

MEMORIES OF CO.AS.IT FROM 1968 TO 1982

by Gina Triaca

Gina Triaca was born in Melbourne in 1919 of an English father, Edward (Teddy) Tilbury and an Italian mother, Amelia Musso. Gina's father died before her birth, during the Spanish influenza epidemic and shortly after having recuperated from wounds suffered during World War I.

In 1936 Gina travelled with her mother Amelia to attend the University for Foreigners in Perugia and was one of only five Australians who had attended the University until that time. She was also the first female to have gained an Italian Language Teaching Diploma. Amelia's story has been brilliantly retold and published by her granddaughter, Maria Triaca-Harris in Amelia, A Long Journey.

In 1945 Gina married restaurateur Dante Triaca, son of the founder of the Cafe Latin, about which the acclaimed Australian author, Hal Porter wrote of in The Watcher on the Cast Iron Balcony in 1963.

Gina's strong sense of cultural heritage, community commitment and persistence in collecting material on Italian migration played a vital role in the founding of the Italian Historical Society.

Gina retired from CO.AS.IT as secretary in 1979 but returned many times to give a helping hand when required. Over the years CO.AS.IT has called on Gina's expertise and comprehensive knowledge of the Italian community in Melbourne of the time.

In July 1968 I was asked by members of the CO.AS.IT Committee to join the staff as an interpreter and hospital visitor, on a part-time basis.

When I first went to CO.AS.IT, which was located in Carlton, the staff consisted of an English speaking Social Worker and bi-lingual receptionist/telephonist. Under the Grant-in-Aid scheme, the agency was able to employ a Social Worker, whose salary was paid by the Government. The Rt. Hon. Bill Snedden was then the Minister for Immigration and CO.AS.IT was the first ethnic agency to receive such a grant in Australia.

My work was to interpret for the Social Worker during interviews with clients. The Social Worker was Miss Eileen Deason whose grandfather was one of the two men who found the famous gold nugget known as the 'Welcome Stranger'. Miss Deason explained to me that I was to interpret exactly what she and the client said.

I will never forget the first day I commenced work – a member of another organisation came to the office to ask for a translation of a large article about migrants in *Il Globo!* Later in the day I was sent to Caulfield hos-

pital to visit an Italian who had been in a car accident. Going to Caulfield was considered to be 'on my way home from Carlton to Hawthorn'. After a while it became a bit of a joke that I used to do home visits on my way home. Once I did a home visit to Heidelberg West 'on my way home'.

It soon became apparent that there was a need for hospital visiting and of course the need for an interpreter. The first CO.AS.IT office was in a little house in Faraday Street, Carlton (opposite Genevieve's Cafe). The two front rooms were used by the Catholic Intercultural Resource Centre (CIRC) and we had the back rooms. The hall-way became the waiting room area with a line of chairs along one wall. We didn't make appointments in those days. People just walked in off the street and sometimes all the chairs would be occupied and people would be standing along the other wall. Sometimes whole families would come in but there were also many single men.

I remember one particular family from Moonee Ponds. The daughter brought her father in because she wanted us to tell him that he was to stop running away. The police were constantly bringing him back

home. After interviewing the father it was easy to understand why he was running away from home. His daughter said she and her mother looked after him well, gave him money for cigarettes and still he wasn't happy. He told us that in Sicily he lived by the sea and he used to meet his friends and they would sit and talk and mend the fishing nets and have a glass of wine and he missed all this. From this seaside atmosphere to Moonee Ponds was a difficult adjustment.

On another occasion I was interpreting for the Social Worker and the client became angry with some suggestion made by the Social Worker. He started shouting and making big gestures and was saying "*ma questa qui è una strega, io la brucio!*". I kept translating but Miss Deason could see that I was hesitating and she said "*You must tell me what he's saying*", so I told her that he thought she was a witch and that he wanted to burn her! She coped very well with him and he continued to be a regular client.

On another occasion we had a client who was a widow and had come to see us because she had terrible pains in her back and couldn't sleep. She had a son who lived with her but left her alone a lot and another married son living far away, so it did appear she was a lonely person. She told a story about one night when she woke up and there was her husband telling her: "*Maria, I'm hungry, will you make me a pizza*". *'Of course I will'*. While I was doing this my son woke up and came into the kitchen and said *'Mamma what are you doing here in the middle of the night?'* and I said *'I'm making a pizza for your father who is hungry, see your father there'*. But my son couldn't see him and he ran away very frightened. I made the pizza but my husband went away".

Miss Deason thought this was a bit extraordinary too, so made an appointment for her to see a psychiatrist at Parkville. I was to go with her. The doctor listened to the story (I did the interpreting) and I was hoping she wouldn't have to go to hospital. She didn't. The doctor ordered some medicine and she was to return to Miss Deason the next week. When she came she was laden with a bottle

of Marsala and some Italian cakes for Miss Deason because she felt much better and was sleeping well and said to me about Miss Deason *'è una buona strega'* (She is a good witch).

I was to learn a lot at CO.AS.IT. As time went by I went from part-time to full-time because there really was a lot to do and I was coping with the requirements of the position. The Treasurer asked me if I could do a wages book and keep the accounts and prepare a monthly financial statement for the monthly Committee meetings. I did this as I like book-keeping.

At the same time as this work in the office, CO.AS.IT also ran classes for children to learn Italian on Saturday mornings. At the beginning there were three locations - at Carlton, Footscray and Clifton Hill. So on some Saturday mornings I would drive to these places delivering Italian books and rolls to the teachers. I also kept a record of the teachers' pay and other details.

As the workload increased, it was obvious that CO.AS.IT would move soon. For a while CIRC gave us one of their rooms, but

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Thursday - 25th July 1968 - 10.30 AM.

Italian Typing -
 Visited North Melbourne Baby Health Centre with Mrs. Tibaldi as volunteer interpreter -
 we saw three Italian mothers and their babies. Sister Rae was delighted with help given her. She is happy for Mrs. Tibaldi to offer volunteer to visit Centre when she needs one. Will advise Co. As. It. when she needs interpreter. left 4.30
 4 miles

(42)

Friday - 26th July 1968 - 11 AM. 3.30

Typing -
 Visited the home of Mr & Mrs Travatello with Miss Deason - no one there - Miss Deason left card for them in Italian.

A day of work in the life of Gina Triaca, as reported in her diary soon after she joined CO.AS.IT in 1968.

later on we moved to Macarthur Place in Carlton. We had more room and we now had a new Social Worker, Miss Joan Walters. Our receptionist Matilde Ventura and I, also went to the new premises. Another new employee was Pietro Persa who specialised in industrial matters. We used to get a lot of single men with problems. They didn't like the work, didn't like the pay or conditions. There were many men who had come under the Assisted Passage scheme and had to work in Australia for two years before being free to change work or to return to Italy. The worst thing that could happen to these men was if they got injured. They had little money and had to wait a long time for compensation and they would feel reluctant about writing back to their family in Italy about their invalidity to work and many were very unhappy.

One young man in particular I remember very well. He was so unhappy and desperately wanted to return to Italy. *'Meglio mangiare pane e cipolla sotto il cielo in Italia che stare qui'* (It is better to eat bread and onion under the sky in Italy rather than staying here). Our Social Worker explained to him if he worked hard, saved as much money as he could, in less than two years he could go back to Italy. He had already been here a few months. I remember very well some months later he turned up all smiles to see Miss Walters to tell her that he had saved enough money and was about to return to Italy.

Before Miss Walters came, through Mrs Connie Benn, we were able to obtain the services of Miss Nevia Utmar who was an Italian-speaking social-work student. She worked at CO.AS.IT as a placement but continued studying for her diploma. So with her, Miss Walters, Mr Persa and Matilde and me the staff started to grow as did the work. I was glad when Mr Persa came because I used to get fed up with the shopkeepers of Lygon Street who used to say to me *'Che cosa fanno tutte quelle donne al CO.AS.IT!'* (What are all those women doing at CO.AS.IT). I used to explain the kind of work we did but of course social work was still a fairly new area of work and



A section of CO.AS.IT Research and Information Unit which Gina Triaca helped to set up in the 1970s.

it was only when someone they knew came to CO.AS.IT for help that they started to get the message.

During all this time I used to cut out articles from the Melbourne daily papers and *Il Globo* and *La Fiamma* and I started to build up quite a collection of articles. [This collection was later to become an important part of the newspaper collection of the Italian Historical Society].

When I went to CO.AS.IT I was given a typewriter by courtesy of the Italian Consulate. It was an old manual Olivetti with accents and I loved it. One day before I left home they phoned from the office to tell me we had had a burglary and my beloved Olivetti had been stolen. For months I used to look in the windows of second-hand shops to see if I could find 'my Olivetti', but we never did find it. Of course as time went on and as the work increased we graduated to electric typewriters which of course I thought were wonderful.

In 1968 CO.AS.IT moved to 304 Drummond Street, Carlton. The building was pur-

chased by the Casa d'Italia Committee and leased to CO.AS.IT for a symbolic fee of \$1.00 a year for 99 years. Renovations to the building were funded by a grant from the Italian Government. When I fully retired in 1982, CO.AS.IT had reached the status of the official welfare agency of the Italian community in Victoria. Its area of operation had expanded to include the teaching of Italian in many metropolitan Catholic schools, two childcare centres, a Women's Refuge, a Research and Resource Centre and a staff of 24 people, including four social workers and a youth worker.

A selection of 1960s and 1970s newspaper clippings highlighting the migrants' needs for ethno-specific services.

CO.AS.IT's contribution in the areas of migrant welfare, social justice and bilingual education has been widely recognized by sociologists and has been referred to in many texts and research studies by renowned academics such as James Jupp, Jean Martin, Stephen Castles, David Cox and Louise Foster. CO.AS.IT not only provides services for the Italian community but has acted as advocate on social issues on behalf of the broader non-English speaking community. A number of ethno-specific welfare organisations have been modelled on CO.AS.IT Melbourne.

The Age 19/2/77
Language barrier: patients suffer

By LINSEY ARKLEY

Migrants who cannot speak English are being held in Victorian psychiatric hospitals against their will for up to three days while they wait for an interpreter.

This claim was made yesterday by a group of medical staff at Royal Park psychiatric hospital.

The group said many migrants who had been certified "apparently mentally ill" were discharged as soon as they were able to explain themselves through an interpreter.

A spokesman for the group, psychiatrist Dr. Ross Martin, said that because of a serious lack of interpreters, risks sometimes had to be taken with non-English speaking patients' health by giving them drugs before their medical history was known.

Further risks were taken by supplying discharged patients who could not read English with drugs for which instructions on use and dosage were written only in English.

Other migrants who can't speak English were taken before a proper assessment was made because of the lack of interpreting facilities.

Relatives, including children, domestic staff such as cooks and cleaners, and even other patients are being used as substitutes for properly trained interpreters.

Dr. Martin said most of the non-English speaking migrants brought to Royal Park had been certified after being taken to a doctor by police "when they are found acting strangely".

Although no records were kept on the number of migrants wrongly certified because of a language gap "the figure could well be hundreds a year," he said.

The Royal Park group's claims were supported by a seminar lecturer in Melbourne University's psychiatry department and former Royal Park deputy superintendent, Dr. Edmund Chiu.

They were also confirmed by spokesmen for the two largest ethnic welfare groups — the Australian Greek Welfare Society and the Italian group CO.AS.IT.

The Royal Park group is one of 16 ethnic, professional and industrial groups and organisations which have launched a campaign to force the State Government to provide interpreters at Mental Health Authority institutions.

The chairman of the Mental Health Authority, Dr. Jack Evans, said he believed the group's claims were true.

"I'm sure these things are happening, but I'm shocked that patients are being discharged with drugs with instructions they can't read," Dr. Evans said.

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Language a barrier

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"No patient has to be discharged as a few minutes' notice. If drugs are being issued to patients without instructions, then the doctor concerned is at fault."

Dr. Evans said he also was shocked that non-English speaking patients were being discharged before a proper assessment had been made. But he said he was "sure it is happening".

He said people being certified "apparently mentally ill" because of unusual behavior, then released after assessment at a psychiatric hospital "is a problem not limited to migrants".

Dr. Evans admitted risks "sometimes" have to be taken in emergency situations "by giving drugs to patients whose medical history was unknown. But this applies to people who can speak English as well," he said.

He said the practice of using relatives, domestic staff and other patients as interpreters was "undesirable".

"But if you haven't got anyone else you have to do the best you can," he said.

The State Health Minister, Mr. Houghton, said last night there was "nothing unusual" about patients being given drugs before their medical history was known.

"I'm sure it's done every day outside psychiatric institutions... people being given an injection or something after a serious accident," he said.

He said it was "good" that some migrants certified "apparently mentally ill"

were discharged as soon as they were able to explain themselves through an interpreter.

Mr. Houghton said there was "nothing wrong" with relatives, including children, domestic staff and other patients being used as interpreters.

He said he did not know whether the group's other claims were true and "may" investigate them.

"All these things are aimed at the lack of interpreters in MHA institutions," Mr. Houghton said. "There's nothing fresh about that. Various groups have been pushing for it for some time."

"I think there is an urgent need for interpreters, but it's not as if they have an interpreter services at all," he said.

The Age - 24/1/77
Seven-year migrant crisis time

By TONY BLACKIE

Migrants reach a mental illness crisis point seven years after their arrival in Australia.

Dr. Jerry Krupinski, the Mental Health Authority's director of research, said yesterday one of the most critical areas was migrant women from southern Europe who were unable to assimilate into Australian society.

"She loses effectiveness as her children, who have been to Australian schools, are better educated, and able to cope with their surroundings," Dr. Krupinski said.

"We found the southern European mother was left behind by her family after about seven years in terms of assimilation."

"For males the critical period is when they reach financial stability."

"While they are working paying off homes and mortgages they don't have time to break down."

Dr. Krupinski said the largest number of migrants who suffered from mental illness came from the newly established communities such as the Turks and South Americans.

The older groups such as the Greeks and Italians had established a community base, and they gave support to their members.

Recent research had shown that migrant children who arrived in Australia at the age of 10 or 11 years were producing the highest level of mental illness.

They were too far behind their Australian-born peers in schools, and were, therefore, doomed to a life of unskilled employment.

"These children are usually illiterate in both English and their mother tongue," Dr. Krupinski said.

"People without English are doomed to remain unskilled laborers, and they don't want that. This situation is then perpetuated in each generation."

"A solution to the problem is better education. If a person speaks English he is more able to assimilate."

Doctor calls for protest

Services for migrants in mental hospitals are almost non-existent, the deputy psychiatric superintendent at Royal Park Mental Hospital said yesterday.

Dr. Edmund Chiu said it was up to psychiatrists to voice their concern at the plight of migrants in mental institutions.

More than 25 per cent of patients in mental hospitals were migrants but specialist facilities such as interpreters were not provided, he said.

He said governments, ethnic groups and psychiatrists should work together to produce better conditions for migrants in mental hospitals.

THE AGE, Thursday, January 19, 1978

Migrants neglected: GP

By TONY BLACKIE

A migrant woman recently became pregnant after she misunderstood advice from a family planning clinic and gave the pill to her husband.

The incident is just one example of a communication breakdown between the medical profession and migrants according to a spokesman for ethnic GPs.

Dr. Dimitrios Ktenas, executive member of the Good Neighbor Council, said hospitals, community health centres and even Medibank actively discriminated against migrants who became ill.

He said many non-English

speaking migrant workers were paying out subscriptions for Medibank but didn't know of the services offered.

"I have been treating two to three migrants each week for venereal disease which could have been avoided if they had readily available information," Dr. Ktenas said.

"It is basically the lack of knowledge which makes the system work against the migrant community. I see so many people each day who are totally confused about all aspects of medicine and treatment."

He said family planning clinics almost totally neglected migrant

needs and often gave them misleading information.

"Less than one per cent of migrants use the clinics which are generally aimed at young middle class Australian born people," he said.

"No attempt is made to understand the cultural difficulties many migrants face in the area of family planning."

He said there had been many cases of migrant women having up to five abortions because they could not understand the use of contraceptives made available through clinics.

The Royal Commission on Human Relationships had totally neglected the means for a solution

to migrant health problems, Dr. Ktenas said.

Dr. Ktenas said 20 Greek doctors in Melbourne had called on the Federal Government to implement recommendations in the Henderson poverty inquiry relating to migrant health services.

He said there was a need for a migrant health unit similar to the one offered to Aborigines. Research into migrant health needs was also needed to improve conditions.

Sheltered workshops for handicapped migrants should also be provided and a special course for interpreters working with migrants in hospitals should be initiated, Dr. Ktenas said.