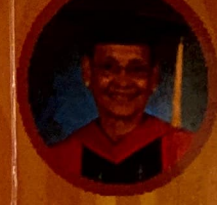


In Our
Own Right

Black
Australian
Nurses'
Stories



Edited by
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and
Kerrynne Liddle

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FOREWORD

The intimate, private, and heart wrenching stories told in this book, the first of its kind to be published in Australia, will penetrate the hearts and souls of even the most hardened reader. Told with incredible dignity and humility, each of the individual and deeply personal stories recounted in this book stands as a powerful testimony to the gross inhumanity and brutal capacity of white people in Australia selectively to destroy and humiliate, without remorse, the lives and souls of their fellow black Australians. Each of the stories told in this book exposes the nasty and dehumanising effects of racism even in 'caring' environments. What is particularly confronting about this exposé is that individual nurses, and the nursing profession as a whole, were complicit in this racism and its soul-destroying consequences to Indigenous nurses – whose stories are only now being told, for the first time, decades after the experiences related occurred.

This book provides a powerful catalyst for questioning and calling into question the taken-for-granted humanity of us all. When it is considered that the nurses depicted in this book had 'done nothing' other than be of a different colour and culture, bewildering questions arise as to *why it was necessary for their white counterparts to treat them so cruelly?* Also bewildering is that, in a social context which claimed to be 'egalitarian', *how it was possible for the cruel and dehumanising manner in which these nurses were treated to be 'justified' in the name of charity, benevolence and the 'social good'?* Enslavement, cruelty and dehumanisation has only ever privileged those who have the power to impose their will and value systems onto others; the cases of Indigenous nurses presented in this book serve to underscore this point.

The experiences described in this book also recount acts of human sensitivity. Without the few 'good' human beings who supported them, the lives and aspirations of each of the Indigenous nurses, reflected in this book as 'colonised outsiders', would perhaps have been different. They may have remained silent and unrecognised, as so many other lives have been, due to the destructive influences of white Australian culture at the time they were trying to develop their nursing careers.

The nurses' courage, determination, resilience, persistence, dignity and ability, to achieve what they have – against all odds, so graphically presented in this book – makes my soul tremble and ask 'how?'. How did they endure all the brutal indignities, violation and insults that they suffered? How did they remain focused? How did they come to achieve what they did within such a hostile and dismissive society? My answer to this question is that these individuals are what

the ancient Greeks would call *υπερανθρωπος ημιθεεζ, ημιθεοι* (superhuman god-like persons) who are endowed with unique qualities – who know who they are, who know what they are worth and value, and whose identity cannot be taken away by any one or means.

The courage and dignity of the individual nurses who have come forward to write their stories, has established a firm and profound basis upon which Indigenous nurses today can stand proudly and with dignity, to create a brilliant affirming future. This can be done without any obligation to anyone.

The nursing profession in Australia has been called to action for many years now. The transcultural nursing movement, which began in the early 1970s, attempted to raise the consciousness of its members. At the centre of this movement were calls for changes to the health care system to make it more responsive to the needs of people from different cultures and who spoke different languages. This call required changes to take place in the minds, hearts and practices of nurses and other health care professionals. Just how effective this call has been, I will leave to individual nurses, nursing organisations and others to judge.

The stories in this book demonstrate how humanity can operate at its worst and at its best. They show all of us that, when at its best, humanity can inspire, encourage and empower us; when at its worst, however, it can also demoralise, discourage and devastate us – both as individuals and as a people. The lessons are clear: we cannot and must not condone humanity at its worst, and the immoral acts that it seeks to justify. As the stories in this book remind us, so long as racism, discrimination and intolerance of difference govern our public service systems – and the minds, souls and hearts of people who comprise those systems – the nursing profession and society at large will remain impoverished, tormented and not at peace with itself or its humanity.

As a colonised people, Indigenous Australians have a profound interest in reclaiming their self-determination. In respect of this interest, members of the nursing profession need to open their hearts and souls – and the doors to the systems they control – to welcome other voices, other views, and other ways of doing, perceiving and advancing the profession. This book shows us a way forward. Our task and responsibility now is to adopt and follow the path to the future that it has identified. By doing this – together and in partnership with Indigenous nurses and colleagues – the nursing profession too can move forward.

Olga Kanitsaki AM
Professor of Transcultural Nursing
RMIT University
June 2005

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Kerrie Doyle

I have been a nurse for 30 years. I love it!

I am a Territorian. I came to the central coast of New South Wales when I was about eight to live with my mother, grandmother and great grandmother. My father stayed working as a drover, among other things. I grew up with them.

My parents took us to New South Wales because I am very fair skinned and my parents raised us during the period of assimilation. They were scared we'd be taken and used to hide us whenever the inspectors came to the mission to look for children. My father was taken away, and he was determined not to lose us!

My grandmother taught me to read while my mother worked cleaning floors. I wanted to be a doctor, but knew we would never be able to afford it. I could also play violin well, but my mother said I could not make a living out of it, and I had two younger brothers who also needed schooling.

I went to the local school. I was a good student, and was dux of the primary school. As a family we kept to ourselves and rarely had other kids come over. We kept a low profile because we were the only Aboriginal family in the school. In those days, if a single parent objected to us being at



Me, nursing
Aunty Ester

school, we would not have been allowed to go. I used to come home from school the 'back way' to avoid being pelted with rocks and stones from the other kids, and being called 'nigger', even though I was the fair-skinned one.

I left school at sixteen. However, my mother and grandmother had already decided that nursing would be a good career for me. My older sister was a nurse, and it was also what I wanted to do. A career in nursing meant that I would be clothed, fed and housed, and I would also get \$20 a week, and could help put my younger brothers through high school. I also wanted to help people and felt that nursing would give me a professional identity and liked the idea of always working as part of a team.

I went to the interview with my mother and grandmother. Matrons were thought of as very scary women and I remember being so nervous. The matron said I could start my training as long as I didn't tell anyone I was Aboriginal. I remember that she said, 'You couldn't tell I was Aboriginal, anyway.' I was only sixteen, but a nursing shortage meant that they let me in; the usual starting age was seventeen.

Hiding my Aboriginality was very hard for me. I had to move into the nurses' home. It was only one hour away from my family, but they did not visit in case someone found out I was Aboriginal.

My hospital training began at Gosford District Hospital. Back then it was a 250-bed hospital, but now it is an area health service. I remember at such a young age I was so shy. I don't think I spoke to anyone for about two years, and because of my shyness, I soon became a victim of bullying. I don't think there was another Aboriginal nurse in the hospital, and I have not yet met anyone else that graduated from there. How I survived my training is beyond me.

The Aboriginal patients all knew my family, yet there was a silent agreement not to 'dob me in'. Despite the early secrecy around my identity in my early years of training, I have never been ashamed of my culture, or my people. I have always known my family loved me very much, and I have experienced how wonderful it is when you nurse someone and they go back to your community and tell others about it. Grandmother and mother thought it pretty special to have two nurses in the family. My family was so very proud.

After my training, I moved to Sydney and worked mostly night shift. On the night shift there were fewer staff and that made me feel safer. I believed that with fewer people around, I was less likely to be exposed.

The hours were long and I had so much to learn; not only about the art of nursing, but fitting into a white schema. I even remember sitting in the dining room crying thinking about how I was going to eat lettuce with a knife and fork! Still, I made it through and succeeded in three disciplines of general, psychiatric and mental retardation. I chose, however, to pursue an

interest in renal because I realised very early that Aboriginal people had huge mental health and renal issues. One of the reasons I loved renal was that I was amazed by what kidneys did. They are amazing things they just go and go and try really hard to keep going and, I think everybody needs to take a break from mental health after a while. And, also, I knew that Aboriginal people didn't 'cause' renal failure, and wanted to be a supportive voice in this area.

I got married while I was working in the mental retardation unit hospital and soon after was to experience one of the toughest challenges of my nursing career. One night I cut myself while opening a can of beer for my father. At the time I was working in casualty, and I turned up for the morning shift the next day and unwittingly was exposed to a patient who was HIV positive. This was in the early 1980s when there was a lot of fear around HIV and, unfortunately, there was only one test, and it was not entirely reliable. The first test came up suspect and, in all the panic and stress that followed waiting for the necessary results of the second test, my husband left me and I lost my job.

My Uncle Sooty turned up on my door step and I went and stayed with my parents for a long while. It was an awful time. I could not get a job as a nurse, nor work in a psychiatric ward unless it was with a friend, who at that time was the only person who wanted to work with me. The news went through the nursing profession like wildfire, until it seemed that nearly everywhere I went, people knew. I even went to a restaurant and people wanted me to leave, and the authorities wanted to take my son away and put him in foster care because they were concerned about him being at risk of HIV and that I would die.

A year after being exposed to HIV, I had the required twelve-month test. It showed that I did NOT have HIV! That twelve months of not knowing for sure was extremely lonely. It also taught me so much. I learnt about what was important in terms of family relationships, and about who your friends really are. With the all-clear given to me, I was just so happy to go back and be a nurse.

Although I still had my sights on nursing, my parents encouraged me to go off to do something else. I remember they said, 'Be something bigger now.' So while working full-time night shift, and as a single mother, I decided to go to university.

I studied very hard at university. I did a Bachelor of Arts (Psychology) Applied Science (Psyc) Aboriginal studies while at the same time doing a Graduate Diploma in Applied Science with a focus on clinical drug dependence studies. Those qualifications were soon followed by a Masters in Indigenous Health, a Masters in Health Administration, a Graduate Diploma

in Aged Care Management, and a PhD in Aboriginal Studies, with a focus on capacity building in Indigenous Australian communities and leadership and models of care. I worked full time as a clinical nurse specialist, then a nursing unit manager, all the time I was studying.

It was tough, but I was a single mother and mature age student, and didn't want to waste any time.

Somewhere in among the study I married a Maori chief, who is the New Zealand Government Te Matatini delegate to Australia. We have three sons. My experience as a nurse and my education means that I am also kept busy as a member of the local land council, a board member of the local Aboriginal Medical Service, an emergency foster parent for Maori and Koori kids, and a clinical supervisor for the Indigenous Mental Health Workers' Service.

I have been a clinical nurse specialist, nurse unit manager, nurse manager, director of clinical services, even an area director of medical services. I started at Sydney University as an Indigenous Australian lecturer at the Faculty of Nursing at Sydney University and, in 2004, was made director of the Indigenous Nursing Unit, a newly formed unit at the University of Sydney, but left because I felt my integrity was threatened.

I hope that nursing will be able to adopt and adapt to Indigenous ways. My work now sees me finding ways to increase the number of Indigenous nurses within the profession, and with developing strategies that assist in retaining them through university to the workforce, and, importantly, to equip them with some of the skills they will need to work as Indigenous nurses.

I believe that nursing is as much about interpersonal skills and communication as it is about the mechanics of nursing. Good nursing is about teamwork and having empathy with your patients. It is about understanding what they are going through, and thinking about how you can make things a little better. There is nothing finer than giving someone a warm blanket in the middle of the night, or something to alleviate their pain. I also featured in the nursing recruitment video for the New South Wales Department of Health.

I have had some wonderful mentors in my 30 years of nursing. I had a wonderful NUM, Sue Evans, who saw through my shyness and encouraged me to become a CNS. Then I had a supportive DON, Mr Mark Kearin, who developed me to DON level and continues to be a support to me. Currently, I have Professor Jocalyn Lawler who is courageous and insightful in her creation of programs for Indigenous Australians; and, of course, we all have Aunty Sally Goold, whose constant support and example of determination is an excellent role model for all our nurses.

I have been a nurse for 30 years. I love it! I hope to help make a difference.”