginal Medical Service in Redfern, Sydney. After working on the NTEHP she gained a Churchill Scholarship to study ophthalmic nursing at Moorefield Eye Hospital in London. She worked as a registered nurse at Alice Springs and Cairns Base Hospital and as an ophthalmic nurse in the Trachoma and Other Eye Diseases Program in North Queensland. In 1995 Jilpia received the Order of Australia Medal for her work in eye nursing and birthing choices in remote communities. In 2003 she completed her BA at the Australian National University majoring in history and political science. Jilpia works part-time as a research officer in the AIATSIS health program.

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**Gordon Briscoe** has been a long-time activist in Aboriginal affairs. He worked as a field officer for the Foundation for Aboriginal Affairs and then for the Redfern Aboriginal Legal Service. He helped to establish the Redfern Aboriginal Health Service in 1971. Gordon graduated from the Australian National University with BA (History honours) in 1986, obtained his MA degree at the ANU in 1991, and completed his PhD at the ANU in the Research School of Social Sciences in 1997. He then became a Research Fellow at the Australian Centre for Indigenous History at the ANU. Gordon was awarded an Order of Australia Medal for his longstanding services to Indigenous health, legal services and education in 2005. Gordon is an academic historian, a published author, and an Honorary Visiting Fellow at AIATSIS.

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