



## Griffith Base Hospital Heritage Interpretation Strategy



*Prepared by*  
**Betteridge Heritage**  
*for*  
**Comber Consultants**  
*on behalf of*  
**NSW Health Infrastructure**

**Final, 21 November 2021**

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**SPECIALISTS IN THE IDENTIFICATION, ASSESSMENT, MANAGEMENT AND INTERPRETATION OF CULTURAL HERITAGE**



## Report Register

The table below documents the development and issue of drafts and the final document titled Griffith Base Hospital Heritage Interpretation Strategy prepared by Betteridge Consulting Pty Ltd t/a Betteridge Heritage in accordance with the company's Quality Assurance Policy.

Issue No.	Description	Issue Date
1	Griffith Base Hospital Heritage Interpretation Strategy	16.06.2021
2	Griffith Base Hospital Heritage Interpretation Strategy	10.11.2021
3	Griffith Base Hospital Heritage Interpretation Strategy	21.11.2021

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## Executive summary

The author acknowledges that the Griffith Base Hospital is located on the traditional lands of the Wiradjuri First Nations people and pays respect to their Elders past, present and emerging.

Research and site investigations including the archaeological salvage excavation indicate that the site of the hospital has had several former lives. Prior to human occupation, it would have supported a natural ecological community. Test excavation in May 2020 uncovered 271 artefacts across five Potential Archaeological Deposits (PADs). Together with salvage excavation in November - December 2020, the site revealed over 3,000 Aboriginal artefacts, some from the site itself, others from elsewhere transported to the site as part of past landscaping. These artefacts demonstrate two different flaking techniques and are evidence of the ingenuity of the Wiradjuri in being able to adapt their technology to suit local conditions. Wiradjuri oral tradition tells stories of the site being used by Aboriginal people preparing themselves for ceremonies on the nearby high point now known as Scenic Hill.

The gardener at the hospital has over the years found evidence of artefacts such as horseshoes, nails, and metal consistent with the site having been the location of a camp used by blacksmiths and farriers during construction of the early irrigation channels in the Griffith area. Overlying these previous phases is the 90 plus years history of the place as the major centre of health care in Griffith since the 1930s.

Griffith Base Hospital is being upgraded as part of a \$250 million project involving the planning, design, and delivery of a hospital to meet the needs of Griffith and the surrounding communities both now and into the future. The project is being delivered in several phases. They include early and enabling works now underway on the health campus and the delivery of a new multi-storey hospital in the main works.

A recommendation of the Aboriginal Cultural Heritage Assessment Report and the Statement of Heritage Impact for the redevelopment was the preparation of a Heritage Interpretation Strategy for the place. Interpretation of the significance of a place is considered an integral part of the conservation process, communicating the heritage values of the place to regular users and visitors.

This Heritage Interpretation Strategy provides a history of the hospital site, identifies interpretive themes and audiences, and discusses ways of communicating the heritage significance of the place in ways that are culturally appropriate and provide users of the site with stories that are accurate, informative, entertaining, and stimulating. Possible media and locations for presentation of this information are suggested.

Interpretation is a 3-stage process, beginning with the strategy. Once this has been endorsed, a Heritage Interpretation Plan can be prepared, with detailed design of interpretive media which may include, but are not limited to, signs, displays, printed and web-based publications and face-to-face story-telling such as lectures and guided tours. The final stage is Implementation of the Plan.

This Heritage Interpretation Strategy is based on research carried out by Comber Consultants supplemented by further studies by Betteridge Heritage. The author acknowledges all those who have assisted with the provision of information and thank them for their kind assistance.

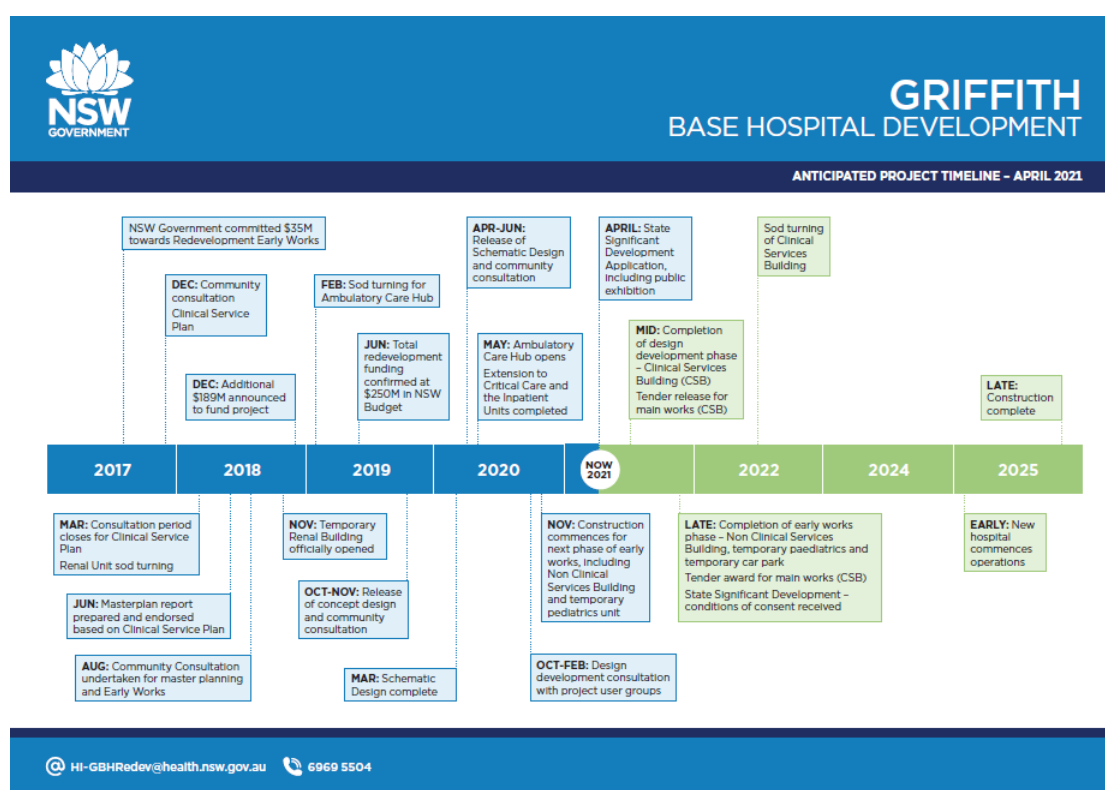
We hope that this strategy will help guide NSW Health Infrastructure to communicate the rich history of the hospital site to those who work there or visit the place.

## 1.0 Introduction

This section includes background to the preparation of the Heritage Interpretation Strategy for the Griffith Base Hospital site, the qualifications and experience of the authors, identification of the place, acknowledgment of those who helped in the preparation of the report, the methodology used, any limitations, a disclaimer, the heritage conservation terminology used, units of measurement and abbreviations used.

### 1.1 Background

Griffith Base Hospital is being upgraded as part of a \$250 million project involving the planning, design and delivery of a hospital designed to meet the needs of Griffith and the surrounding communities both now and into the future. The project is being delivered in several phases. They include early and enabling works now underway on the health campus and the delivery of a new multi-storey hospital in the main works.<sup>1</sup> The timeline for the project is shown below.



**Figure 1** Timeline for Griffith Base Hospital Development as of April 2021. (Source: NSW Health accessed online at [https://www.mhld.health.nsw.gov.au/getmedia/382d816a-d02a-4b13-81a4-1a3a901533fe/210331\\_Griffith\\_Timeline\\_April21\\_V2](https://www.mhld.health.nsw.gov.au/getmedia/382d816a-d02a-4b13-81a4-1a3a901533fe/210331_Griffith_Timeline_April21_V2) on 22 May 2021)

One of the recommendations of the Statement of Heritage Impact for the proposed redevelopment of the Griffith Base Hospital site to provide upgraded health facilities was the preparation of a Heritage Interpretation Strategy for the place. Interpretation of the significance of a place is considered an integral part of the conservation

<sup>1</sup> Accessed online at <https://www.mhld.health.nsw.gov.au/about-us/griffith-base-hospital-redevelopment> on 22 May 2021

process, communicating the heritage values of the place to regular users and visitors.

This Heritage Interpretation Strategy has been prepared for Comber Consultants on behalf of NSW Health to guide the interpretation of the Griffith Base Hospital site, a place with strong associations with Aboriginal culture, the establishment of Griffith as a designed landscape in the Murrumbidgee Irrigation Area (MIA) and the provision of health services for Griffith and the surrounding region.

Griffith Base Hospital is listed on the Department of Health's s.170 Register, compiled in accordance with the NSW *Heritage Act 1977*, as amended. The former Matron's House and Nurses Quarters which were located at the Griffith Base Hospital are listed on Schedule 5, Environmental Heritage, on *Griffith Local Environmental Plan 2014* (LEP) as Item I2, although the Nurses Quarters were demolished sometime after 2017. The Griffith Base Hospital as a whole is not listed on the LEP or the State Heritage Register SHR). It should be noted that the whole of the hospital is shaded brown on the LEP Heritage Map – Sheet HER\_004A. The shaded area contains the label "I2". Therefore, the shading is only referring to the former Matron's House and Nurses Quarters. It does not indicate that the whole of the hospital is listed on the LEP.

## **1.2 Objectives of the Heritage Interpretation Strategy**

This Heritage Interpretation Strategy aims to provide a working framework for the development, implementation and installation of interpretive media and devices which will communicate the significance of the Griffith Base Hospital site and its historical context in accurate, culturally appropriate, informative, and entertaining ways.

It imposes a thematic framework over the historical chronology to draw out relevant, informative, and engaging information which contributes to understanding the significance of the site and what it can add to the appreciation of the site's history and significance.

The key objectives of the Strategy are to:

- provide a summary chronology of the Griffith Base Hospital site in order to understand its significance.
- identify and summarise key interpretive themes and messages for the Griffith Base Hospital site which align with the Australian and NSW historical themes adopted by Heritage NSW.
- identify an audience profile for the Griffith Base Hospital site.
- assess and identify appropriate methods for interpreting the heritage significance of the Griffith Base Hospital site, and
- identify opportunities and constraints for interpreting key features and the historical context of the Griffith Base Hospital site.

This strategy will inform the following stages for heritage interpretation, namely:

Stage 2 - a Heritage Interpretation Plan which will provide the detailed design and documentation to deliver specific interpretive content, the methods and techniques for information delivery and the design and costing of interpretive installations.

Stage 3 – an Implementation Plan which provides the physical implementation of the interpretive media and devices as part of the upgrade of health care facilities on the Griffith Base Hospital site.

Stages 2 and 3 may be combined but the delivery program will need to align with the detailed design, documentation, and construction program.

### **1.3 Methodology**

This Heritage Interpretation Strategy has been prepared in accordance with current best practice guidelines and methods for interpreting heritage significance in NSW and references the following documents:

- *Heritage Interpretation Policy and Guidelines* (Heritage Council of NSW, 2005).
- *The ICOMOS Charter for the Interpretation and Presentation of Cultural Heritage Sites* (ICOMOS International, 2008).
- *Australia ICOMOS Charter for Places of Cultural Significance ‘the Burra Charter’* (Australia ICOMOS, 2013).

The Burra Charter defines interpretation as:

*“all the ways of presenting the cultural significance of a place. Interpretation may be a combination of the treatment of fabric; the use of and activities at the place; and the use of introduced explanatory material.”*

The preparation of this Heritage Interpretation Strategy involved the following steps:

- Library and web-based research of documentary evidence.
- Consultation with stakeholders.
- Site investigations.
- Identification of relevant interpretive themes.
- Identification of potential audiences.
- Identification of potential delivery media and locations.
- Preparation of draft Heritage Interpretation Strategy.
- Consideration of stakeholder comments on draft document.
- Finalisation of Heritage Interpretation Strategy.

### **1.4 Identification and experience of the author**

This Heritage Interpretation Strategy has been prepared by Chris Betteridge BSc (Sydney), MSc (Museum Studies) (Leicester), AMA (London), M.ICOMOS and Margaret Betteridge MA (NSW), Grad. Cert. (Museum Studies) (Leicester), AMA (London), Dip. Decorative Arts, Director of Betteridge Heritage. Chris has more than 40 years’ experience in the identification, assessment, conservation management and interpretation of cultural heritage places including the preparation of heritage interpretation strategies and plans for numerous significant places in NSW, ACT and New Zealand. The report was reviewed by Margaret Betteridge, Director, Betteridge Heritage.



## 1.4 Acknowledgments

The authors would like to thank the following for their kind assistance in the preparation of this report:

Uncle James Williams Snr, Aboriginal Elder.  
 Stephen Young, CEO, Griffith Local Aboriginal Land Council.  
 Garry Currey, Senior Aboriginal Joint Management Coordinator, NPWS.  
 Margaret Betteridge, Director, Betteridge Heritage.  
 Rina Cannon, Librarian, Griffith City Council.  
 Jillian Comber, Director, Comber Consultants.  
 Ray Greig, Gardener, Griffith Base Hospital.  
 Edna Hare, Griffith Genealogical and Historical Society.  
 Wendy Polkinghorne, Griffith Genealogical and Historical Society.  
 Peter Tegg, Construction Manager, Hutchinson

## 1.5 Limitations

This strategy has been based on historical research prepared by others, supplemented by consultation with relevant stakeholders and further research by the author.

## 1.7 Disclaimer

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## 1.8 Terminology

Australia ICOMOS, an affiliate of UNESCO, is the professional body for conservation practitioners in Australia. The organisation's charter and guidelines, popularly known as the Burra Charter are used to guide the conservation of places of cultural significance in this country and have been used in this Plan. Key definitions in the Charter are listed below.

**Place** means site, area, land, landscape, building or other work, group of buildings or other works, and may include components, contents, spaces and views.

**Cultural significance** means aesthetic, historic, scientific, social or spiritual value for past, present or future generations. Cultural significance is embodied in the **place** itself, its **fabric, setting, use, associations, meanings, records, related places** and **related objects**. Places may have a range of values for different individuals or groups.

**Fabric** means all the physical material of the **place** including components, fixtures, contents, and objects.

**Conservation** means all the processes of looking after a **place** so as to retain its **cultural significance**.

**Maintenance** means the continuous protective care of the **fabric** and **setting** of a **place** and is to be distinguished from repair. Repair involves restoration or reconstruction.

**Preservation** means maintaining the **fabric** of a **place** in its existing state and retarding deterioration.

**Restoration** means returning the existing **fabric** of a **place** to a known earlier state by removing accretions or by reassembling existing components without the introduction of new material.

**Reconstruction** means returning a **place** to a known earlier state and is distinguished from **restoration** by the introduction of new material into the **fabric**.

**Adaptation** means modifying a **place** to suit the existing use or a proposed use.

**Use** means the functions of a **place**, as well as the activities and practices that may occur at the **place**.

**Compatible** use means a use which respects the cultural significance of a **place**. Such a use involves no, or minimal, impact on cultural significance.

**Setting** means the area around a **place**, which may include the visual catchment.

**Related place** means a place that contributes to the **cultural significance** of another place.

## 1.9 Units of measurement

Many of the historical documents relating to the site have distances and areas measured in imperial units such as miles and acres. These have been converted to metric units and where possible both are shown in the text. Set out below are conversions for some imperial measurement units that may be found in the history and description of the site.

### Distance

1 inch = 2.54 centimetres.

1 foot = 30.48 centimetres.

1 yard = 91.44 centimetres.

1 rod = 5 1/2 yards or 16 1/2 feet = 5.0292 metres.

1 rood = 5 1/2 to 8 yards, depending on local variations.

1 chain = 66 feet = 20.1168 metres.

1 mile = 5,280 feet = 1,760 yards = 1.6093 kilometres.

### Area

1 square rod = 1 perch = 30 square yards = 25.29 m<sup>2</sup>.

1 rood = 40 square rods or 1/4 acre = approximately 1011.714 m<sup>2</sup>.

1 acre = 4,840 square yards = 160 perches = 0.404686 hectare.

1 square mile = 2.58999 square kilometres.

### Volume

1 Imperial gallon = 4.54609 litres.

## 1.10 Abbreviations

For the sake of brevity in the text, the names of some organisations, acts and documents are abbreviated after first use. Listed below are those abbreviations and acronyms likely to be found in the heritage assessment.

AHIMS - Aboriginal Heritage Information Management System.  
 AHIP - Aboriginal Heritage Impact Permit.  
 AMP – Archaeological Management Plan.  
 BCA – Building Code of Australia.  
 BC Act – *Biodiversity Conservation Act 2016* (NSW).  
 CMP - Conservation Management Plan.  
 DA – Development Application.  
 DCP - Development Control Plan.  
 DD Act - *Disability Discrimination Act 1992* (Commonwealth).  
 DPIE - NSW Department of Planning, Industry and Environment.  
 EP & A Act – *Environmental Planning & Assessment Act 1979* (NSW).  
 EP & A Regulation - *Environmental Planning & Assessment Regulation 2000* (NSW).  
 EPBC Act - *Environmental Protection and Biodiversity Conservation Act 1999* (Commonwealth).  
 HIS – Heritage Impact Statement.  
 HNSW – Heritage NSW.  
 ICOMOS - International Council of Monuments and Sites.  
 LALC – Local Aboriginal Land Council.  
 LEP - Local Environmental Plan.  
 MIA – Murrumbidgee Irrigation Area.  
 ML – Mitchell Library.  
 NCC – National Construction Code.  
 NPWS – National Parks and Wildlife Service.  
 NSW – New South Wales.  
 NT - National Trust of Australia (New South Wales).  
 PAD – Potential Archaeological Deposit.  
 PP – Planning Proposal.  
 RAHS – Royal Australian Historical Society.  
 SAG – Society of Australian Genealogists.  
 SEPP – State Environmental Planning Policy.  
 SHR - State Heritage Register.  
 SLNSW – State Library of New South Wales.  
 SMH – *Sydney Morning Herald*.  
 SOHI - Statement of Heritage Impact.  
 UNESCO - United Nations Educational, Scientific and Cultural Organisation.  
 WHS Act – *Work Health & Safety Act 2011* (Commonwealth).  
 WHS Regulation - *Work Health & Safety Regulation 2011* (Commonwealth).

## 2.0 Identification of the Griffith Base Hospital site

Griffith City is in the Riverina Region of south-western New South Wales, about 450 kilometres north of the Melbourne CBD, and 570 kilometres west-south-west of the Sydney CBD. The city is within the Murrumbidgee Irrigation Area (MIA) and within the Griffith City Council Local Government Area (LGA) (Figure 2)



**Figure 2** The location of Griffith in New South Wales. (Source: Comber Consultants)

Griffith Base Hospital is located at 5-39 Animoo Avenue, Griffith, NSW, and the property description is Lot 2 DP, 1043580 (Figure 3).



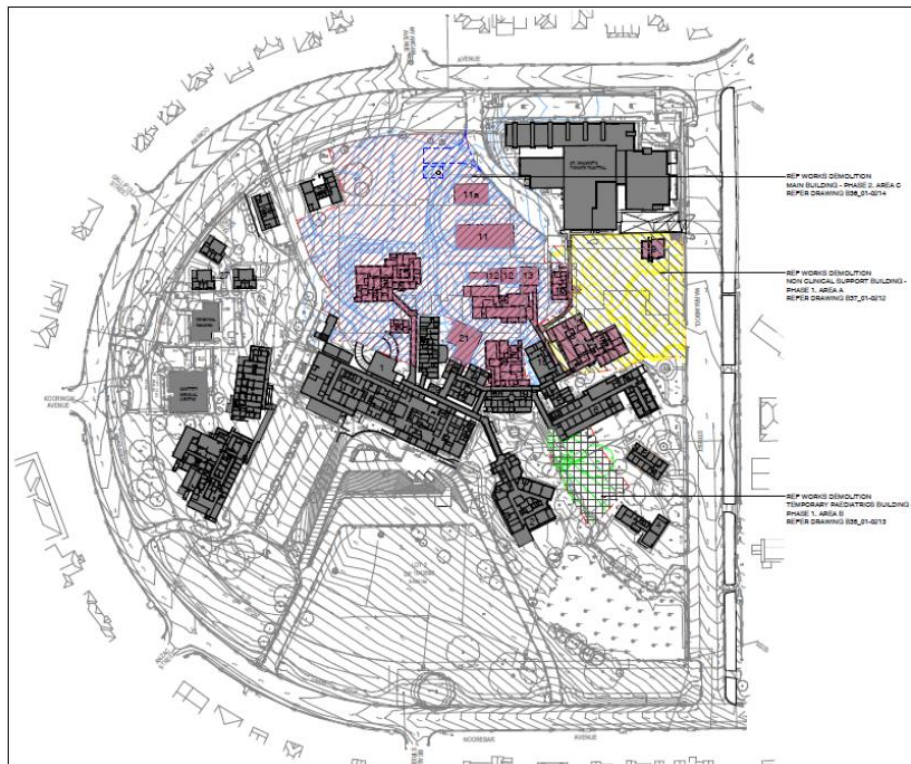


**Figure 3** The location of Griffith Base Hospital, edged red, in relation to the Griffith CBD and adjoining residential areas. (Source: Comber Consultants)

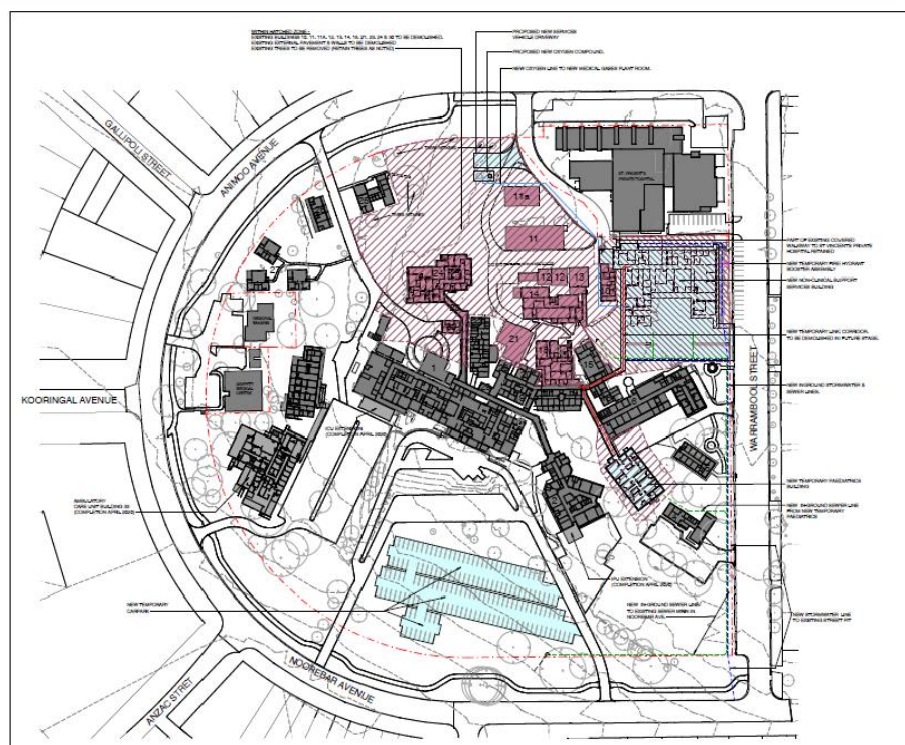
Griffith Base Hospital is ageing and no longer fit for purpose. The original buildings were constructed in 1931 and have since been altered and extended many times and new buildings constructed. The first extensions / new building works commenced in 1936 and continued until 1999. The current redevelopment is designed to improve







**Figure 5** Plan of the Griffith Base Hospital site showing demolition and early works for the hospital upgrade. (Source: djrd / CBRE/Comber Consultants)



**Figure 6** Plan of the Griffith Base Hospital site showing proposed early works. (Source: djrd / Comber Consultants)





**Figure 7** Oblique aerial photograph of Griffith Base Hospital site with render of new building. (Source: djrd Architects / ArchitectureAU Industry News 8 November 2021)

### 3.0 What is heritage interpretation?

This section summarises the purpose of heritage interpretation, its guiding principles, and the three-stage process for interpretive planning.

#### 3.1 *The purpose of interpretation*

Interpretation is broadly defined as the communication of information about, or the explanation of the nature, origin, and purpose of natural, historical, or cultural places, sites and objects and the processes and people who have contributed to their significance.

Heritage interpretation can use passive or interactive methods to communicate significance and is used in museums and galleries, zoos, natural landmarks, national parks, botanic gardens, parks, town precincts and on sites, buildings and landscapes to deliver pertinent information. It can also be successfully integrated into infrastructure, including lighting, pavements, built form, new landscape and other public amenities. It can be realised through exhibitions and displays, signage, public engagement, public art, models, maps, walking and guided tours, multimedia and mobile applications.

Interpretation helps to create platforms for dialogues which explain the rationale for the retention of heritage features in the cultural landscape and promotion of values which enhance a site's identity, conserve its history and create accessible pathways for understanding its significance. It encourages understanding and respect for former and proposed activities and / or occupants in the true spirit of diversity.

Freeman Tilden (1883-1980) was one of the first people to set down the principles and theories of heritage interpretation and his work with the US National Parks Service has inspired and continues to inspire interpretation practitioners around the world. Interpretation theory is derived from six basic principles of interpretation,



identified by Professor Tilden in his 1957 book *Interpreting our heritage* and these remain highly relevant to the heritage interpretation industry today:

- 1 Any interpretation that does not somehow relate what is being displayed or described to something within the personality or experience of the visitor will be sterile.
- 2 Information, as such, is not Interpretation. Interpretation is revelation based upon information, but they are entirely different things. However, all interpretation includes information.
- 3 Interpretation is an art, which combines many arts, whether the materials presented are scientific, historical or architectural. Any art is in some degree teachable.
- 4 The chief aim of interpretation is not instruction, but provocation.
- 5 Interpretation should aim to present a whole rather than a part and must address itself to the whole man rather than any phase.
- 6 Interpretation addressed to children (say up to the age of twelve) should not be a dilution of the presentation to adults but should follow a fundamentally different approach. To be at its best it requires a separate program.

Tilden's theories were subsequently developed by Sam Ham, Professor Emeritus at the University of Idaho, Moscow, Idaho, USA, where for nearly forty years he has carried out research and taught in the areas of protected area management, sustainable tourism, cognitive and social psychology, persuasive communication, and interpretation in natural and cultural settings. He is Director of the Centre for International Training and Outreach. Professor Ham proposed a strategy for changing behaviour and challenging thinking through persuasive communication, suggesting that to be effective, interpretation needed to be Thematic, Organised, Relevant and Enjoyable (the so-called TORE model).

The primary goal of an Interpretation Strategy is to contribute to the master-planning process of a site and to identify key locations where relevant interpretive themes and messages which enhance the understanding of the heritage significance of the site can be delivered.

### **3.2 Guiding principles**

The Heritage Council of NSW Heritage Interpretation Policy (August 2005) suggests a framework for practice in heritage interpretation using the following guiding principles:

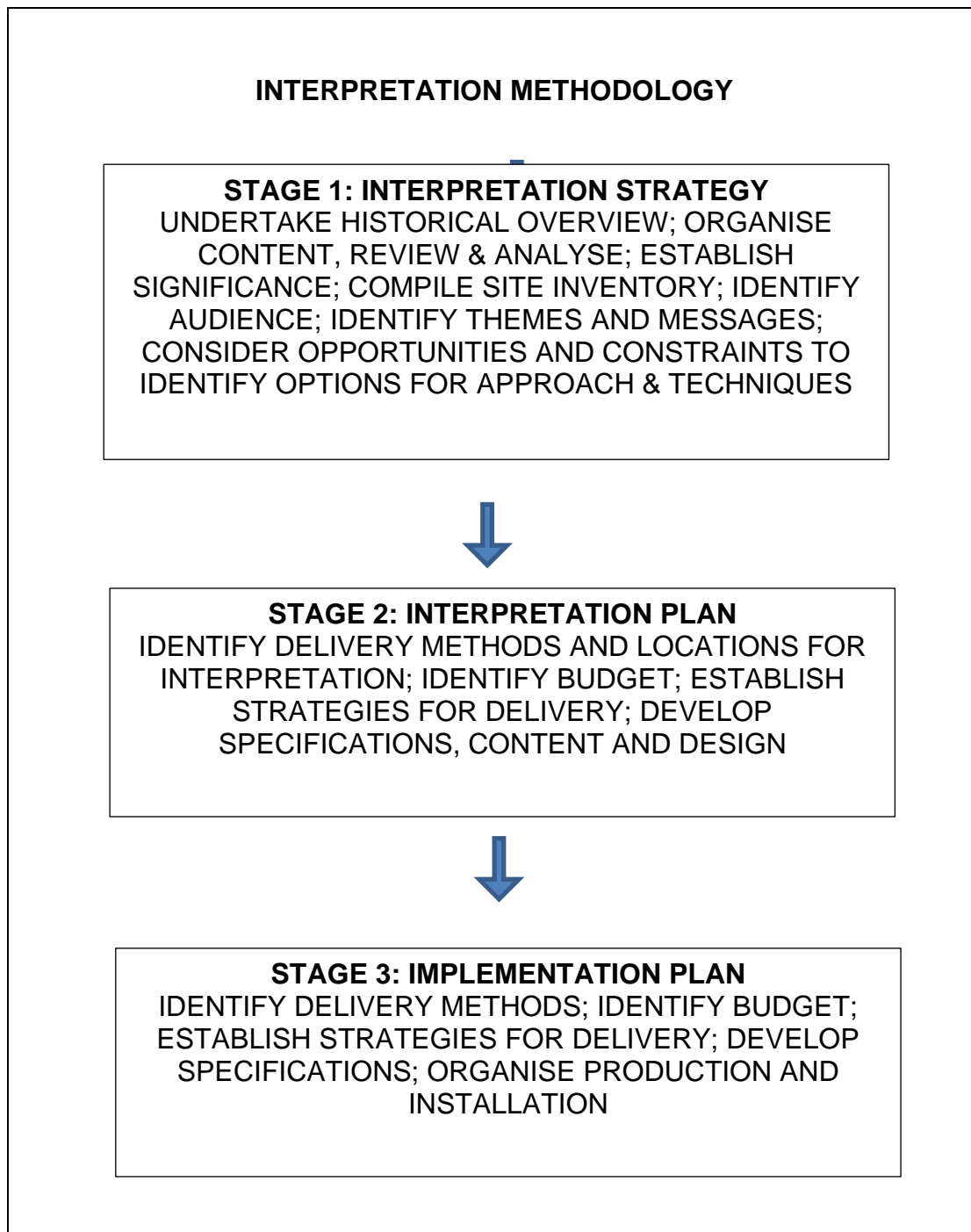
- **People and culture:** Respect heritage sites for the special connections between people and items.
- **Significance:** Understand the item and convey its significance.
- **Records and research:** Use existing records of the item, research additional information, and make the records and research publicly available (subject to security and cultural protocols).
- **Audience:** Explore, respect and respond to the identified audience.

- **Themes:** Make reasoned choices about themes, ideas and stories.
- **Engaging the audience:** Stimulate thought and dialogue, provoke response and enhance understanding.
- **Context:** Research and understand the physical, historical, spiritual and contemporary context of the item and related items; and respect local amenity and culture.
- **Sustaining significance:** Develop interpretation that strengthens and sustains the significance of the item, its character and authenticity.
- **Conservation planning:** Integrate interpretation in conservation planning, and in all subsequent stages of a conservation project.
- **Maintenance, evaluation and review:** Include interpretation in the ongoing management of an item; provide for regular maintenance, evaluation and review.
- **Skills and knowledge:** Involve people with relevant skills, knowledge and experience.
- **Collaboration:** Collaborate with organisations and the local community.

### ***3.3 Interpretation planning***

Interpretive planning provides a structured 3-phase approach to developing methods of communication to deliver information which adopts Tilden's and Ham's approaches – namely that is thematic, organised, relevant and engaging. An interpretation strategy provides the direction, identifies themes, organises information and suggests appropriate media, specific to a site, its unique heritage values and audience.

The methodology which underpins the preparation of an Interpretation Strategy is identified in the flow chart shown in Figure 8.



**Figure 8** Three stage methodology to produce a heritage interpretation strategy, plan and plan implementation. (Source: Betteridge Heritage)

## 4.0 Analysis of documentary evidence

This section provides a narrative history and thematic analysis of the Griffith Base Hospital site, in the context of the growth and development of Griffith, drawn from a variety of sources including the Statement of Heritage Impact supplemented by additional web-based and library research at Griffith City Library, Griffith Genealogical and Historical Society, Griffith Pioneer Park Museum and publications listed in the Bibliography.

### 4.1 *The hospital site as a cultural landscape*

The Griffith Base Hospital site should be seen as part of a cultural landscape, including its setting and its local context rather than just a group of health care buildings and associated infrastructure.

“A cultural landscape is fashioned from a natural landscape by a culture group. Culture is the agent; the natural area is the medium. The cultural landscape the result.”

- Carl Sauer<sup>2</sup>

“Landscape is never simply a natural space, a feature of the natural environment. Every landscape is the place where we establish our own human organization of space and time”.

- John B. Jackson<sup>3</sup>

Cultural landscapes “can present a cumulative record of human activity and land use in the landscape, and as such can offer insights into the values, ideals and philosophies of the communities forming them, and of their relationship to the place. Cultural landscapes have a strong role in providing the distinguishing character of a locale, a character that might have varying degrees of aesthetic quality, but, regardless, is considered important in establishing the communities’ sense of place.”<sup>4</sup>.

A 2010 publication by the NSW Department of Environment, Climate Change and Water (DECCW) provides guidelines for managing cultural landscapes. It defines the cultural landscape concept as emphasising “the landscape-scale of history and the connectivity between people, places and heritage items. It recognises the present landscape is the product of long-term and complex relationships between people and the environment. On any given area of land, it is likely that some historical activity will have taken place. Evidence of that activity may be detectable in the vegetation, or in landscape modifications as well as in structures, archaeological evidence, historical documents, or people’s stories. Some places have ‘touched the landscape only lightly’, while some places of historical activity are marked by imposing built structures or are commemorated for their association with important events or people.

For the purposes of the DECCW guide, cultural landscapes are defined as:

*“... those areas which clearly represent or reflect the patterns of settlement or use of the landscape over a long time, as well as the evolution of cultural values, norms and attitudes toward the land.”*

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<sup>2</sup> Sauer 1963, p.343

<sup>3</sup> Jackson 1984, p.156

<sup>4</sup> Pearson and Sullivan 1995

The elements of a cultural landscape are illustrated below.

<b>Landscape = Nature + People</b>
<b>Landscape = The Past + The Present</b>
<b>Landscape = Places + Values</b>

**Figure 9** The elements of a cultural landscape. (Source: Diagram after Guilfoyle 2006:2,

A more nuanced representation of a cultural landscape is shown in the diagram at Figure 10.



**Figure 10** The natural, human, cultural, social, perceptual, and aesthetic components that interact to create cultural landscapes. (Source: Heritage Council of Ireland 2010©)

A cultural landscape approach to interpretation offers an opportunity to integrate natural and cultural heritage interpretation by seeing culture and nature as interconnected dimensions of the same space.

## **4.2 The site prior to human occupation**

### **4.2.1 Geology, topography and soil landscape**

The Griffith Base Hospital site is located within the Cocoparra geological group. The underlying lithology is part of the Ravendale Terrestrial Basin and includes typical features such as the Rankin Formation, Mailman Gap Conglomerate Member,

Womboyne Formation, Jimberoo Member, Melbergen Sandstone Member, Confreys Shale Member, Naradhan Sandstone, Barrat Conglomerate.<sup>5</sup> These formations provide fine grained siliceous material such as quartzite, chert, and rhyolite pebbles. These pebbles are generally less than 64mm in size.

The local topography is characterised by flat to gently undulating plains of red and brown clayey sand, loam, and lateritic soils. The site is located approximately 30 km north of the Murrumbidgee River and approximately 8 km west and north of Mirrool Creek, the largest permanent water source in the local area. Several ephemeral creek lines descending from the McPhersons Range / Scenic Hill Reserve are to be found approximately 700m north of the site.

Typical unmodified soil profiles within the study area would have comprised a 0-35 cm deep A horizon of red to yellowish clay sands to sandy clays overlying up to 1.6 m deep B horizons of medium clays. Aboriginal objects within the study area were found throughout both the A and B horizons, although concentrated in the A horizons.

#### **4.2.2 Original ecological community**

Prior to human occupation of the land where Griffith is now located, the original vegetation community has been identified as Inland Riverine Forest characterised by *Eucalyptus camaldulensis* (river red gum), occasionally with *E. largiflorens* (black box), *E. melliodora* (yellow box) or *E. macrocarpa* (grey box) and *Callitris columellaris* (white cypress pine). Photographic evidence from c1920 shows part of the site that would later become Griffith Base Hospital with tree cover of *C. columellaris*. The understorey would have comprised various shrubs, herbs, and ferns.<sup>6</sup> These vegetation communities provided habitat for a variety of animals such as kangaroos, wallabies, sugar gliders, possums, various lizards, snakes, and birds – species hunted by past Aboriginal people as sources of food and raw materials for clothing, ornamentation, tools and implements.<sup>7</sup>

### **4.3 Aboriginal cultural heritage**

#### **4.3.1 Wiradjuri Country and Aboriginal occupation of the area**

Griffith is within the western portion of Wiradjuri country, which is in central New South Wales and encompasses an area of over 80,000 square kilometres making it one of the largest Aboriginal language regions in Australia.<sup>8</sup> (See Figure 11). The term Wiradjuri can refer to the people, their language or the geographical area designated as Wiradjuri Country.<sup>9</sup> Where once it may have clearly referred to a language group, today Wiradjuri people are defined by an extensive kin network<sup>10</sup> and by their cultural heritage.

The area around the Lachlan, Macquarie, Murrumbidgee, and Darling Rivers is the area traditionally inhabited by Wiradjuri speakers prior to the invasion and continues to be regarded as Wiradjuri country today. This rich riverine environment contributed to a highly developed economy for the Wiradjuri and continues to nurture Wiradjuri lifeways.<sup>11</sup>

<sup>5</sup> Wynn 1977

<sup>6</sup> Keith 2006, p.230-1; Moore 2005

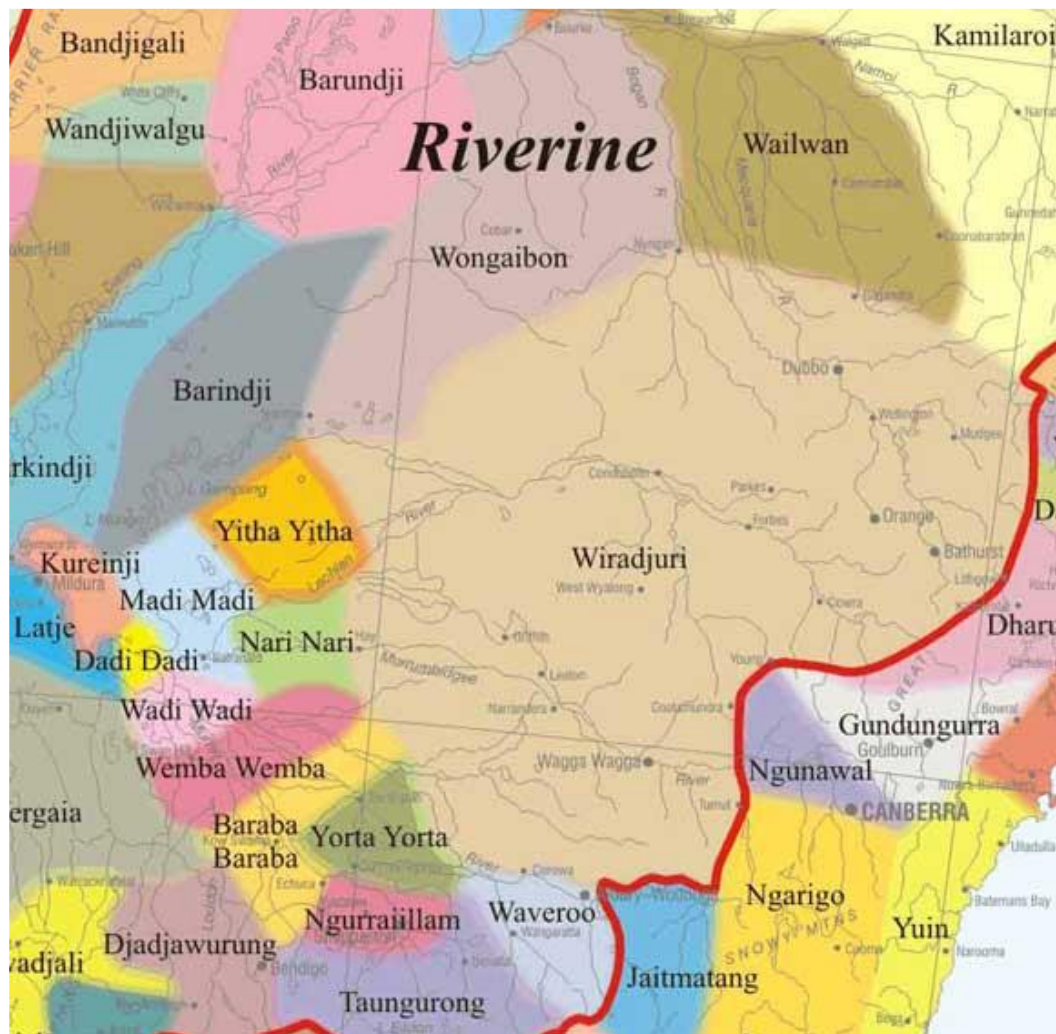
<sup>7</sup> Attenbrow 2010

<sup>8</sup> Macdonald 2004, p.22

<sup>9</sup> Macdonald 1986, p.3

<sup>10</sup> Macdonald 1986; Read 1983, p.xii

<sup>11</sup> Macdonald 2004, p.22; Macdonald 1986, p:4



**Figure 11** Map showing the location of the Wiradjuri Nation within the Riverina. (Source: Horton 1996 / Comber Consultants)

Despite sharing a language, the Wiradjuri were not a single political unit ruled by a Chief. Rather, they were a confederacy of clans or family groups who shared a language, albeit with some local differences or dialects as detailed above, and a system of common beliefs. The Wiradjuri language speakers lived in family groups of husband and wife (or wives), their children and grandparents, adult sons and their wives and children. They were part of a larger autonomous clan group who had rights over a defined area or “home territory” within the broader Wiradjuri country. This was usually near permanent water.<sup>12</sup> Each clan often identified themselves by the river around which they camped, and which provided sustenance. Individuals would identify themselves as a “Boganer”, a “Lachlan woman” or from the Murrumbidgee.<sup>13</sup>

Traditionally, these small self-contained family groups used the river flats and waterways as travelling routes to access resources on a seasonal basis. Their land provided all their economic and spiritual nourishment. It contained the water and food resources, shelter, and the sacred sites necessary to their religious and ceremonial life. Small bough shelters were constructed for protection from the elements and used by family groups whilst travelling. They contained a simple frame of boughs or

<sup>12</sup> Matthews 1906:941; Read 1983:6; Pearson 1987:86

<sup>13</sup> Macdonald 2001:2

saplings placed upright in the ground in a semi-circular shape. The upper sections were tied together and covered with leaves, bark, or grass.<sup>14</sup> Huts made of sheets of bark attached to timber supports were observed in the Yass area. A small fire was lit near the entry to these shelters for heating and cooking and wind breaks were erected.<sup>15</sup> Evidence of Wiradjuri occupation can still be seen in the form of open artefact scatters, scarred and carved trees, hearths, and bora grounds (AHIMS).

Availability of water and resources dictated movement, the location and intensity of occupation camps. The large rivers were the prime camping locations, however, wetlands provided good food resources and fresh water, whilst springs at various locations were suitable for localised seasonal camps. Rock holes also provided water as did “puddled stumps”, where a tree stump was hollowed out by fire and lined with clay and layered with small stones, to hold water. Boughs, bark, or hollowed tree logs were placed into both the rock holes and puddled stumps to direct water into them.<sup>16</sup>

Wiradjuri food economy was focused on rivers, swamps, forests and their hinterlands. As Wiradjuri occupation was therefore centred on the major rivers, the Wiradjuri became known as “the river people”. Their procurement strategy was based on adaptive stability, determined by a deep knowledge of nature and countryside, and a careful approach to hunting and collecting. There is abundant evidence for advanced economic practices such as harvest rotation to ensure continuous supply of food, which also guaranteed a varied diet. Wiradjuri country was recognised by natural features which defined the boundaries and by spiritual sites which were associated with their ancestors.<sup>17</sup>

The first encounters of Europeans on Wiradjuri country occurred during the expeditions of explorers George Evans in 1813,<sup>18</sup> John Oxley in 1817,<sup>19</sup> Hamilton Hume and William Hovell in 1824,<sup>20</sup> Charles Sturt in 1828-9<sup>21</sup> and Thomas Mitchell 1835-1845.<sup>22</sup> In the 1830s full-scale non-Aboriginal expansion commenced into Wiradjuri lands and was gradually taken over by farms, cattle stations and pastoral estates which moved down the river corridors. The second half of the 19th century was a time of great expansion into Wiradjuri country with almost every hectare being alienated<sup>23</sup>, including the study area which was in the northern portion of the Kooba pastoral holding that housed an out-station widely referred to as Jondaryan.

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<sup>14</sup> Kabaila 1999:120

<sup>15</sup> Green 2002:57-58

<sup>16</sup> Gilmore 1935:36; Green 2002:72

<sup>17</sup> Comber 2019:10-15

<sup>18</sup> Turpin 1913

<sup>19</sup> Oxley 1964

<sup>20</sup> Bland 1965

<sup>21</sup> Sturt 1982

<sup>22</sup> Mitchell 1893

<sup>23</sup> Comber 2019





Name	Location/s	Period of occupation	Characteristics
Warragesda	Darlington Point	1879-1924	Established as 'Aboriginal Station' by John Gribble, later converted to a mission managed by the 'Aborigines Protection Association / Board'. Appearance of a small village with a church.
Darlington Point Reserve	-	1924-1950s	After the dissolution of Warragesda people from the mission and people from other places camped together along the banks of the nearby Murrumbidgee River. Fibro shacks and corrugated iron houses with fibro floors; small church.
Wattle Hill, Leeton	1.8 km west of Leeton Cannery	1940s-1960s	Former cannery workers' fringe camp. After the end of WWII occupied extensively by Wiradjuri people. 4 streets of corrugated iron and bag huts. Bulldozed ahead of sub-development in 1968.
Griffith Town camps	The Pines Old Tip Golf Course Scenic Hill Wakaden Street Tharbogang Condo Lane The Willows	1940s-1970s	Series of shanty towns made up of humpies and bag huts of seasonal workers throughout Griffith.
Frogs Hollow Marsh	Western edge of Griffith	1940s-1990s	Camp made of bag huts and tin humpies established during the labour shortages of WWII. Although shacks were pulled down in 1959 the area was populated by people into the 1990s.
Three ways	Adjacent to Frogs Hollow Marsh	1954-1980s	5 acres of land set aside as Aboriginal reserve. After the raising of Frogs Hollow Marsh people moved to Three ways. Housing scheme for Aboriginal people developed in the 1960s, comprising houses and tin huts; sewage since the 1970. Redeveloped as subdivision in the 1970.

**Figure 13** Table showing the Aboriginal reserves and camps in Griffith and nearby areas.  
(Source: Comber Consultants)

As a result of colonization, *The Aborigines Protection Act 1909* (not rescinded until 1960) was introduced to contain and control Aboriginal people, introducing a number

of managed and unmanaged Reserves onto which Aboriginal people were forcibly moved. The table above provides further details.

It is clear that the lives of people who had lived according to traditional ways in this area were catastrophically altered by European occupation and settlement over a century. Through perseverance and showing great resilience Aboriginal Australians including Wiradjuri descendants retained some of their core traditions, customs, and beliefs, passing them onto future generations despite the significant changes imposed on their lives. In the 2016 Census, Aboriginal and/or Torres Strait Islander people made up 4.8% of the population.<sup>24</sup>

Wiradjuri people are represented by the Wiradjuri Council of Elders and each community has established their own form of governance to represent local interests. The Griffith Local Aboriginal Land Council represents the people in and around Griffith.

Hearths, artefact scatters and scarred trees are the most common types of Aboriginal sites in proximity to the study area. The distribution of Aboriginal sites does not provide a detailed understanding of Aboriginal occupation within the region. Rather, it represents archaeological research and heritage assessment that have been undertaken. This lack of registered Aboriginal sites or places within the study area is due to the lack of assessments, rather than the lack of sites. It is possible that further unrecorded Aboriginal sites are present within and closer to the study area. However, despite the lack of assessments several Aboriginal sites have been recorded within 3 kilometres of the study area within a variety of environmental contexts. This indicates the possibility for evidence of subsurface Aboriginal objects to exist within the study area.

#### **4.3.2 Results of Aboriginal archaeology salvage excavations**

Aboriginal archaeology salvage excavations were undertaken at the site by Comber Consultants under AHIP 4667, issued 12 November 2020, from 23 November to 3 December 2020.

As a result of the testing and salvage, over 3,000 artefacts were retrieved from the site, revealing evidence of two different flaking techniques. PADs 3-5 contained artefacts made using a freehand flaking technique. These artefacts numbered 27, some were *in situ*. However, PAD4 contained a site which had been truncated during development of the hospital in the 1930s. The top of the hill on which the hospital now stands was levelled and it is possible that additional sites were located on the top of the hill before the levelling.

PAD2 contained the remnants of a 1970s garden bed with a gravel deposit introduced for drainage and aesthetic purposes. This garden bed and associated retaining wall were demolished in the 1970s. The gravel/garden bed contained over 3,000 bipolar artefacts. As a result of both the testing and salvage it is estimated that up to 3,766 artefacts were retrieved from the site. The exact number is not known, as due to the large number of artefacts retrieved, only a sample was sorted and analysed. Although these artefacts were not originally from the hospital site, they are still important. It is possible that the gravels were taken from near the Barren Box Swamp. This provides information about precontact land use strategies and artefact manufacturing techniques. Manufacturing artefacts using a bipolar technique is a response to a lack of large cobbles available for the purpose. A bipolar technique is

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<sup>24</sup> 2016 Census Stats [www.abs.gov.au](http://www.abs.gov.au)

suitable for making artefacts from small pebbles. This shows the ingenuity of the Wiradjuri in being able to adapt their technology to suit local conditions.

Advice from Wiradjuri Elder, James Williams Senior, indicates that the hospital site was used by Wiradjuri families as a preparation site for ceremonies held on nearby Scenic Hill. This adds to the significance of the site.

The salvage report concluded that sufficient information had been gained from the excavations and that no further archaeological assessment, monitoring, testing, or salvage is required. The redevelopment can proceed without any archaeological constraints.

#### **4.4 Early pastoralism and the Murrumbidgee Irrigation Area**

The Murrumbidgee area was first described by explorer John Oxley in 1817 as a land of “barren desolation”<sup>25</sup>, but by 1829 there were already pastoralists establishing runs along the Murrumbidgee River and by 1850 settlers had taken up all the best watered lands down to the junction of the Murrumbidgee with the Murray River. The newly established sheep stations were of immense size, some of them exceeding 200,000 acres (80,000 hectares) and belonged to squatters and land speculators who often did not reside on them. During the Victorian Gold Rush of the 1850s these estates prospered under the increased demand for food for Australia’s rapidly growing population. However, over the next decade they were gradually replaced, as a result of the benefits under the Robertson Land Acts, which initiated a great increase in subdivision and gave rise to the “selectors” class of smaller scale farmers, who now dominated the rural landscape.<sup>26</sup>

With the great rural economic expansion experienced under the Robertson Land Acts, between 1859 and 1879 the area under crops in the Riverina had expanded over ten times. A time of hardship followed as surface waters began to disappear and years of drought followed between 1896 and 1899 under the effects of an El Nino cycle, with temperatures as high as 50 degrees Celsius.<sup>27</sup>

By 1884 potential schemes for irrigation of the Murrumbidgee area to improve the conditions for farming were already being discussed. Travelling newspaper correspondents were noticing what would soon prove to be a great problem for farmers in the Murrumbidgee area, as detailed below<sup>28</sup>

*“The question of irrigation is forcing itself upon the consideration of all, and I noticed on my journey up-stream from Carrathool to Kooba, thence to Jondaryan, that the proprietors of Groongal have erected an engine on the riverbank and are irrigating a paddock to depasture their rams. A trench some 6ft. wide and about 2ft. deep is ploughed and scooped all-round the paddock; a canal of similar dimensions is cut through the centre, and as the whole overflows an early supply of grass will be the gratifying result.*

In the late 1880s Sir Samuel McCaughey, Member of the NSW Legislative Assembly, promoted a government irrigation scheme in the Murrumbidgee area, based on his own farming experience in North Yanco that clearly demonstrated the agricultural capacity of the Riverina. His advocacy for a government-backed irrigation project was

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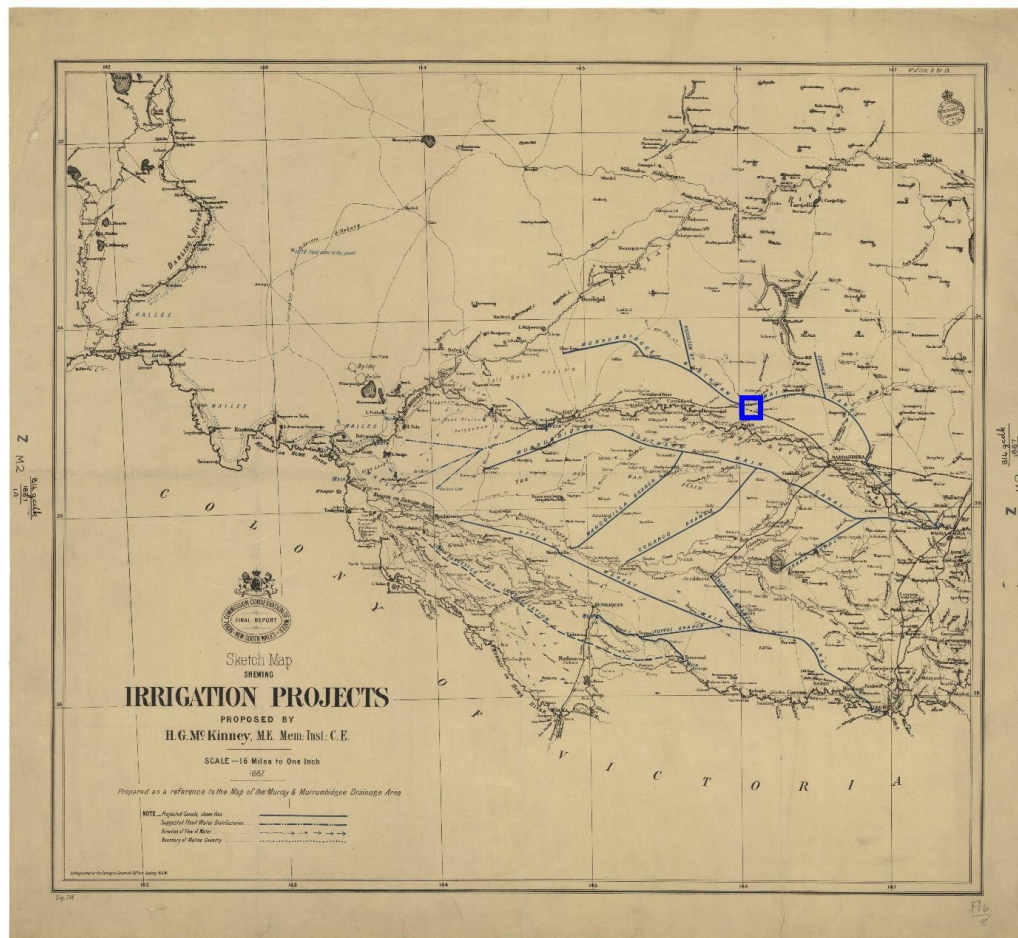
<sup>25</sup> Oxley 1964

<sup>26</sup> Kabaila 2005, p.49

<sup>27</sup> Ibid., p.54

<sup>28</sup> *The Albury Banner*, 17 October. 1884, p.12

further supported by the findings of a Royal Commission into the Conservation of Water which produced several reports between 1885 and 1887.<sup>29</sup>



**Figure 14** 1887 sketch of irrigation projects in the Murrumbidgee area as proposed by H.G. McKinney. Approximate location of present-day Griffith shown in blue. (Source: Comber Consultants)

Figure 14 above shows a map of proposed irrigation projects from the 1887 report of the Commission, prepared by engineer Hugh McKinney who had extensive irrigation works experience in Hindustan and was to become a primary driving force for the future project.

In 1906 the Murrumbidgee Irrigation Area (MIA) Scheme was set in motion under the Barren Jack Dam and Murrumbidgee Canals Construction Act 1906. Construction commenced with the establishment of the Barren Jack (Burrinjuck) Dam on the upper Murrumbidgee which was to become the second largest dam in the world at the time. The Murrumbidgee Irrigation Act 1910 strengthened the MIA Scheme and established the Murrumbidgee Irrigation Trust, whose purpose was to administer the project and collect the revenue. Due to the increasing complexity of the endeavour, the Trust was soon superseded by a Commissioner for Water Conservation who managed all works in NSW under the new Irrigation Act 1912.<sup>30</sup>

<sup>29</sup> McKillop 2017

<sup>30</sup> Ibid.





**Figure 15** The main canal – the lifeblood of the Murrumbidgee Irrigation Area – under construction. Almost all work was carried out by horse teams and manual labour. (Source: Kelly 1998, p.66)

The first person to take the role of Commissioner was Leslie Augustus Wade. Wade was also the last chairman of the Murrumbidgee Irrigation Trust. A civil engineer at the height of his career, he was a man of vision with the influence and means to fulfil his idea of creating a prosperous agricultural oasis, operated by energetic farmers recruited through a world-wide campaign.<sup>31</sup>

#### **4.5 The design and establishment of Griffith**

L A Wade's ambitions went beyond the creation of a wholesome rural landscape populated by prosperous farms. His vision included a grand plan to establish a lasting settlement pattern that would rely on sound road and rail infrastructure and be dominated by urban centres. An opportunity to procure urban designs suitable for his future plans was seen in the arrival in Australia in 1913 of Chicago architect Walter Burley Griffin and his wife Marion Mahony Griffin.

The Griffins' first Australian visit was prompted by their participation in the international competition held by the Australian Commonwealth Government for an urban design for a new federal capital. Wade met Walter Burley Griffin during his stay in Sydney and offered him a commission on this project. He received the first drafts in November that year of two urban designs. An urbanisation program for the township of Leeton (named after Charles Lee) had already commenced with 140 allotments and buildings sold in early 1913. The second urban centre was of more ambitious proportions, aiming to achieve a population of around 30,000 people. The proposed name was Griffith, after the then Minister for Public Works, Sir Arthur Griffith.<sup>32</sup> Figure 16 shows Walter Burley Griffin's Town Design.

The greenfield site chosen for Griffith was in the northern portion of the Kooba pastoral holding that housed an outstation widely referred to as Jondaryan. As early as 1886, an area of land that incorporates the future site of Griffith and the base hospital site was reserved from sale for the preservation and growth of timber:

<sup>31</sup> Ibid.

<sup>32</sup> Ibid.

An 1886 Crown Plan (875-1804 – Fig. 18) shows a survey of Conditional Lease of Portion 28 of Kooba Pastoral Holding overlaid with a later Griffith Town Plan in the 1920s. The southern part of the study area is in the north of Portion 28 [1920 acres]. Portion 28 is described as applied for by Mary Beattie Anderson [Darlington Point].

The name 'Anderson' is associated with several of the surrounding portions of land. 'Dense pine forest' is shown as a characteristic of Portion 28. Notes on the plan document later leases and resumption of the site after the date of survey. Another resumption, this time under the Murrumbidgee Irrigation Area Resumption Act 1910 is documented for Jondaryan, including the future hospital site, in 1912, signalling the pending establishment of Griffith.

Griffith was to be a rural city on a grand scale, designed within a 3-mile diameter circle and featuring a radial street pattern defined by tree lined grand avenues and parks (Figures 16 and 17). Government and public administration were to be concentrated within a central circle on a high point of the landscape, similar to the principles developed by the Griffins for Canberra. Central features of Griffith's urban design included the location of the civic buildings, the main irrigation channel 'sweeping around the central portion of the city' and the railway station placed strategically to minimise switching and re-handling of cargo.



**Figure 16** Town plan perspective for the township of Griffith by Walter Burley Griffin. (Source: Walter Burley Griffin Society/Comber Consultants)

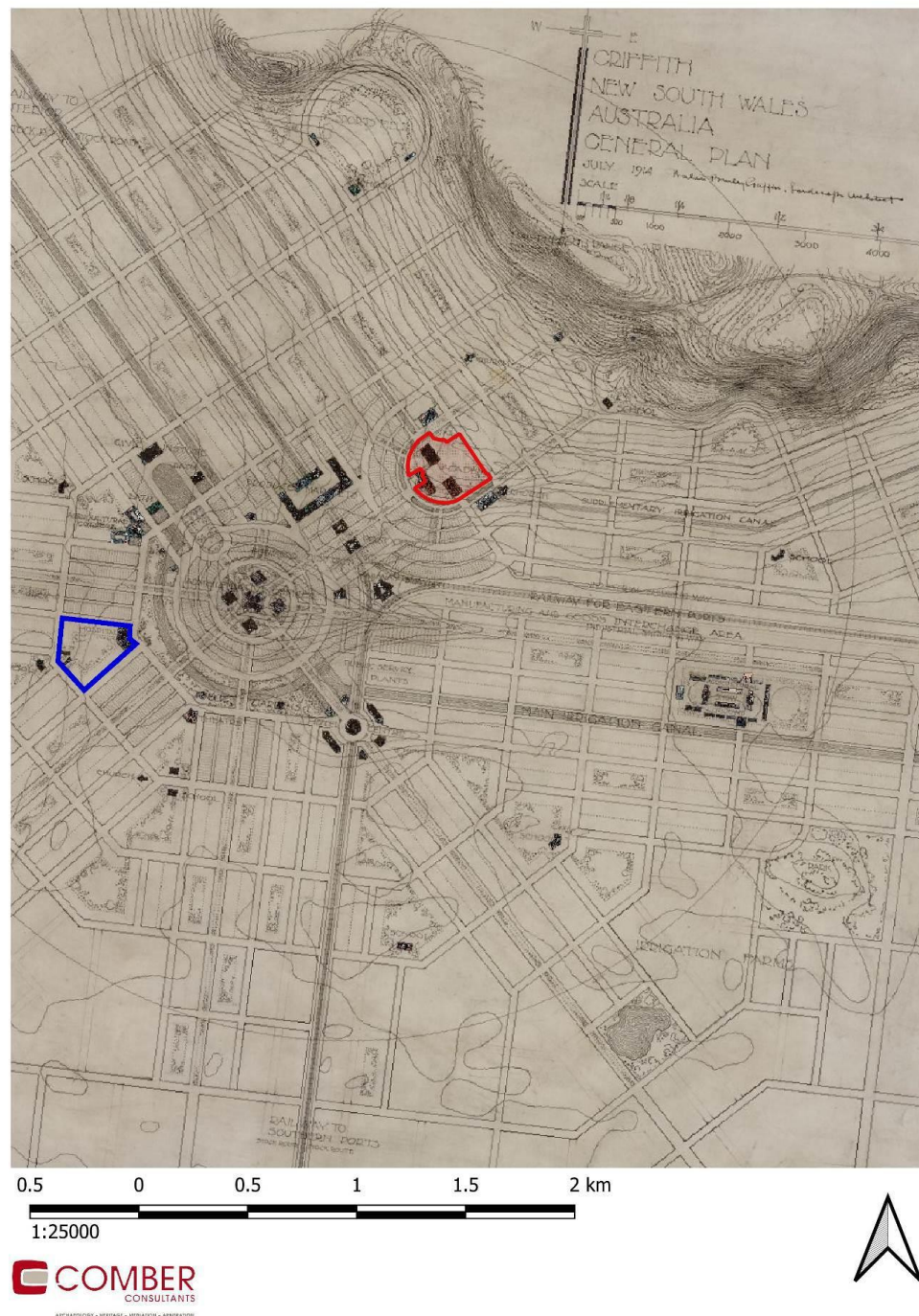
*"These most important structures will command the commercial axis and dominate the vistas in every direction... The central group thus governing the public architecture of the town as well as its affairs comprises the headquarters of the irrigation district, the Town Hall, the courthouse and subordinate public offices."*<sup>33</sup>

The untimely death of Leslie Augustus Wade and the ensuing First World War impeded the fulfilment of Griffin's designs and delayed the development of Griffith. While settlement had already begun in the nearby Public Works Department Camp colloquially referred to by its residents as 'Bagtown', it was not until 1916 that Griffith was declared a town.<sup>34</sup> It was in 1928 that the Wade Shire was constituted – the precursor of the Griffith Shire (1982) and the present-day Griffith City local government area. While most of Griffin's ideas about his model rural city were not realised, his town plan was mostly fulfilled. Over the next nine decades Griffith grew

<sup>33</sup> W. B. Griffin cited after McKillop 2017

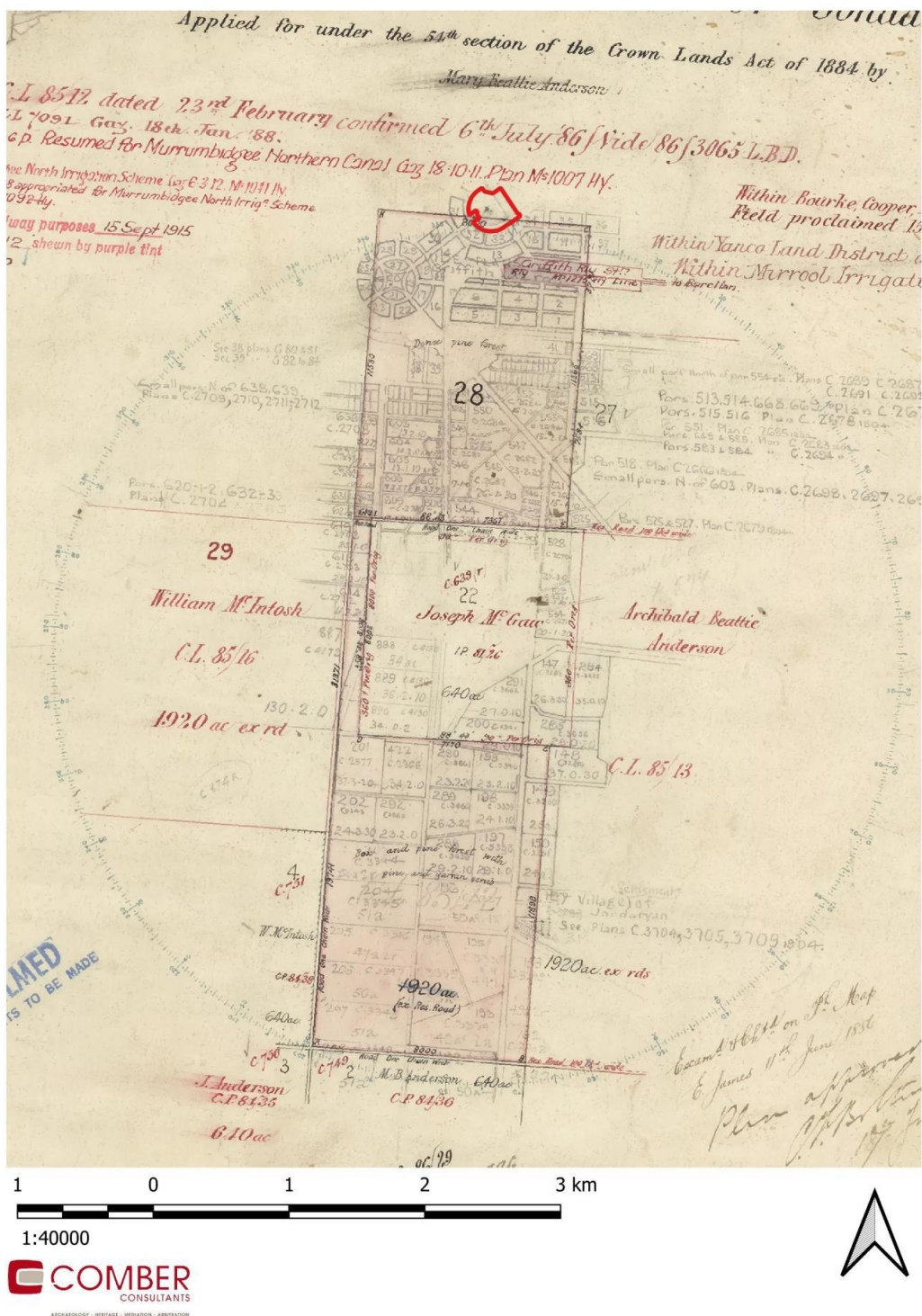
<sup>34</sup> NSW Government. Gazette, 4 August 1916, p. 4550

exponentially and became home to a vibrant multicultural community that has today almost reached Wade's foreseen population of 30,000.



**Figure 17** The original 1914 Walter Burley Griffin design plan for Griffith overlaid with the location proposed for a hospital precinct (edged in blue) and the actual location edged in red. (Source: Comber Consultants)





**Figure 18** Overlay of the Griffith Base Hospital site (edged red) on the 1886 Crown Plan 875-1804 with later addition of the Griffith Town plan.

<sup>35</sup> *Sydney Morning Herald*, 3 October 1913, p.8

The “tent hospital” in “Bagtown” operated with a nurse in charge and was visited weekly by a Whitton doctor. During the influenza pandemic of 1918 / 19 the town hall of nearby Hanwood was turned into an emergency hospital.



**Figure 20** The hospital at ‘Bagtown’ in 1916. L. to R. Unknown, Mrs Ebert Snr, Nurse Diedrick, Mrs Lucy Vagg holding baby Leslie (born August 1916), Vina Vagg, holding the hand of her aunt Martha Thompson. (Source: Hilary Dalton, Griffith Collection, GGHS Inc., from Polkinghorne et al., p.94)

The establishment of a public hospital for Griffith was a matter of public discussion from the very declaration of the town in August 1916. By 1917 deliberate actions were already being taken to improve health care conditions, yet few results were achieved until 1920 when a site on Banna Avenue now occupied by the Government Office Block was chosen.

*“An area of land has been set aside for the proposed public hospital at Griffith. From reports we have received it appears that ruthless destruction of trees is taking place on the grounds. The only effective way we can suggest- to prevent this is by having the site fenced in. ...”*<sup>36</sup>

Construction began in March-April 1921 on what became known as the “Commission, Field and Cottage Hospital” or simply the “Field Hospital”. There was great anticipation of the completion of this new hospital which although modest, would have been a big improvement on the ‘Bagtown’ Hospital.

*“You are invited to be present at the official opening to-morrow (Sat.), 1st April, at 3 p.m. The Resident Commissioner has promised to officially open the hospital and the committee will be delighted to see every resident of Griffith and district present at the function”.*<sup>37</sup>

This building, made of a cypress pine frame, walls and floors, with a corrugated iron roof, was officially opened on 1 April 1922. It had twelve beds inside and six on the verandah and a rudimentary operating theatre. From the beginning of works it was

<sup>36</sup> *The Murrumbidgee Irrigator*, 5 April 1921, p.2

<sup>37</sup>



clear that this would be only a temporary hospital and a site was set aside for a larger permanent hospital precinct to be erected in the future:



**Figure 21** The 'Field Hospital' in Banna Avenue, Griffith, with newly planted street trees circa 1930s. (Photo: Griffith Collection, GG&HS)



**Figure 22** Undated photo of the Nurses' Quarters, 'Field Hospital' in Banna Avenue, Griffith. (Photo donated by Mrs G Wilson to Western Riverina Community Library, Accession No. 1403 / S0002062650)

The nurses' quarters for the Field Hospital were part of the staff quarters and administration facilities for a rehabilitation and training camp set up by the Water Conservation and Irrigation Commission (WC&IC) to provide horticultural training to young men returning from World War who were looking to restart their working lives on the newly established MIA. When the camp closed in 1921, a newspaper report at the time said there was 'great rejoicing' from the Field Hospital committee when they were informed that the building would be given to the hospital free of charge.



**Figure 23** The 'Field Hospital' relocated to the Griffith Pioneer Park Museum. (Photo: Chris Betteridge, 5 December 2020)



**Figure 24** The former Nurses' Quarters from the 'Field Hospital' relocated to the Griffith Pioneer Park Museum and now used as a curatorial office and exhibit preparation space. (Photo: Chris Betteridge, 5 December 2020)

Despite the intended temporary nature of the 'Field Hospital', it remained in operation until 1931 when the Griffith Base Hospital was established at its present location.<sup>38</sup>

In 1978 the NSW Government proposed the construction of a state government office block on the site occupied by the former Field Hospital and its Nurses' Quarters. The Council offered both buildings to the Griffith Pioneer Park Museum which had been established by a committee of prominent Griffith citizens led by local businessman and history enthusiast Charles Sharam. The Field Hospital building at the Pioneer Park contains hospital items from

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<sup>38</sup> Kabaila 2005, P.88

the Griffith Base Hospital and other sites including dental equipment donated by the Port Macquarie Museum. At the time of the author's inspection of the Pioneer Park Museum on 5 December 2020, the old hospital building was closed for repairs. The former Nurses' Quarters, also re-erected at the Pioneer Park Museum, are currently used as a curatorial office and exhibit preparation space.

#### 4.7 *A campsite for blacksmiths and farriers?*



**Figure 25** Titled "c 1920, Griffith, Joe Grew and friends touring Griffith town site, taken where the Griffith Hospital and grounds now stand". This photo shows the site vegetation dominated by *Callitris columellaris*. (Griffith Genealogical & Historical Society Inc. Photo No. 004604)



**Figure 26** Titled: "1928, Griffith, The Pines Camp – their bag tent home was on land that later became part of the hospital grounds opposite the Roman Catholic Church". (Griffith Genealogical & Historical Society Inc. Photo No. 002859)

There is anecdotal evidence that the site which was later developed for the Griffith base Hospital was known as "Fettlers' Hill" and was used as a camp for blacksmiths

and farriers working on the construction of the main irrigation canal in 1912. The early work on the canals was carried out by human and horsepower, requiring blacksmiths to make and maintain horseshoes and other metal items for harnesses and farriers to trim and shoe horses' hooves. Such men may have been called fettlers, a term usually applying to people who carry out work or maintenance on railways but can also be applied to those who grind or smooth metal castings or ceramics. The photo titled "The Pines Camp" (Figure 26) suggests there was a camp on the site later chosen for the Griffith Base Hospital. Ray Greig, gardener, who has worked at Griffith Base Hospital for 30 years and has always lived in the area, advises that in the past he has recovered artefacts such as horseshoes, nails, and other items consistent with blacksmithing from the hospital garden. Unfortunately, this collection of items was stolen from an area outside his office.<sup>39</sup>

Confirmation of the earlier use of the Griffith Base Hospital site as a camp for some of those working on the canal construction requires further research.

#### **4.8 Griffith Base Hospital establishment and early development**

In 1926-27 planning, drafting and cost estimates for a district hospital were already being carried out by the NSW Department of Public Works<sup>40</sup>. The foundation stone of the hospital was laid by R. J. Love, Chairman of the Hospitals, in January 1931 and the hospital buildings were completed in September 1931 by major Sydney-based builders Kell & Rigby.

The final cost for the buildings that would accommodate 50 patients was calculated at £28,500.<sup>41</sup> The hospital's facilities were described thus:

*"Griffith District Hospital - New Building - Estimated cost, £24,000. This new hospital comprises a group of eight buildings connected by covered ways and four separate buildings, so planned and situated as to suit the contours of the site, and at the same time to give easy working facilities.*

*The administrative block, which is centrally situated, contains a private ward section in addition to the usual offices connected with the general administration of hospitals. Operating block. X-ray and casualty department, and wards for children and intermediate patients are situated on each side of the administrative block, and twelve-bed wards for male and female patients form the extreme wings. The kitchen block is immediately behind the administrative block, and the whole of the foregoing buildings are connected by covered ways. A new laundry is also included in the scheme, together with temporary buildings which have been removed from the old Red Cross farm at Beelbanger, altered and re-erected to be used as maternity block, and nurses' quarters and night nurses' quarters respectively.*

*The new buildings are of local bricks, with tiled roofs, and have been designed on the simplest lines. Electric light, heating service and septic tank installation have been included."*<sup>42</sup>

<sup>39</sup> Ray Greig pers. comm. December 2020

<sup>40</sup> NSW DPW Annual Reports 1926-27, p.49; 1927-28, p.54

<sup>41</sup> NSW DPW Annual Report 1929-30, p.32

<sup>42</sup> Ibid. 1930-31, pp.6,45



The official opening of the hospital, including a grand ball, was reported widely in the local and Sydney press.<sup>43</sup>

*"About 600 residents of the district attended the official opening of the new Griffith District Hospital yesterday. Mr M. M. Flannell, MLA, in the absence of the Minister of Health (Mr Ely) performed the opening ceremony. Other visitors included Mr. J. R. Love, Hospitals Commission, and Mr G. J. Evatt, of the Irrigation Commission. This hospital is the first in the State to be opened under the direction of the Hospitals Commission. The cost of the building was £24,000 and the furnishings £20,000."*

THURSDAY, SEPTEMBER 16, 1931 THE AREA NEWS PAGE NINE

# Griffith District Hospital

# Opening New Hospital

By Hon. W. T ELY, M.L.A.  
(Minister For Health)

**Friday, September 25, at 3 p.m.**

By Courtesy of the Griffith Branch of the A.L.P. this has now been made official Eight Hour Day.

It has been decided to postpone the Crowning of the Queen Ceremony to a later date.

# GRAND BALL at NIGHT

**Figure 27** Newspaper advertisement for the Grand Opening Ball from *The Area News*.

Extensions to the hospital, commenced or completed between 1935 and 1937, included a new male and female Intermediate Ward Block to accommodate 10 patients in each case, together with additional Nurses' Quarters containing four bedrooms, sitting room, bathroom and sleep-out verandah, carried out at a contract price of £4,921. The buildings were of brick with tiled roofs and in addition to electric light and power services, with arrangements made to extend the hot water service to these units.<sup>44</sup>

<sup>43</sup> *Murrumbidgee Irrigator* 25 September 1931; *SMH* Monday 28 September 1931; *Albury Banner and Wodonga Express*, 2 October 1931

<sup>44</sup> *NSW PWD Annual Reports* 1935-36, p.34; 1936-37, p.39





**Figure 28** This photo, taken at the time of the opening of the Griffith District Hospital, shows the site was still to be landscaped. (Original photo by B. Doyle, Western Riverina Community Library, Accession No. 1224, GC571/18A, Barcode S0001992763)



**Figure 29** Nurses and doctors at the opening of the Griffith District Hospital, 25 September 1931, with Dr Burrell at far right. (Photo: Western Riverina Community Library Accession No. 1541 / S0002071104)



**Figure 30** The Griffith Base Hospital 1931. (Eric Martin & Associates)



**Figure 31** Oblique aerial photograph looking north with the Griffith Base Hospital in the foreground and the Catholic Church prominent to the left of centre. This image shows remnant native vegetation including *Callitris* sp. to the north and northeast of the hospital buildings. (Griffith Genealogical & Historical Society Inc. Photo No. 007758).



**Figure 32** The interior of the Male Ward in the Griffith District Hospital circa 1931. (Photo: Tony Pasto, Western Riverina Community Library Collection, Negative No.1, Griffith A42A, Accession No. 195)



**Figure 33** Griffith District Hospital circa 1935, showing some rudimentary landscaping. (Photo: Western Riverina Community Library Collection, Accession No.1668, Barcode S0003226605)



**Figure 34** Undated photo of Griffith District Hospital showing the domestic scale, with verandahs enclosed with mesh screens. (Photo: Western Riverina Community Library, GCS85/14, Accession No. 1225, Barcode S0001992771)





**Figure 35** Oblique aerial photograph of the Griffith District Hospital site and adjoining residential areas in 1958 clearly showing the curvilinear hospital site with radiating streets. (Photo: Western Riverina Community Library)

#### **4.7 Griffith Base Hospital timeline**

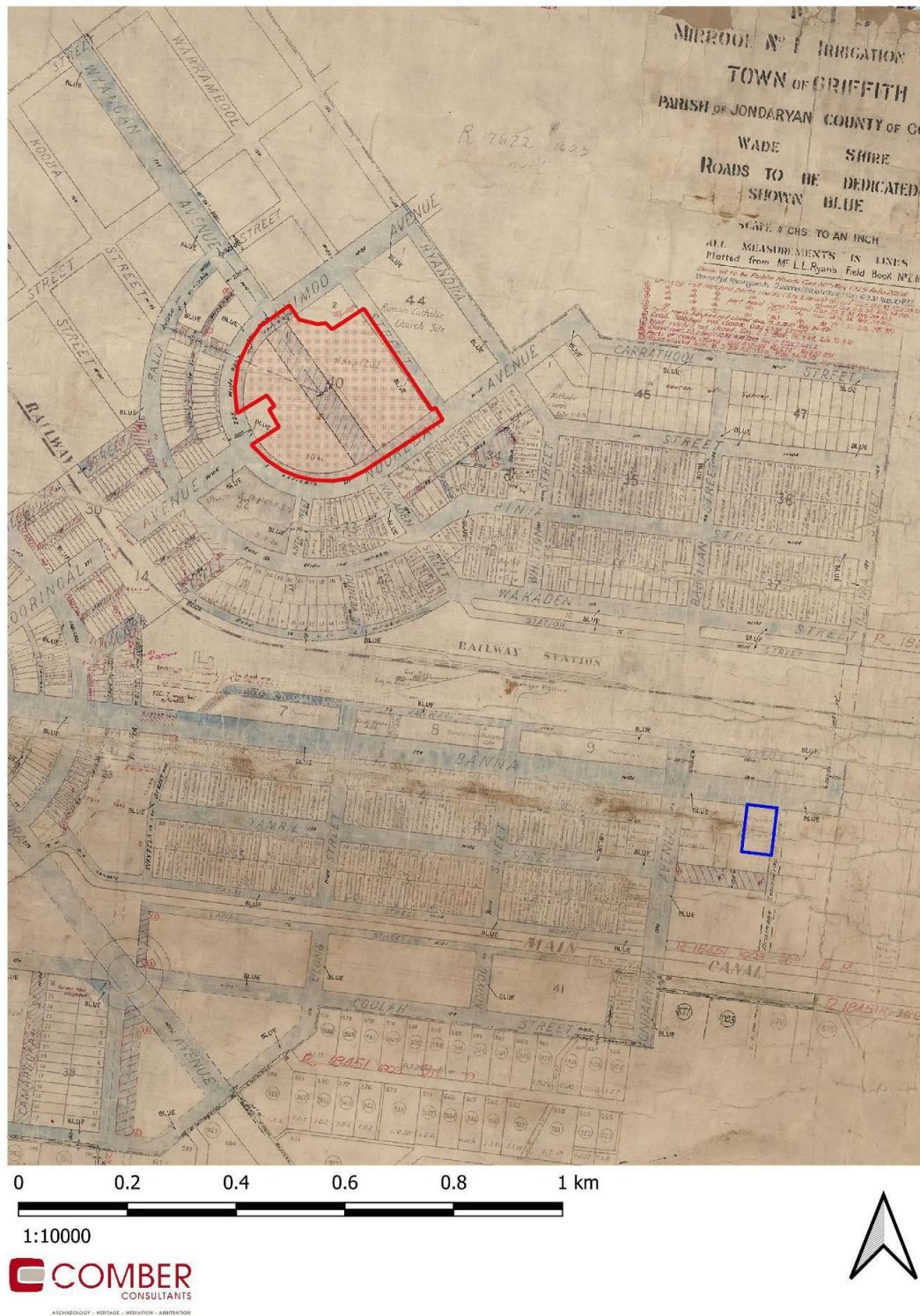
The Griffith Base Hospital has been in continuous operation since 1936. Between 1936 and 1999 there have been ongoing building works including infill, extensions, new buildings, alteration of existing buildings and demolition of others. A timeline of the history of operation of the Griffith Base Hospital since its establishment is provided in the table below.

Year	Event	Reference
1931	<p>Foundation stone laid and a group of brick and tile buildings constructed which included the following facilities:</p> <ul style="list-style-type: none"> <li>• Matron's Lounge</li> <li>• Matron's Office with pool</li> <li>• Main Office</li> <li>• Fernery and Kitchen Wing</li> <li>• X-ray, Dispensary, Casualty and Plaster room</li> <li>• Operating Theatre</li> <li>• Children's Ward</li> <li>• Segregation</li> <li>• Intermediate Ward</li> <li>• Male and Female Wards</li> <li>• Morgue</li> <li>• Matron's cottage</li> <li>• Nurses quarters</li> </ul>	

Year	Event	Reference
1935-1936	<p>Following are extensions undertaken due to the needs of the growing population:</p> <ul style="list-style-type: none"> <li>• Male and female intermediate ward block, accommodating ten patients in each cast</li> <li>• Nurses quarters containing four bedrooms, sitting room, bathroom and sleep-out verandah.</li> <li>• Including the provision of electric light and power services and extension of the hot water services.</li> </ul>	
1939-1945	Work halted due to the outbreak of World War II	
1945	<p>Planning underway for the Nurses' Home by Cobden Parks, Government Architect, working drawings signed on 8 October 1945 (Figure 14). The following buildings were added to the extant ensemble:</p> <ul style="list-style-type: none"> <li>• Nurses quarters extension</li> <li>• Boiler room</li> <li>• Dressing room</li> <li>• Male ward block</li> <li>• Children's ward</li> <li>• Intermediate ward</li> <li>• Kitchen block</li> <li>• Laundry block</li> <li>• Morgue</li> <li>• Administrative building</li> </ul>	
1948	Nurses' Home accommodating 30 nurses and 10 sisters is completed and opened by the Minister for Health, the Honourable C. A. Kelly (Heritage listed Item I2 on the Griffith LEP, since demolished)	
1958	Hospital launched a public appeal for extension due to crowded conditions.	
1962	Extensions approved in November	
1963	Approval granted for major extension works to provide for a nurse training school and obstetrics/maternity block; Tender awarded in December	
1964	Appeal for a new Geriatric Unit. Trust fund established in order to secure ongoing funding for the hospital	
1966	New geriatric unit is opened at the hospital	



Year	Event	Reference
1969	District Hospital upgraded in status to Base Hospital. In Australia, a base hospital is a hospital serving a large rural area which is supported by smaller hospitals in local communities.	
1971	The Griffith Base Hospital is deemed as “one of the healthiest medical centres outside a metropolitan area” (Riverina Daily News, 5 January 1971)	
1973	A new medical services block is opened dedicated to ED Kenny with five consulting rooms, two beds, a clean-up area and a minor theatre, opened by Hon. A.H. Jago, Minister for Health	
1979	Last major expansion of the Griffith Base Hospital with new buildings, opened by Hon. K. Stewart, Minister for Health: <ul style="list-style-type: none"> <li>• Specialist Clinic</li> <li>• Medical Services Block</li> <li>• Children’s Ward</li> <li>• Relatives’ Overnight Stay</li> <li>• Workshop and Waste Store.</li> </ul>	
1991	A new Special Care Nursery opened by Hon. R. A. Phillips, Minister for Health Services Management	
1992	A dental clinic is constructed and opened by Nick Greiner on 1 June 1992.	
Post 2017	Demolition of Nurses’ Home	Eric Martin & Associates 2017
2020	Early and enabling works commence for the redevelopment of the hospital. Heritage Impact Statement prepared by Comber Consultants. Archaeological investigations carried out in May and November-December.	
2021	Salvage archaeology report completed. Heritage Interpretation Strategy completed.	



**Figure 36** Overlay on the 1929 historic road plan of Griffith showing the designated site for the Base Hospital edged red and the location of the Field Hospital in blue. (Source: Comber Consultants)







**Figure 38** Recent aerial photograph of the Griffith Base Hospital site. Location of the demolished Nurses' Home is marked in blue. (Source: Comber Consultants / NSW Health)

## 5.0 Analysis of physical evidence

### 5.1 Site vegetation

## 5.2 Views and vistas

Griffith Base Hospital is located on a prominent large site on a rise with views to and from Noorebar Avenue, in an arc from Anzac Street to Beal Street, and a long vista from Wyangan Avenue.





**Figure 40** Aerial oblique photograph of the Griffith Base Hospital and adjoining residential development. ([www.mlhd.health.nsw.gov.au](http://www.mlhd.health.nsw.gov.au))

### **5.3 Buildings and other structures**

The Griffith Base Hospital site contains a variety of buildings and other structures ranging in age from 1930s to 1990s and comprising a range of sizes and construction materials.

### **5.3 Movable heritage**

Several movable heritage items were identified during the preparation by Comber Consultants of the Heritage Impact Statement, which recommends they should be retained and used in an interpretive display or reinstated in an appropriate place within the new hospital. These items are:

- Plaque in Building 7, commemorating the opening.
- The weighing scales outside Building 21, the Linen Handling Building.
- Foundation stone and plaque dated 1931.
- Any other plaques, statutes, commemorative plaques, artefacts etc.

Historic land modification of the area in which the hospital is located possibly dates to the 1850s. The land was most likely cleared and used for grazing. The area surrounding the hospital site was described as 'Dense pine forest' by the 1886 Crown Plan 875-1804 (Figure 12), which may have referred to reforestation for logging. Since the construction of the Griffith Base Hospital in the 1930s the area has been actively developed and landscaped. It is currently occupied by the buildings, carparking and landscaping of the Griffith Base Hospital. Whilst the development of the hospital has led to extensive development which has contributed to alterations to the original landscape, as most of the buildings on the site lack basements, the impact on Aboriginal archaeology would be minimal. Built areas in the central, northern, and northwestern part of the study area demonstrate potential for introduced fill used for levelling of the respective construction sites which is likely to

have capped and therefore protected remnant A horizon soils containing Aboriginal archaeology.

## **6.0 Heritage significance of the Griffith Base Hospital site**

This section identifies the natural, Aboriginal, and non-Aboriginal cultural heritage values of the Griffith Base Hospital site and the statutory protective measures relevant to the place.

### **6.1 NSW Heritage Act 1977**

#### **6.1.1 State Heritage Register**

Griffith Base Hospital is not listed on the State Heritage Register (SHR) nor is it expected that State significant relics will be uncovered during the redevelopment.

#### **6.1.2 Protection of relics**

The Act provides for the protection of 'relics', being *"any deposit, artefact, object or material evidence that:*

- (a) relates to the settlement of the area that comprises New South Wales, not being Aboriginal settlement, and*
- (b) is of State or local significance"*

#### **6.1.3 Section 170 Register**

Section 170 of the *NSW Heritage Act 1977* requires that Government agencies maintain a register of all heritage assets owned or maintained by that agency. S.170A requires that the Government agency maintain and manage all heritage places listed on the s170 register under its control.

The Griffith Base Hospital is listed on the Department of Health's s.170 Register.

### **6.2 NSW National Parks and Wildlife Act 1974**

The *NSW National Parks & Wildlife Act 1974* (NPW Act) provides statutory protection for all Aboriginal sites within New South Wales and the Act provides for protection of all "Aboriginal objects" which are defined as:

*Any deposit, object or material evidence (not being a handicraft made for sale) relating to the Aboriginal habitation of the area that comprises New South Wales, being habitation before or concurrent with (or both) the occupation of that area by persons of non-Aboriginal extraction and includes Aboriginal remains.*

It also protects an "Aboriginal Place" which is a place that the Minister deems to be of special significance to Aboriginal people.

Part 6 of the Act states that it is an offence to harm or desecrate an Aboriginal object or Aboriginal place, without an Aboriginal Heritage Impact Permit (AHIP).

The NPW Act establishes the Aboriginal Heritage Information System (AHIS) which is a list of registered Aboriginal sites and places.

There are no registered sites on the Griffith Base Hospital site, and it is not a registered Aboriginal Place.

Environmental and archaeological information are detailed in the Griffith Base Hospital Site Aboriginal Archaeological Assessment which states the following:

- The study area was originally located within an accessible landscape with ample resources therefore it would have been suitable for human occupation and daily activities.
- The study area has been cleared of all vegetation and natural resources, therefore the potential for rock shelters, scarred or carved trees, rock engravings or axe-grinding grooves is low.
- The study area has been extensively developed and landscaped, therefore the potential for surface Aboriginal archaeological lithics and artefacts is low.
- Introduction of fills for the levelling of the study area may have contributed to preservation of some original soil profiles throughout the study area, therefore the site contains the potential for subsurface archaeological deposits

### **6.3 NSW Environmental Planning and Assessment Act 1979**

The NSW *Environmental Planning and Assessment Act 1979* (EP&A Act) provides for the making of environmental planning instruments (EPIs) and policies to control development within the state. These include local environmental plans (LEPs) and State Environmental Planning Policies (SEPPs).

#### **6.3.1 Griffith Local Environmental Plan 2014**

Griffith LEP 2014 provides for the protection of the environmental heritage of Griffith and includes a schedule of significant heritage items, conservation areas and archaeological sites. The Former Matron's House (Building 9) and Nurses' Quarters (Building 3) at the Base Hospital are included on the list of places of heritage significance; however, the Nurses' Quarters (Building 3) were demolished sometime after 2017.

It should be noted that the whole of the hospital is shaded brown on the LEP Heritage Map – Sheet HER\_004A. The shaded area contains the label "I2". Therefore, the shading is only referring to the former Matron's House and Nurses Quarters. It does not indicate that the whole of the hospital is listed on the LEP.

#### **6.3.2 Part 5 of the EP&A Act**

Section 4.1 of the *Environmental Planning and Assessment Act 1979* (EP&A Act) states that if an environmental planning instrument (EPI) provides that development may be carried out **without the need for development consent**, a person may carry the development out, in accordance with the EPI, on land to which the provision applies. The project becomes an 'activity' for the purposes of Part 5 of the EP&A Act and is subject to an environmental assessment (Review of Environmental Factors).

The *State Environmental Planning Policy (Infrastructure) 2007* (ISEPP) is aimed at streamlining the delivery of infrastructure carried out by, or on behalf of, a public authority. In accordance with Clause 58 (1) of the ISEPP, the proposed demolition and construction works may be carried out **without development consent** and therefore comprises an 'activity' under Part 5 of the EP&A Act. As part of the obligations under Part 5 of the EP&A Act, Health Infrastructure is required to consider, to the fullest extent possible, all matters likely to affect the environment.

## 6.4 Summary Statement of Significance

In the preparation of their Statement of Heritage Impact, Comber Consultants assessed the significance of the Griffith Base Hospital site against the NSW heritage criteria and prepared the following Statement of Significance.

*“The Griffith Base Hospital contributes to the history of the provision of healthcare in Griffith from the establishment of the Griffith Commission/Field Hospital (1922-36) and the “tent hospital” of the “Bagtown” worker’s camp (1911-22). Since its establishment in 1931, the Griffith Base Hospital has continuously been the primary healthcare facility for the city of Griffith and its rural hinterland. It contains a rich heritage, long history of operation and primary importance in the life of the local community throughout the 20th century. It maintains the continuity of activities, associated with preparing and providing medical assistance and/or promoting or maintaining the wellbeing of people. The site of the Griffith Base Hospital has the potential to yield further information through further research into the Aboriginal and non-Aboriginal archaeological record of the site.*

*Consultation with representatives of the Aboriginal community indicates that the study area is important to the local and broader Aboriginal community. The artefacts predicted to be located on the site will provide evidence of Aboriginal occupation representing their past providing a direct link to their ancestors and contributing to the history of Aboriginal occupation. The study area has the potential to yield further information through detailed scientific and archaeological research into the nature of Aboriginal occupation and techniques utilised in subsistence activities.”*

## 7.0 Heritage impact assessment and archaeology

This section summarises the results of the heritage impact assessment archaeological investigations on the Griffith Base Hospital site in 2020.

### 7.1 Statement of heritage impact April 2020

The Statement of Heritage Impact prepared by Comber Consultants in April 2020 assessed the hospital redevelopment proposal against the heritage significance of the hospital and determined that due to the ongoing changes to the site, the original form and function can no longer be discerned, and the site does not contain heritage significance.

This report concluded that there was no objection to the demolition of the existing buildings and to the redevelopment of the site. Such redevelopment will ensure the ongoing use of the site as a hospital, providing world class medical facilities.

This report made the following recommendations:

#### **Recommendation 1: Archival Recording**

An archival recording should be undertaken of the original buildings constructed in the 1930s which are now to be demolished:

- Building 9, Former Matron’s Accommodation and Nurses RMO Accommodation
- Building 14, Distributary Kitchen/Stores
- Building 18, Old Kitchen Building
- Building 21, Linen Handling



### **Recommendation 2: Joinery**

Original joinery c 1931-36 (multi-paned windows, French doors, architraves, and trims) should be salvaged and reused in other historic Council buildings or sold for reuse in local restoration projects.

### **Recommendation 3: Interpretation**

An interpretation strategy and plan should be developed and implemented. to ensure that all historic information about the establishment and use of the hospital and its site is maintained and presented to the public.

### **Recommendation 4: Movable Heritage**

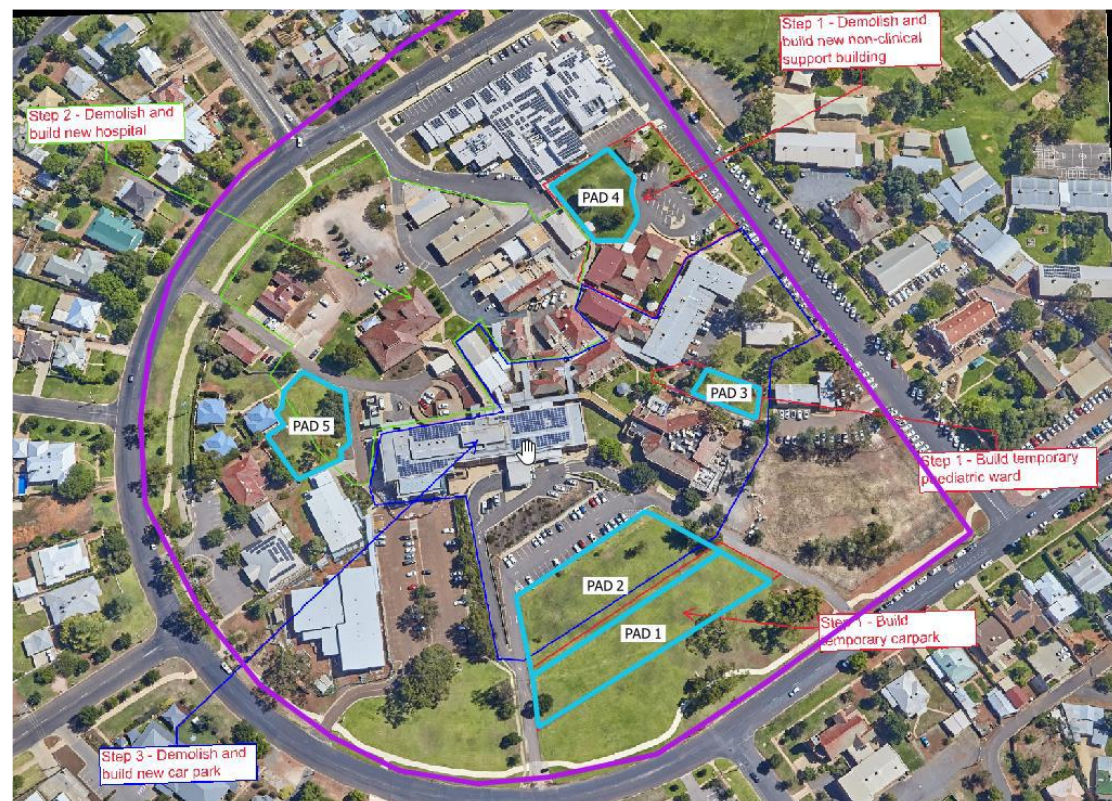
There are several movable heritage items which should be retained and used in an interpretive display or reinstated in an appropriate place within the new hospital.

These items are:

- Plaque in Building 7 commemorating the opening.
- The weighing scales outside Building 21, the Linen Handling Building. Foundation stone and plaque dated 1931.
- Any other plaques, statutes, commemorative plaques, artefacts etc.

## **7.2 Aboriginal archaeological salvage**

Aboriginal archaeological test excavations were undertaken by Comber Consultants in May 2020. Salvage excavations were undertaken under AHIP 4667, issued 12 November 2020, from 23 November to 3 December 2020. As a result of the testing and salvage over 3,000 artefacts were retrieved from the site. There were two different flaking techniques evidenced from the site.



**Figure 41** Plan showing the location of Potential Archaeological Deposits (PADs). (Source: Comber Consultants)





**Figure 42** The archaeology team including members of the Griffith Local Aboriginal Land Council working on the samples obtained from the salvage excavation. (Photo: Chris Betteridge 3 December 2020)



**Figure 43** Hot dusty work sieving the samples. (Photo: Chris Betteridge 3 December 2020)





**Figure 44** Washing the soil from the gravel to reveal potential artefacts. ((Photo: Chris Betteridge 3 December 2020)



**Figure 45** A bin containing gravel for sorting to separate out potential flaked artefacts. (Photo: Chris Betteridge 3 December 2020)



Figure 6.6 Less weathered quartzite piece, GBH garden salvage.



Figure 6.7 FGS bipolar flake, GBH garden salvage.

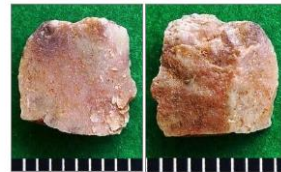


Figure 6.8 FGS bipolar broken flake, GBH garden salvage.



Figure 6.9 FGS bipolar broken flake, GBH garden salvage.



Figure 6.10 Quartz bipolar broken flake, GBH garden salvage.

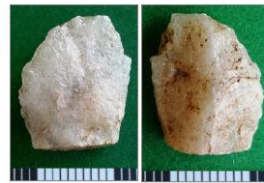


Figure 6.11 Quartz bipolar broken flake, GBH garden salvage.



Figure 6.12 Quartz bipolar broken flake, GBH garden salvage.



Figure 6.13 Quartzite bipolar broken flake, GBH garden salvage.

**Figure 46** A page from the Salvage Archaeology Report (Comber Consultants April 2021) showing some of the artefacts recovered from the Griffith Base Hospital garden site.

Sufficient information was assessed to have been gained from the salvage excavations and no further archaeological assessment, monitoring, testing, or salvage was deemed to be required. It was concluded that the hospital redevelopment can proceed without any archaeological constraints.

Griffith Local Aboriginal Land Council have signed a Care Agreement for the transfer of Aboriginal objects to the Griffith Local Aboriginal Land Council and the consultant will arrange for the artefacts to be delivered to the Griffith Local Aboriginal Land Council.

## 8.0 Interpreting the Griffith Base Hospital site

This section provides statistical data for Griffith from the 2016 Census, identifies potential audiences, lists national and state historical themes relevant to the site, how it can demonstrate those themes and how and where stories interpreting the heritage values of the site might be delivered.

### 8.1 *Griffith demographics and audience identification*

Set out in the following sections are data from the 2016 ABS Census. In that Census, there were 19,144 people in Griffith (NSW) (Statistical Area Level 2). Of these 49.3% were male and 50.7% were female. Aboriginal and/or Torres Strait

Islander people made up 5.0% of the population. Griffith's population was estimated to have grown to 27,029 in 2019.<sup>45</sup>

### 8.1.1 Ancestry of Griffith residents

Ancestry	Number	Percentage
Australian	7,734	30.2
English	7,019	27.4
Italian	6,421	25.0
Irish	2,116	8.3
Scottish	1,732	6.8
Indian	971	3.8
German	803	3.1
Chinese	351	1.4
Tongan	293	1.1
Samoan		

### 8.1.2 Languages spoken

In Griffith City, 20.8% of people spoke a language other than English at home in 2016. The table below shows the main languages other than English spoken at home.

Language	Number speaking language	Percentage speaking language
Italian	1,296	7.1
Punjabi	695	3.8
Gujarati	224	1.2
Samoan	218	1.2
Mandarin	202	1.1

### 8.1.3 Age range

The table below shows the numbers and percentages of people in various age classes in 2016. The median age for the Griffith City population was 26.

Age range	Number of people in this age range	Percentage of people in this age range
0-4 years	1,346	7.4
5-9 years	1,256	6.9
10-14 years	1,179	6.5
15-19 years	1,104	6.1
20-24 years	1,125	6.2
25-29 years	1,429	7.8
30-34 years	1,300	7.1
35-39 years	1,113	6.1
40-44 years	1,109	6.1
45-49 years	1,116	6.1
50-54 years	1,084	6.0
55-59 years	1,036	5.7
60-64 years	968	5.3
65-69 years	800	4.4
70-74 years	636	3.5

<sup>45</sup> ABS Estimated Resident Population 2019

Age range	Number of people in this age range	Percentage of people in this age range
75-79 years	614	3.4
80-84 years	477	2.6
85 years and over	518	2.8

#### 8.1.4 Qualification Level

The table below shows the qualification level achieved by persons aged 15+ in the City of Griffith, as recorded in the 2016 Census.

Qualification level	Number	Percentage
Bachelor or higher degree	2,126	10.5
Advanced Diploma or Diploma	1,212	6.0
Vocational	4,247	20.9
No qualification	9,681	47.7
Not stated	3,018	14.9

#### 8.1.5 Occupation or employment

The table below shows the numbers and percentages of occupations or employment categories for employed persons whose usual residence was the City of Griffith at the time of the 2016 Census.

Occupation	Number	Percentage
Managers	1,802	15.4
Professionals	1,546	13.2
Technicians and Trades Workers	1,614	13.8
Community and Personal Service Workers	1,035	8.8
Clerical and Administrative Workers	1,373	11.7
Sales Workers	1,240	10.6
Machinery Operators and Drivers	802	6.8

## 8.2 Potential audiences

The potential audiences for interpretive messages on the hospital site are listed below.

- Permanent and part-time hospital staff.
- Visiting medical practitioners and other health care workers.
- Regular maintenance contractors.
- Occasional visiting contractors.
- Hospital customers (inpatients and outpatients)
- Visitors to hospital customers.
- Students.



### 8.3 *Interpretive themes and potential locations*

Organising information into key themes using the adopted Australian National and NSW State themes for heritage interpretation provides a framework to contextualise the chronology of the site and its features. It also assists in extracting key information and matching that information to locations and appropriate techniques and methods for delivering interpretation.

The table below lists the Australian and NSW themes relevant to the site, its ability to demonstrate those themes and potential interpretive media and locations.

<b>Australian Theme</b>	<b>NSW Theme</b>	<b>Ability of the site to demonstrate this theme</b>	<b>Where and how?</b>
2 Peopling Australia	Aboriginal cultures and interactions with other cultures	Site can enable users to experience and remember past Aboriginal practices and link them to current Aboriginal culture through the results of archaeological investigations and involvement of present-day Aboriginal people.	Near the site of the dig through a sign showing images of the artefacts and the dig. In a case in the entrance foyer displaying artefacts.
3 Developing local, regional and national economies	Agriculture	Site is thought to be the site of a camp where blacksmiths and farriers worked on the equipment used to create the irrigation ditches in the Griffith area.	Items such as nails and horseshoes excavated from the garden over the years have been stolen but if further items are located, they could be featured in a display on the early irrigation ditches in association with the themes of labour and industry.
3 Developing local, regional and national economies	Environment - cultural landscape	Site can demonstrate the evolution of the landscape from its original ecological community, through Aboriginal use of the landscape to the manicured garden setting of the hospital.	Display of artefacts or images of artefacts showing the Aboriginal use of the landscape. Display of historic photos of the past hospital setting. Oral history of the current gardener who has lived near or worked on the site all his life.

<b>Australian Theme</b>	<b>NSW Theme</b>	<b>Ability of the site to demonstrate this theme</b>	<b>Where and how?</b>
3 Developing local, regional and national economies	Events	Site can demonstrate its use as a place of preparation for Aboriginal ceremonies on nearby Scenic Hill. History of health care in Griffith through past events such as opening of new wards and facilities and future events such as the opening of the new works.	Information about preparation for Aboriginal ceremonies on Scenic Hill. Continuing display of plaques marking past events. Plaque commemorating opening of new building.
3 Developing local, regional and national economies	Health	The site can demonstrate activities associated with preparing and providing medical assistance and promoting or maintaining the well being of humans	Historic images and movable heritage items can demonstrate this theme on signs or in a display.
3 Developing local, regional and national economies	Industry	The site can demonstrate the Aboriginal stone tool manufacturing industry. The site can demonstrate an activity associated with the manufacture of items used in the construction of irrigation ditches.	See comments on 'Environment Cultural Landscape' and 'Agriculture' above
3 Developing local, regional and national economies	Science	Site can demonstrate activities associated with systematic observations of patient health and is the site of archaeological investigations.	Material about treatment types. Images of 'dig' and display of artefacts.
3 Developing local, regional and national economies	Technology	The site can demonstrate the different technologies used by Aboriginal people in the tool manufacturing industry. It can also demonstrate activities and processes associated with the knowledge and use of applied sciences	Aboriginal artefacts or images of same. Movable heritage in the form of historic medical equipment, diagnostic tools could be displayed.

<b>Australian Theme</b>	<b>NSW Theme</b>	<b>Ability of the site to demonstrate this theme</b>	<b>Where and how?</b>
4 Building settlements, towns and cities	Towns, suburbs and villages	Through its location and shape the site can demonstrate the hospital's place in a planned urban landscape.	The evolution of health care in Griffith, on the current and previous sites, could be interpreted in the context of the planning of the city.
5 Working	Labour	Activities associated with work practices and organised and unorganised labour	Items such as staff records, nurses' stations and use of volunteers can demonstrate this theme.
9 Marking the phases of life	Life and death	The hospital is the site of birth and death for many in the Griffith community.	Hospital records can demonstrate changes in birth control, maternity procedures, historic equipment may demonstrate changes in circumcision practice
9 Marking the phases of life	Persons	The hospital will be associated with many in the Griffith community, either through their birth or health care on site or through their employment or voluntary work at the hospital.	The hospital can be dedicated to the memory of a person (e.g., through naming of a hospital wing or paths or roads within the site).

## 8.4 *Appropriate delivery media*

The detailed Heritage Interpretation Plan (Stage 2 of the interpretive process) will firm-up locations and methods for interpretation on the Griffith Base Hospital site. All methods of interpretation require a high standard of graphic and component design and manufacture of any signs should be in materials which are weather, vandal and graffiti resistant.

<b>Interpretive technique</b>	<b>Opportunity</b>	<b>Constraint</b>
Research, recording and local studies; genealogical research	Further investigation into the history of the site can be undertaken by members of the community.  Information sourced in this way can become an important community resource.	This component has no time frame and will rely largely on volunteers  Timeliness in locating people formerly connected with the site and capturing information and oral histories from Aboriginal people, ageing former employees and people connected to the hospital will be required
Identity and naming	Oral histories from Aboriginal people may reveal the Wiradjuri name for the site. The retention of the identity and naming of Griffith Base Hospital, its context and significance remain into the future.	No constraint
Promotion and marketing	Inclusion of heritage values in promotion and marketing underline the significance of the site.	No constraint
Possible future play space for children of staff or visitors	Opportunities for Aboriginal images and games. Appealing to younger audiences through creative play provides opportunities to convey simple and easily understood interpretive messages.  Imaginative play spaces become destinations for families and in turn a broader interpretive experience.	Play spaces with character may be constrained by using standard playground equipment, thereby requiring a unique design approach.



<b>Interpretive technique</b>	<b>Opportunity</b>	<b>Constraint</b>
Shade shelter	Former structures on site could inspire interpretive design for public domain features such as shade shelters	No constraint if sympathetically interpreted
Public art	Public art, including Aboriginal artworks, contributes to place making and is a proven attribute on many sites  Reuse of materials from the site is evidence of sustainable practice and helps in the retention of authentic components	Public art requires a budget and development time and should be addressed in early planning stages
Design guidelines	Design guidelines in new developments help to create uniformity and character. Using these to build on features of the hospital site helps to maintain connections between the past and the contemporary. Site presents an opportunity for 'Designing with Country', ensuring design guidelines consider Aboriginal connections with country.	Design guidelines can compromise individual expression, but they do make a positive contribution to the quality and uniformity of development
Restoration and adaptive reuse	Retention of significant features and adaptive reuse of buildings where feasible and appropriate anchors them to historical context of the site as important markers within new development	No constraint

## 8.5 Recommendations

The following recommendations are made:

### 8.5.1 Adoption of the Heritage Interpretation Strategy

The Griffith Base Hospital Heritage Interpretation Strategy should be adopted by all stakeholders as the basis for establishing and maintaining high quality interpretation across the site.

### 8.5.2 Fast-tracking the Heritage Interpretation Plan

The preparation of the Griffith Base Hospital Heritage Interpretation Plan should be commissioned as soon as possible to enable interpretive measures to be developed in parallel with the upgrade of health care facilities on the hospital site. These measures should inform design guidelines, infrastructure, place-making and public domain design where appropriate.

### 8.5.3 All interpretation to be accurate and culturally appropriate

All interpretive information should be based on thorough research, be accurate and presented in culturally appropriate ways.

### 8.5.4 Temporary interpretation during enabling works

Consideration should be given to including interpretation of the history of the hospital and the reasons for the redevelopment in any temporary hoarding, banner mesh or other screening around works sites.

### 8.5.5 Interpretive potential of movable heritage and archaeological finds

Presumably much medical treatment equipment from the early phases of the hospital has been discarded or is at the Griffith Pioneer Park Museum. An assessment of salvageable items, remnant materials and design features should be undertaken, and any significant items identified as having interpretive potential should be retained for possible re-use in interpretation of the site.

### 8.5.6 Further research and oral history recording

Community-based historical and genealogical research and oral recording should be identified with Griffith Local Aboriginal Land Council, Griffith City Council Local Studies and Griffith Genealogical and Historical Society Inc. as projects for development and possible grant funding.

## 9.0 References

Listed below are the sources used in compiling the Heritage Interpretation Strategy and some useful references on interpretation.

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