Labour History, no. 111 (November 2016): 149–64. ISSN 0023-6942

"Some of Us Pushed Forward and Let the World See What Could Be Done": Aboriginal Australian Nurses and Midwives, 1900–2005

Odette Best and Don Gorman*

This paper locates the voices of Aboriginal nurses and midwives which only emerged in publications from the 1950s onwards. It seeks to privilege the voices of Aboriginal nurses and midwives, and recognise their contributions to the nursing and midwifery professions. It identifies two key developments in Australian history that influenced the acceptance of Aboriginal people into a career in nursing and midwifery: the gradual decline of policies of protection, segregation and assimilation, and the shift of nursing education from hospitals into the tertiary sector. The authors identify four key themes that emerge from this review of Aboriginal nurses' publications: (1) the ongoing experience of racism faced by Aboriginal nurses and midwives, which was first reported in the 1950s and continues to be reported today; (2) the desire of Aboriginal nurses and midwives to work in their communities and contribute to improving the health of Aboriginal people; (3) the call for improved education about Aboriginal health issues as part of the broad nursing curriculum; and (4) the value of targeted strategies to recruit and retain Aboriginal nursing students.

Aboriginal women have practised as registered nurses, midwives and psychiatric nurses in Australia for over 110 years.[1] Nurses were practising in Australia from the earliest times of colonial history but there is little research about the work of Aboriginal nurses and midwives during the colonial period. A forerunner Aboriginal midwife identified is May Yarrowick who trained as early as 1906.[2]

Nursing and midwifery required a committed program of education leading to certification and a recognised qualification, and were arguably the first professions undertaken by Aboriginal women. Yet minimal research and scholarly discussion has recorded the history of Aboriginal nurses and midwives or recognised their place in the Australian health system. Their voices in post-colonial Aboriginal and nursing histories are largely absent, not researched nor interrogated. When labour histories mention Aboriginal women, it is usually in relation to domestic service duties. Domestic service is certainly where the majority of Aboriginal women were positioned within the labour force in the first half of the twentieth century.[3] However, there is evidence – in hospital records of nurse training and employment, professional association registers of members, and in newspapers of the relevant

* The authors would like to thank *Labour History*'s two anonymous referees.

1. Crowne Street Board Meeting Notes from the Matron to the Board, 28 May 1905, Box 1, file 305 (NUA), Kingswood State Records, NSW.
2. Odette Best and Kath Howey, "Finding May Yarrowick: Is She the First?" (paper presented to the Australian Institute of Aboriginal and Torres Strait Islander Studies, Nursing and Midwifery Seminar Series, Canberra, 8 May 2013).
3. Jackie Huggins, "Firing on in the Mind": Aboriginal Women Domestic Servants in the Inter-War Years," *Hecate* 13, no. 2 (1987): 5; Jackie Huggins, "White Aprons, Black Hands: Aboriginal Women Domestic Servants in Queensland," *Labour History*, no. 69 (November 1995): 188–95; Joanne Scott and Raymond Evans, "The Moulding of Menials: The Making of the Aboriginal Female Domestic Servant in Early Twentieth Century Queensland," *Hecate* 22, no. 1 (1996): 139–57.

period – that Aboriginal women such as May Yarrowick worked as registered nurses or midwives.[4] The stories of these women have not been published, but are instead occasionally revealed through personal, family histories and writings.

This paper recognises Aboriginal women's contribution to the nursing and midwifery professions and locates the voices of Aboriginal nurses and midwives in professional publications. The paper places the history of Aboriginal nurses and midwives within the context of Australian policies enacted upon Aboriginal peoples (including policies of protection, segregation and assimilation), and within the broader context of nursing education (particularly the shift of education into universities). It identifies two key developments in Australian nursing history that influenced the acceptance of Aboriginal women into a career in nursing: the gradual decline of the draconian policies of administration such as protectionism, segregation and assimilation, and the shift of nursing education from hospitals into the tertiary sector.

The authors seek to privilege the voices of Aboriginal nurses and midwives by drawing on published accounts such as the Patricia Chomley Oration presented to the Royal College of Nursing Australia,[5] Aboriginal-nurse-authored government publications, and postgraduate research and subsequent publication by Aboriginal nurses and midwives.[6] Throughout the early twentieth century, there were few publication opportunities for any nurses. One exception was the Australasian Trained Nurses Association, which began publishing the *Australian Nurses' Journal* in 1904. Relevant grey literature has been utilised, such as Dawn Magazine, which allowed the first generation of Aboriginal nurses' voices to be published and heard. *Dawn Magazine* was first produced by the New South Wales Aborigines Welfare Board in 1952. It continued publication until 1975 under the name *New Dawn*. Other sources of grey literature were included such as a collection of stories published on Indigenous nurses and midwives.[7]

The authors' analysis of these publications reveals that the history of Aboriginal nurses is a history of the ongoing experience of racism; that Aboriginal nurses desire to work in Aboriginal communities and contribute to improving the health of Aboriginal people; they have called for the inclusion of Indigenous health as part of the broad nursing curriculum, and for the value of targeted strategies to recruit and retain Indigenous nursing students.

Aboriginal Administration: Protectionism and Segregation

Aboriginal women's agency within workforce labour history needs to be placed in the context of Australian policies enacted upon Aboriginal Australians. There was little uniformity of these policies across Australia, as all States and Territories enacted legislation at differing times. The era of protection and segregation emerged around 1897, when Australian governments realised that Aboriginal people were

4. Best and Howey, "Finding May Yarrowick"; Claire Schofield, *Bundarra, Stepping Stone of the Gwydir* (Inverell, NSW: Schofield, 1979).
5. Lowitja O'Donoghue, "Healing the Wounds: Nurses and Reconciliation," *35th Patricia Chomley Oration* (Sydney: Royal College of Nursing Australia, 2001); Gracelyn Smallwood, "Aboriginal Health by the Year 2000," *24th Patricia Chomley Oration* (Sydney: Royal College of Nursing Australia, 1990).
6. For joint papers written by Aboriginal and non-Aboriginal nurses, we will indicate, in brackets, the non-Aboriginal authors.
7. Sally Goold and Kerrynne Liddle, eds, *In Our Own Right: Black Australian Nurses' Stories* (Sydney: eContent Management Pty Ltd, 2005).

not dying out as expected. Legislation to control Aboriginal people was first enacted in Queensland, with *The Aboriginal Protection and Restriction of the Sale of Opium Act 1897*.[8] Frankland describes the Act thus: "[It] was the first comprehensive Aboriginal protection act in Queensland and, indeed, in Australia; it ushered in the long era of protection and segregation during which Aborigines lost their legal status as British citizens and became, in effect, wards of the state."[9]

Missions and reserves were established and were largely parcels of land acquired by government as the dumping grounds for Aboriginal people. The missions were administered under the guise of being Government or Church operated. A Chief Protector for the states was nominated and essentially all Aboriginal people became wards of the state so that mass removals and relocations could occur without retribution.

Non-Aboriginal people were appointed as District Protectors or Mission Superintendents and were accorded the powers to carry out their duties prescribed under the Act. These included: where and how Aboriginal people were to live; where Aboriginal people were to work; when or if Aboriginal people could practise cultural ceremonies; who Aboriginal people could marry; movement on and off the missions and reserves (stolen generations); removal of wages and (stolen wages); and imprisonment without offence.[10]

This was an extreme period of segregation and most certainly not an era when many Aboriginal women could enter public hospitals to pursue careers in nursing or midwifery. In part, this was because many were locked up on reserves and had to apply for permission to move. Further, education for Aboriginal people was minimal. At approximately age 13, Aboriginal women were sent across the states to work as domestic servants on white owned cattle stations, often without pay.[11]

In some cases, Aboriginal women who did go into nursing or midwifery had to deny their Aboriginality. These women, who typically had a white parent (usually a father), had to apply for exemption from the Act. Exemption allowed them to leave the missions, reserves and settlements. This was arguably a tool of identity genocide, with Aboriginal women being allowed to potentially enter nursing and midwifery only when they denied their Aboriginality. Exemption meant signing paperwork that they would cease identifying as Aboriginal and would not socialise with Aboriginal people.

As this era was morphing, for a raft of reasons, assimilation started to be discussed, and the possibility of training Aboriginal nurses was raised. For example, as early as 1934 a Queensland parliamentarian, Mr Kenny, "criticised certain aspects of the aboriginal [sic] administration, and … advocated the training of aboriginal nurses for aboriginal races."[12]

---

8. *The Aboriginal Protection and Restriction of the Sale of Opium Act 1897 (Queensland)*, accessed October 2016, http:www.foundingdocs.gov.au/resources/transcripts/qld5_doc_1897.pdf.
9. Kathy Frankland, *A Brief History of Government Administration of Aboriginal and Torres Strait Islander People in Queensland*, research report prepared for Queensland Department of Communities, Community and Personal Histories, Brisbane, 1994, accessed October 2016, http://www.slq.qld.gov.au/resources/atsi/community-history/qld-legislation/brief-history.
10. *The Aboriginal Protection and Restriction of the Sale of Opium Act 1897 (Queensland)*.
11. Ivy Booth and Laurel Booth, interviews with Odette Best, 15 March 2014, Rockhampton.
12. "The Golden Casket Assembly Discusses Gambling: Dental Hospital," *The Courier-Mail*, 25 October 1934.

Assimilation

The assimilation period and subsequent policies loosely started in the 1930s and became clearer towards the end of World War II. Essentially it was a result that Indigenous Australians were still not dying out but in fact the population was increasing.[13] Governments found it increasingly expensive to run missions and reserves, and this further encouraged a move towards assimilation.

In 1937, a conference of Commonwealth and State Aboriginal authorities met in Canberra to discuss and articulate policies of assimilation. The published proceedings outlined that "the destiny of the natives of Aboriginal origin but not the full blood, lies in the ultimate absorption by the people of the Commonwealth."[14] By the 1950s, assimilation was being mooted by Medical professionals and appeared within the Medical Journal of Australia:

> It would be easier, of course to let the aborigines [sic] die out but fortunately conscience and a sense of human responsibility still remain. The aborigines must be helped to adjust themselves to, and perhaps be assimilated into, our community and way of life so that they may be in it and of it.[15]

At the 1961 Native Welfare Conference of State and Federal Ministers, assimilation was defined and was further modified. In 1965, it appeared as:

> The policy of Assimilation seeks that all persons of Aboriginal descent will choose to attain a similar manner and standard of living to that of other Australians and live as members of a single Australian community – enjoying the same rights and privileges, accepting the same responsibilities and influenced by the same hopes and loyalties as other Australians.[16]

This era was deeply embedded in the belief that "blood quantum" was a defining factor of Aboriginality. The common belief was that Aboriginality could be bred out and blood quantum language was common. In this era, it appeared to make sense that Aboriginal women of mixed ancestry could be accepted into nursing and midwifery. We argue that this is reflective of the policy era of assimilation. Aboriginal women who trained in this era were of mixed ancestry. Not all were living on missions and reserves, and therefore in need of exemptions. It remained clear that the policy of assimilation did not include "full-blood" Aboriginals.[17]

Self-Management/Self-Determination

By the 1970s, self-determination or self-management was seen as the "way forward" for Indigenous peoples. For many Indigenous Australians, the overtly racist

13. Ray Lovett, "A History of Health Services," in *Yatdjuligin Aboriginal and Torres Strait Islander Nursing and Midwifery Care*, ed. Odette Best and Bronwyn Fredericks (Melbourne: Cambridge Press, 2014), 31–50.
14. Commonwealth of Australia, *Aboriginal Welfare: Initial Conference of Commonwealth and State Aboriginal Authorities 21–23 April 1937* (Canberra: Commonwealth Government Printer, 1937), 3.
15. "The Australian Aboriginal and Ourselves," *Medical Journal of Australia* 2 (November 1952): 633.
16. Quoted in N. T. E. Hewitt, "Aborigines Bill," Queensland Parliamentary Debates, Legislative Assembly (17 November 1971): 1922.
17. It is widely accepted today amongst Aboriginal communities that the language of "blood quantum" is highly offensive.

underpinnings of assimilation was that Indigenous people would embrace white systems of beliefs and values. This was clearly espoused by the Federal Minister for Aboriginal Affairs the Honourable W. C. Wentworth in 1971, when he stated that "the acquired meaning of 'assimilation' is the extinction of distinctively Aboriginal culture and traits."[18] By 1972, Prime Minister McMahon announced a new policy direction for Aboriginals essentially supporting that Aboriginals should have a choice about the degree to which they wanted to identify as part of the dominant society and further to this should be supported to manage their own affairs.[19] In the same year, Prime Minister Gough Whitlam would change the language from self-management to self-determination.

Resistance was expressed most strongly from the conservative states of Western Australia and Queensland by refusing to support the philosophy of self-determination. Queensland was staunch in its belief that "The Queensland Government does not recognise the authority of the Commonwealth to legislate for Aborigines in this state, and has rejected or countered any attempt to implement Federal legislation."[20] However, in 1975 the Federal Government passed the *Racial Discrimination Act*, which effectively meant that Aboriginal peoples could no longer be administered under Acts of administration.

In 1976 in Queensland, *The Aborigines Act* and the *Torres Strait Islanders Act* expired.[21] After approximately 80 years the Acts of administration had been smashed. One response to the loosening of the Acts in other states in Australia was the emergence of community-controlled Aboriginal Medical Services across the country. The first Aboriginal Medical Service opened in Sydney in 1971. It was opened by Aboriginal people (including Aboriginal nurses) and sympathetic white health professionals (including the famous Aboriginal health advocate Fred Hollows). Aboriginal Medical Services worked under a community mantra: "for the people, by the people, with the people."[22] They became a vital entrance point for Aboriginal nurses, midwives and psychiatric nurses, who could work within community-controlled Aboriginal health services and avoid the public health care system and its overt institutional racism.

The need to increase the numbers of Aboriginal nurses was also identified by the Federal government within this era. A call for more Aboriginal nurses was included in the first comprehensive Government report about Aboriginal health issues, which was released in 1979. It stated:

> There are no Aboriginal doctors, few nurses and nurse trainees, and a limited number of nurse aides. One important way of improving Aboriginal health is to have Aboriginals themselves filling these positions. It is therefore necessary that as many Aboriginals as possible be trained in these professions in the shortest time possible.[23]

18. Morgan B. Howe, *Aborigines and Christians: An Introduction to Some of the Issues Involved* (Brisbane: Leader Press, 1977), 32.
19. Rt Hon. William McMahon, *Australian Aborigines: Commonwealth Policy and Achievements* (Canberra: Government Printers, 1972).
20. Heather Wearne, *A Clash of Cultures: Queensland Aboriginal Policy (1824–1980)* (Brisbane: Uniting Church in Australia, World Mission Section, 1980), 22.
21. *Ibid*.
22. Mary Martin, interview with Odette Best, Brisbane, 12 March, 2010.
23. Parliament of the Commonwealth of Australia, House of Representatives Standing Committee on Aboriginal Affairs, *Aboriginal Health* (Canberra: Australian Government Publishing Service, 1979), 125.

Australian Nursing History

Regulated nursing and midwifery in Australia is just over 120 years old. Six nurses trained by the infamous Florence Nightingale arrived in Sydney in 1868[24] and by the 1880s/90s a system of nurse training was commencing in hospitals across Australia which bought with it a level of professionalism. Nurses were required to apply for positions as a student nurse, undertake study, sit periodic exams and, on completion, were awarded certificates of competency.

Before women could enter nursing or midwifery, they needed to complete a written application and attend an interview, usually with the hospital matron. This meant that matrons could decide who would be accepted to train as a nurse. It is highly unlikely that Aboriginal trainees were accepted. No Aboriginal nurses or midwives have been identified as training in the timeframe of 1880–1900 as yet.

The Australasian Trained Nurses Association was formed in 1899. This was a voluntary association which was founded in Sydney by concerned nurses and medical practitioners.[25] Nurses were not required to be listed on the Australasian Trained Nurses Association register. The first Aboriginal nurse to be identified and registered was May Yarrowick after her graduation from Crown Street Hospital. May was listed on the register in 1907 as an obstetric nurse only.

It was also in this era, and due to the establishment of the missions and reserves, that Aboriginal women were heavily utilised as assistants in nursing within mission hospitals. The lack of white nursing staff on the missions and reserves was of genuine concern and was consistently an issue in the administration of hospitals and a theme in the Queensland Annual Reports of the missions. Aboriginal assistants were, in many cases, highly commended and featured within the Superintendents' Reports and to the Reports of the Deputy Director. In the 1940s, three of the missions in Queensland went so far as to establish a government supported "native" nurses training scheme.[26] This scheme was first mooted by Matron Colledge of Woorabinda Mission, who noted that the Aboriginal girls:

> will be trained to take care of the sick, sponging helpless cases, making beds, sweeping wards, taking temperatures in the earlier months of training and later to do, dressings, bandaging, urine testing and other necessary treatments. After two years of Hospital work, lectures etc, these girls will be a great asset to the Hospital staff and could be transferred to other Settlements if necessary. They will be given the usual Nursing duty hours and with their day off weekly and should be at the end of 2 years be classed as an experienced nurse.[27]

It is worth noting that, whilst considered experienced nurses, the only work option for these women was to work or be traded through other missions within Queensland.

---

24. Judith Godden, *Lucy Osburn, A Lady Displaced: Florence Nightingale's Envoy to Australia* (Sydney: Sydney University Press, 2006), 40–41.
25. Minutes of Committee of Proposed Nurses' Association, Sydney, 21 June 1899, Mitchell Library, Sydney, NSW.
26. Odette Best, "Training the 'Natives' as Nurses in Australia: So What Went Wrong?" in *Colonial Caring: A History of Colonial and Post-Colonial Nursing*, ed. Helen Sweet and Sue Hawkins (Manchester: Manchester University Press, 2015), 104–125.
27. Matron Colledge to Queensland Director of Native Affairs, Training Native Nurses, 20 August 1945, Director of Native Affairs Departmental File SRS 505/1/4501, Queensland State Archives, Brisbane, QLD.

They could not work within the broader public hospital system. This scheme had small successes but ceased in the 1950s.

Further, during the era of assimilation, there was an undertaking in the United Kingdom. In August 1945, The Colonial Office presented to Parliament a Report called the *Training of Nurses for the Colonies* (The Rushcliffe Report). The report identified that the training of nurses in the United Kingdom and the Dominions for services in colonial territories was comprehensive. It gave a thorough overview of training needs and requirements of nurses, midwives and mental health nurses. While it recommended the training of Indigenous nurses, it paid little attention to local complexities that might influence the likelihood of training, noting:

> At first the only trained nurses were those who were recruited in the United Kingdom and the Dominions or from nursing sisterhoods in Europe, but it was speedily recognised that no great extension of medical services could take place unless the greater part of the nursing staff was drawn from the local populations.[28]

In Australia, the recommendation to train Aboriginal nurses fell on deaf ears. As a Dominion, Australia was not required to adopt recommendations from "the mother country." In addition, Australian policies such as the Acts of administration, which made training Indigenous nurses difficult, were not considered within the context of the Rushcliffe Report.[29]

Publications, Voice and Aboriginal Nurses

A review of publications that have historically provided a voice to Aboriginal nurses, midwives and psychiatric nurses highlights four main themes: (1) the ongoing experience of racism faced by Aboriginal nurses; (2) the desire of Aboriginal nurses to work in Aboriginal communities and contribute to improving the health of Indigenous people; (3) the call for the inclusion of Indigenous health as part of the broad nursing curriculum; and (4) the value of targeted strategies to recruit and retain Indigenous nursing students.

Racism

Research shows that racism is an ongoing reality for Aboriginal nurses and patients, both during the timeframe of this paper, and to the present day.[30] While there is scant scholarship from non-Indigenous nurses and midwives on racism it seems to be a common experience of Aboriginal nurses. It is first seen in the records about Aboriginal midwife, May Yarrowick, who trained in 1906.

Shortly after the burgeoning professionalisation of nursing and midwifery through training and certification and commencement of the Australasian Trained Nurses Association, an identified forerunner, Aboriginal midwife May Yarrowick

28. Colonial Office, *Report of the Committee on the Training of Nurses for the Colonies* (London: His Majesty's Stationary Office, 1945).
29. Best, "Training the Natives."
30. Odette Best, "Yatdjuligin: The Stories of Aboriginal Registered Nurses in Queensland from 1950–2005" (PhD diss., University of Southern Queensland, 2011); Anne-Maree Nielsen, "What are Aboriginal Registered Nurses' Experiences of the Cultural Challenges, If Any, Involved in Working in Mainstream Healthcare?" (Masters Honours diss., University of Southern Queensland, 2010), 12–20.

undertook her training. May was born to a white father and an Aboriginal mother who was one of the domestics on the Kelly property on Bassandean in New South Wales. Whilst May's paternity was not publically acknowledged, she was treated very much as a Kelly family member. May was educated with many of her cousins and was afforded the same privileges as them, with private tutors. May did not lean towards the church so it was arranged to send her to Sydney to the Women's Hospital to train as a midwife.[31]

In 1906, May, was interviewed to enter her midwifery training. Correspondence to Crown Street Women's Hospital Board from the Matron regarding the pupil Nurse Yarrowick stated: "Letter dated 28th May from Matron re Pupil Nurse Yarrowick it was decided that the fact of her being half caste was not a valid ground in refusing to train her as a nurse, a separate room would however be provided for her."[32] The matron clearly held the power to decide that Yarrowick was suitable to train, and also the power to enforce segregation; Yarrowick was not accommodated with the other five women accepted for training. This segregation certainly demonstrates that racism was enacted into nursing education from the earliest of training days and is a demonstration of racism by the institution. Whilst obviously the Matron held the power to accept or not accept May Yarrowick, we argue there was also the power to be able to segregate May due to her Aboriginality. May Yarrowick technically was not administered under any Act of administration and yet still faced the racist attitudes of the Matron in being segregated from her fellow midwifery students.

The voices of Aboriginal nurses appear in print in 1962, in the publication *New Dawn*. The story introduced the Bush twins (Alison and Jennifer), both of whom had highly successful careers in Aboriginal health and included a brief article titled "The Patients See Double, When They're Treated by the Nursing Twins." The article reported on the twins' nursing history and acknowledged that it was highly unusual to see one "Aboriginal nurse in a city hospital let alone two." The issue of racial prejudice was addressed briefly but dismissed: "the sisters say that neither at school nor at the hospital have they come up against any racial prejudice."[33]

However, more than two decades later, Alison Bush and Van Holst Pellekaan (non-Aboriginal) within nursing literature *Issues in Australian Nursing 4*, argued in 1995 that the low representation of Indigenous peoples in nursing and midwifery was caused by the harsh process of colonisation which actively denied adequate education for Indigenous peoples, resulting in "the path to formal qualifications being more difficult than for any other segment of the population."[34] They named racism as a common experience for Aboriginal nurses, who have to be "highly motivated" to succeed. We argue this reflects the legacy of the protectionist and segregationist era where education was denied or at best minimal and offered to a level of basic literacy for employment as domestics.

It would be almost another two decades, until 2005, that the first collection of stories written by Indigenous nurses was published: *In Our Own Right: Black*

31. Katie Broun, Personal Diary of Katie Broun cousin of May Yarrowick, given to Odette Best by the Broun family.
32. Crowne Street Board Meeting Notes from the Matron to the Board, 28 May 1905, Box 1, file 305 (NUA), Kingswood State Records, NSW.
33. William Munday, "Patients See Double When They're Treated by the Nursing Twins," *Dawn Magazine* 11, no. 1 (1962): 12.
34. Alison Bush and Sheila van Holst Pellekaan, "Footprints: A Trail to Survival," in *Issues in Australian Nursing 4*, ed. Genevieve Gray and Rosalie Pratt (Melbourne: Churchill Livingstone, 1995), 219–33.

Australian Nurses' Stories.[35] This collection of 20 stories is the first publication of its type to give voice to the experiences of Indigenous nurses. It includes stories of Indigenous nurses and midwives trained from the 1950s through to the 2000s – spanning the times of assimilation to self-determination, and also spanning training in hospitals to universities. Nurses and midwives who trained across all timeframes told accounts of racism and the legacy of the Policies of Administration.

In this publication, Lowitja O'Donoghue, who commenced her training at South Coast Hospital in South Australia, told of her nursing dream to be accepted at Royal Adelaide Hospital.

> I had made enquiries at the Royal Adelaide Hospital, but I knew they did not take Aboriginal nurses. I was knocked back several times; I think at least half a dozen times. I knew the reason I was being knocked back but I kept trying anyway. On my many visits to Matron's office, not once did she ask me to sit down. I remember her, Matron Schrymgour, telling me "this is not the place for you Aboriginal girls. You should go and nurse your own people in Alice Springs." I thought that was ridiculous, my people didn't come from Alice Springs.[36]

O'Donoghue did eventually transfer to Royal Adelaide Hospital after three years at South Coast. Her training at South Coast was not recognised, and she was forced to begin her training again. O'Donoghue also experienced an ongoing battle about exemption throughout her training: "I remember every week the Protector of Aborigines would contact me to become exempt. That meant that I would become white just like that. I said, 'No I am an Aboriginal person and would not have a dog medal of any kind.'"[37]

Having experienced such levels of racism both in her acceptance into nursing training and her continued call for exemption by the Protector of Aborigines in her working life, it is no wonder when as a highly experienced nurse, that O'Donohue was direct in the challenges offered to the nursing profession. In 2001, O'Donohue became the second Aboriginal nurse to present the Patricia Chomley Oration. She challenged the nursing profession to help progress reconciliation through active interest in Aboriginal health, advocating for and collaborating with Aboriginal people, reviewing services from the perspective of Aboriginal peoples, eliminating racism, promoting cultural awareness, and actively supporting Aboriginal employees.[38] O'Donahue's presentation also addressed the need for better education, discussed further below.

Two other Aboriginal registered nurses, Sadie Canning and Mary Ann Bin-Salik, both discuss the distressing state of Indigenous health during the 1950s and 1960s. Canning worked at Leonora, Western Australia, in segregated wards with Aboriginal patients accommodated in small tin sheds. Canning found this distressing and worked on removing segregation when she became matron. She considers the breaking down of segregation as one of her greatest achievements.[39] Bin-Salik worked

35. Goold and Liddle, *In Our Own Right*.
36. Lowitja O'Donoghue, "Racism Often Came from Patients, Not Colleagues," in Goold and Liddle, *In Our Own Right*, 47–55.
37. *Ibid*.
38. O'Donoghue, "Healing the Wounds."
39. Sadie Canning, "My Story: The Beginning, Childhood, Ambitions and Achievements," in Goold and Liddle, *In Our Own Right*, 1–8.

at Darwin Hospital, where she saw people of mixed ancestry sent into regular wards to assimilate with the non-Indigenous community. Most distressingly, she witnessed the forced sterilisation of Aboriginal women after they gave birth.[40]

In 2005, Best and Nielsen completed research at the University of Southern Queensland for the Queensland Nursing Council. Nielsen, a young Aboriginal nurse graduate from the University of Southern Queensland, wanted to explore the experiences and challenges faced by six Indigenous nursing graduates. A consistent theme of racism was discussed by all six participants, including racism from other students, from patients while on clinical placement, and in some cases from staff of the university. A new perspective on racism was raised by fairer-skinned Aboriginal students, who reported being discriminated against for being Aboriginal, but also for not being Aboriginal enough (being fair and therefore "not really being Aboriginal").[41]

Working with Mob

There is a long and established history of Aboriginal nurses working with and for Aboriginal peoples.[42] Post invasion, utilisation of "nursing" care for Aboriginal people by Aboriginal people can be traced throughout the missions and settlement[43] with developments such as the Queensland native nurses training schemes. Once technically outside of the era of protectionism and segregation, the period of self-determination in the 1970s saw the development of the Aboriginal Medical Services across Australia. Aboriginal nurses could for the first time work in Aboriginal Medical Services providing help for their peoples without the institutional and personal racism that many have articulated. Many Aboriginal nurses convey that it is their "cultural obligation to give back to their people by nursing their people and it is what made them become nurses,"[44] a sentiment articulated very early by Aboriginal nurses and midwives.

Dawn Magazine introduced Muriel Stanley in 1962 in an article entitled "A Brief Story of My Calling to the Service of God." In her own words:

> Early in 1945, my Midwifery Training completed, I was invited to take over the hospital at Yarrabah Mission. My home, just imagine the joy, the thrill, the excitement of returning to work amongst my own people, so on the 21st April, 1945, I took over the Mission Hospital, giving my services there for nearly 14 years helping my people both bodily and spiritually.[45]

The article clearly identifies a desire, common to many Indigenous nurses and midwives, to work with "their" people.

The first paper in *Issues in Australian Nursing 4* was written by Alison Bush and Sheila van Holst Pellekaan (non-Aboriginal). Bush had first appeared in publication

40. Mary Ann Bin-Salik, "Beyond Expectations: From Nursing to Academia," in Goold and Liddle, *In Our Own Right*, 29–32.
41. Odette Best and Anne-Maree Nielsen, *Indigenous Graduates Experience of Their University Nursing Education: Report to the Queensland Nursing Council Research Committee* (Brisbane: Queensland Nursing Council Research Committee, 2005).
42. Goold and Liddle, *In Our Own Right*; Best, "Yatdjuligin."
43. Best, "Training the Natives," 104–25.
44. Best, "Yatdjuligin"; Nielsen, "What are Aboriginal Registered Nurses' Experiences," 12–20; Goold and Liddle, *In Our Own Right*.
45. Quoted in E. N. Bacon, "Church Army in Australia: A Brief History of My Calling to the Service of God," *Dawn Magazine*, no. 11 (1962): 10–11.

as one of the Bush sisters in 1962. By this stage, she was an experienced midwife working at a large urban hospital. Bush and van Holst Pellekaan write about the importance of Indigenous nurses: "there is recognition of common 'Aboriginality' which allows for better communication avenues for that person and their relatives; there is someone who understands a little about why they are uncomfortable and reluctant to be away from country."[46] This demonstrates the benefits of working with Aboriginal people. Indeed, all four Aboriginal authors within the publication cited the reasons of wanting to work with their people and in their communities as an element of their nursing practice. These themes also emerged from the 2005 research of Best and Nielsen which uncovered that the participants' want to become a nurse was motivated by a desire to work for "their" people. In addition, all six participants identified that two key aspects of support at university helped them to succeed in their degrees: engagement with an Indigenous Education Support Unit and having access to an Indigenous nurse academic.[47]

Education

The need for improved education is a theme that appears repeatedly within the nursing literature written by Aboriginal nurses. There are two aspects to the need for education; firstly, non-Indigenous nurses need to be better educated within their nursing programs about Indigenous health. Secondly, there needs to be supportive structures and scaffolding for Indigenous students who access nursing education, to improve their chances of success.

When Sister Muriel Stanley's story was told in *Dawn Magazine* in 1955, it was titled "Aboriginal Nurse Honoured." It outlined Stanley's move from her Yarrabah mission home, her acceptance into obstetric nursing at South Sydney Women's Hospital in Camperdown, and her return to Yarrabah to take up the matron's position. Stanley's voice comes through in a small quote at the end of the article:

> You are always reading and hearing that we are a backward race, I felt it was time some of us pushed forward and let the world see what could be done. I do think it's time the White Australians realised what they owe the Australian aborigine.[48]

It is possible that Stanley's words in *New Dawn* represents the first health activist voice for Aboriginal health coming from an Aboriginal midwife. This snapshot of Stanley was brief, but important. Here was an Aboriginal matron (almost unheard of at the time) making a strong political statement about non-Indigenous Australians taking responsibility for the legacy of not understanding Aboriginal people.

By the 1980s, the policies of segregation, protectionism and assimilation had ceased and Indigenous people arguably could access education to train as nurses more readily. It was this shift that really opened the doors for Indigenous nurses: with university training, potential nurses were no longer chosen at the whim of the hospital matrons. During the 1980s, the nursing profession began to find its feet as an academic discipline with the emergence of scholarly research and publishing. In this environment, the voices of Aboriginal nurses began to be heard within nursing literature. The increasing

46. Bush and van Holst Pellekaan, "Footprints."
47. Best and Neilsen, *Indigenous Graduates Experience*.
48. Quoted in G. Rowe, "Sketches of Outstanding Aboriginals," *Dawn Magazine*, no. 2 (1955): 13.

numbers of Indigenous people practising as nurses and conducting nursing research laid a strong foundation for ongoing growth in the sector.

Registered nurse Joan Winch was the first Aboriginal nurse to publish during this period, with an article in *Issues in Australian Nursing 2* (1989). In her article, Winch gives a powerful call for change – in both education about Aboriginal health issues and in levels of participation in the nursing profession by Aboriginal people. Winch opened the article by referring to some of the problems associated with colonisation and concludes that "the medical model has manifested itself insidiously over the last twenty years." She commented that it is "white nurses in white uniforms that have proven to be a barrier for the improvement of [Indigenous] health." Winch continued: "it is clear that radical change is required, and that the twin pillars supporting such a change are education and participation."[49] This clearly demonstrates the distinct coupling of themes of many of the Aboriginal nurse voices of this research. She discusses the need for Aboriginal people to participate in Aboriginal health decisions, and calls for education, primarily aimed at non-Indigenous nurses, about the health of Indigenous Australians. In identifying the lack of Indigenous content in the nursing curriculum, Winch throws a challenge to education providers and sets the agenda for the voices to follow. Winch's arguments remain powerful today and it is timely to reflect on the extent to which the nursing education sector has addressed her concerns.

In the early 1990s, Gracelyn Smallwood was the inaugural Aboriginal nurse to present the Patricia Chomley Oration as part of the Royal College of Nursing Australia's activities. Smallwood's presentation, "Aboriginal Health by the Year 2000," outlined the devastating facts of Aboriginal health. She tackled several issues, including the ongoing resistance to deal proactively with Aboriginal health, stating: "I have wondered within nursing circles, if the resistance is due to the old fashioned restricted and narrow perspective so common in nurses trained solely in the medical model."[50]

The voices of Aboriginal nurses grew louder in 1995, with four papers published in *Issues in Australian Nursing 4*, part 3, "Nursing and Australia's Indigenous Peoples." Smallwood did not contribute to this publication, but her comments were included in Pratt and Gray's introduction titled "Black and White Together: Breaking Down the Barriers." They quoted Smallwood as identifying that the nursing profession struggles to provide care for Indigenous Australians due to cultural barriers and that "this profession is extremely conservative and in the western model … necessary content about Aboriginal health does not exist." Smallwood called for a nursing curriculum with a compulsory component about Aboriginal health and culture, preferably taught by Aboriginal people.[51]

The second paper in *Issues in Australian Nursing 4* was written by Judith Kelso Townsend (non-Aboriginal) and Nancy De Vries. They discussed the cultural context for nursing education: "early on there was frustration in never having written things down, we (Aboriginal people) did everything orally and suddenly we had to do five

49. Joan Winch, "Why is Health Care for Aborigines So Ineffective?" in *Issues in Australian Nursing 2*, ed. Genevieve Gray and Rosalie Pratt (Melbourne: Churchill Livingstone, 1989), 53–70.
50. Smallwood, "Aboriginal Health by the Year 2000."
51. Rosalie Pratt, "Black and White Together: Breaking Down the Barriers," in Gray and Pratt, *Issues in Australian Nursing 4*, 211.

pages on something."[52] The authors discussed the support offered by Indigenous Education Units, and De Vries identified these units as a pillar of support in attaining qualifications. The authors' stated: "we need to break down the barriers of physical and intellectual isolation, institutional and interpersonal racism, black tokenism and the imposition of white expectations."[53]

The third paper was solo authored by Aboriginal nurse Laurel McCarthy, who wrote a very personal reflection. McCarthy reflected on "Aboriginal and Torres Strait Islander nurses often being caught between the black and white cultures during their nursing practice." She identified racism as a personal issue within nursing, and described an incident from her nursing experience: an Aboriginal woman who had 13 children and had just lost two children in a house fire; "The woman's grief was seen as the woman being unco-operative and her situation was dismissed by a fellow nurse in the following words: 'she's got thirteen kids – she's not going to miss two now.'"[54] McCarthy joined the call for the nursing curriculum to include Aboriginal health, with content developed with local Indigenous peoples and Indigenous registered nurses.

In 1996, Gracelyn Smallwood contributed a chapter for the textbook *Mental Health and Nursing Practice*. This was the first mental health nursing textbook to include a stand-alone chapter on Indigenous Australians. She opened the chapter with the very powerful words: "the land has spiritual significance for Indigenous peoples. To break this bond is an assault on our mental health."[55] In the chapter, Smallwood aimed to help non-Indigenous students to understand the multiple layers that can impact on the mental health care of Aboriginal and Torres Strait Islander peoples. She encouraged students to: consider the cultural values implicit in Western concepts of mental health and illness; appreciate how colonisation has impacted on the mental health of Aboriginal and Torres Strait Islander peoples; understand that Aboriginality in itself is not a risk factor for mental illness; appreciate cultural identity as a primary factor in mental health wellbeing; recognise the importance of culturally safe care; understand the crucial importance of integrating nursing skills within traditional networks when working with Aboriginal communities; and appreciate the need to reinforce the cultural identity of Aboriginal clients and their families.[56]

Targeted Strategies to Recruit/Retain

Nurses and midwives are at the forefront of health service provision and are commonly the first health care provider that many Aboriginal people engage with. National and international research has argued that the need to increase the number of Indigenous nurses and midwives is a key strategy to improve Indigenous health outcomes. The calls for strategies to support this through recruitment and retention strategies have been many and varied and we argue the issue is still problematic for many Schools of Nursing and Midwifery nationally.

52. Judith Kelso Townsend and Nancy de Vries, "Aborigines, Nursing and Education," in Gray and Pratt, *Issues in Australian Nursing 4*, 273.
53. *Ibid*.
54. Laurel McCarthy, "Culture Conflict: Laurel's Story," in Gray and Pratt, *Issues in Australian Nursing 4*, 340.
55. Gracelyn Smallwood, "Aboriginality and Mental Health," in *Mental Health and Nursing Practice*, ed. Michael Clinton and Sioban Nelson (Sydney: Prentice Hall, 1996), 104–18.
56. *Ibid*.

Sally Goold, questioned "Why Are There So Few Aboriginal Nurses?" In her 1995 paper, Goold reported on two sources of data: a survey of nursing schools in Australia to determine the number of Indigenous nurses entering them, and interviews with a cohort of Aboriginal registered nurses to explore their experiences. She summarised her findings as follows:

> [T]he reasons that Aborigines are underrepresented or seemingly invisible in nursing are many, including racial attitudes, discriminatory practices, restrictive admission policies, educational, economic and social deprivation and the high expectations placed on Aboriginal nurses which frequently put them on the front line. Nursing has a political and moral responsibility to accept the social and cultural challenge to attract and retain Aboriginal students, if the principles of social justice and equal opportunity that are espoused are to be more than just rhetoric and if the benefits that Aboriginal people would bring to nursing care are to be recognised.[57]

Whilst Goold's response clearly crosses themes, her response was written for the tertiary sector and emphasised its responsibilities in the recruitment and retention of Aboriginal nurses and midwives.

The first national gathering of Indigenous nurses occurred in Adelaide in 1997, funded by the Office of Aboriginal and Torres Strait Islander Health Services. This gathering developed a strategy for recruiting and retaining Indigenous nursing students and for training non-Indigenous nurses to work with Indigenous patients in a culturally safe way. The group proposed the following: mandatory inclusion of Indigenous content in all undergraduate nursing curricula (including history, culture and health issues); provision of funding to assist non-Indigenous students to attend clinical placements in Indigenous communities; employment and professional development of Indigenous academics in schools of nursing; and cultural awareness programs for all nursing academics so that they may be better prepared to assist Indigenous students.[58]

By 2000, the Office for Aboriginal and Torres Strait Islander Health established the Indigenous Nursing Education Working Group (INEWG) to "increase the number of registered Indigenous nurses and improve the competency of the Australian nursing workforce to deliver appropriate care to Indigenous people."[59] The INEWG included members from the Congress of Aboriginal and Torres Strait Islander Nurses and, most importantly, the Australian Council of Deans of Nursing. The INEWG report included a number of goals for the period 2002–07, specifically: increase the recruitment, retention and graduation of Indigenous nursing students; promote the integration of Indigenous health issues into core curricula; improve nurses' health service delivery to Indigenous Australians; and monitor outcomes and revise strategies accordingly.[60]

---

57. Sally Goold, "Why Are There So Few Aboriginal Nurses?" in Gray and Pratt, *Issues in Australian Nursing 4*, 235–52.
58. Office of Aboriginal and Torres Strait Islander Health Services, National Aboriginal and Torres Strait Islander Nursing Forum, *An Initiative to Develop Strategies for the Recruitment and Retention of Indigenous Peoples in Nursing* (Canberra: Government Publishing Services, 1997).
59. Office for Aboriginal and Torre Strait Islander Health, Report of the Indigenous Nursing Education Working Group, *Gettin Em n Keepin Em* (Canberra: Department for Health and Ageing, 2002).
60. *Ibid*.

In 2001, the Office of the Chief Nursing Officer of New South Wales engaged Aboriginal registered nurse Ray Lovett who authored the 2002 *New South Wales Rural and Remote Aboriginal Nursing Strategy*. The Strategy responded to the state government's commitment to increase the number of Aboriginal nurses and midwives working in rural and remote New South Wales. It called for clear leadership, appropriate infrastructure, specific recruitment and retention strategies, and ongoing monitoring and evaluation. One of its aims was to increase employment and career-development opportunities in the public system for Aboriginal nurses.[61]

The New South Wales Government maintained its commitment to increasing the number of Aboriginal nurses working in the state and, in 2005, released a revised strategy – *The New South Wales Nursing and Midwifery Strategy*. This strategy gave four domains of focus: strategic planning, cultural respect and competence, workforce development, and information systems (to include monitoring and evaluation).[62] The strategy represents a clear shift in the voice of Aboriginal nurses. For the first time, a state government responded to nursing research, formulated policies and identified strategies to increase the number of practising Aboriginal nurses and midwives.

In 2003, Queensland University of Technology (QUT) reported on outcomes for Indigenous students in the report "Successful Completion of the Bachelor of Nursing by Indigenous Peoples." The report noted that, in 1991, QUT had two Indigenous students and neither successfully completed their program. QUT then introduced a recruitment and retention strategy, which resulted in 24 Indigenous students graduating between 1994 and 2003. The report identifies the success of targeted recruitment and specialised support, particularly support developed through collaboration between nursing schools and Indigenous Education Units (such as the Oodgeroo Unit at QUT).[63]

Conclusion

This article has traced the contribution of Aboriginal nurses to Australia's nursing history through a review of their publications. While the training of Aboriginal women as nurses and midwives can be traced back to 1906, it was not until the 1950s that the first voices of Aboriginal nurses appeared in print. From then until the late 1970s, we can hear Indigenous Australian nurses' struggle to be heard and their struggle to be accepted as competent practitioners. Since the early 1980s, there has been an explosion in the number of Indigenous nurses voices – largely driven by the move towards Aboriginal self-determination and the shift of nursing education into the tertiary sector. This shift has enabled post graduate opportunities within nursing and midwifery education, and has subsequently increased the contribution of Aboriginal nurses and midwives to the academic literature as part of their postgraduate journey. There has also been an increase in the number of Aboriginal nurses and midwives teaching and researching within the tertiary education sector.[64]

---

61. Ray Lovett, *New South Wales Health Area Health Service Aboriginal Nurse Workforce Survey: Final Report* (Sydney: NSW Health, 2001).
62. Ray Lovett, *New South Wales Rural and Remote Aboriginal Nursing Strategy* (Sydney: NSW Health, 2002).
63. Beryl Meiklejohn, Judy Ann Wollin and Yvonne Cadet-James, Yvonne. "Successful Completion of the Bachelor of Nursing by Indigenous People," *Australian Indigenous Health Bulletin* 13, no. 2 (2003): 1–9.
64. In 2000, there was only one full-time, Indigenous academic in a Queensland school of nursing and midwifery – Odette Best. In 2016, the number is now nine.

From this review of Indigenous nurses' publications, four themes consistently emerge. The first is the ongoing experience of racism faced by Aboriginal nurses. This was named by most Aboriginal nurses who published in their professional journals in the mid-twentieth century, and it continues to be reported today. The second theme is the desire of Aboriginal nurses to work in their communities and give something back to their own people. This is shown by nurses who return to their home communities and through the actions of nurses involved in establishing the Aboriginal Medical Services.

A third theme is the need for improved content about Indigenous health issues in the general nursing curriculum, with a call for mandated content about Indigenous health and an ongoing frustration that Indigenous health issues remain largely invisible to the non-Indigenous population. As Rosalie Pratt said more than 20 years ago, "it is probable [that] for the majority of non-ATSI [Aboriginal and Torres Strait Islander] Australian nurses the issue of the health of Australia's Indigenous people's remains of secondary importance, and that ATSI nurses and their wealth of qualifications, expertise and experience remain largely invisible."[65]

Finally, Indigenous Australian nurses call for the value of targeted strategies to recruit and retain Indigenous nursing students. They demonstrate that successful outcomes come through focused recruitment, personal support from nursing educators, close engagement of Indigenous Education Units, and the availability of Indigenous educators. This has been an historical review of past publications but these themes remain relevant for Indigenous nurses today and require ongoing monitoring.

Odette Best *is an Aboriginal woman who has had a long and distinguished career as a Registered Nurse, Academic and Historian of Aboriginal Nurse and Midwives. Odette has been acknowledged for her work including a Churchill Fellowship in 2002, an International Council of Nursing Fellowship in 2009, and an Australian Educational Publishing Award in 2015 for her textbook* Yatdjuligin: Aboriginal and Torres Strait Islander Nursing and Midwifery Care. *Currently she works at the University of Southern Queensland.*
<Odette.best@usq.edu.au>

Don Gorman *is a registered nurse and Professor (Mental Health) in the School of Nursing & Midwifery at the University of Southern Queensland. His research focuses on addressing the health of Indigenous Australians, including strategies to increase the numbers of Indigenous nurses and of Indigenous researchers as these strategies are critical to increase the relevance of health services to Indigenous peoples.*
<Don.Gorman@usq.edu.au>

65. Rosalie Pratt, "Black and White Together," 210.