Introduction

Gracelyn Smallwood

I have been a practising nurse and midwife for 50 years. I am a Birrigubba, Kalkadoon and Australian South Sea Islander woman. I grew up in Townsville in a tin shack with hessian bag curtains and a dirt floor with no electricity. I had 18 siblings. I finished Year 10 and decided to go nursing because nursing was one of the things that was available to Aboriginal people. I completed my four years of general nursing in 1972, and then a one-year midwifery course at the Townsville Base Hospital.

My mother and father were both activists. To be an activist is to invite suspicion from White Australia. I have been engaged in a lifelong struggle for my people, the First Peoples of Australia. The book *Yatdjuligin* doesn't take the easy path and reading it isn't always easy. It embodies what *Yatdjuligin* means and challenges stereotypes and historically ingrained and accepted ways of working with and caring for Aboriginal and Torres Strait Islander people within health environments. *Yatdjuligin* sets new ground and is part of a new activism, one that engages Indigenous nursing and health scholars in shaping what is known about us through the academy.

I encourage students to read the words and savour the knowledge shared through *Yatdjuligin*. Then use it to challenge yourself and others to do your best in your work with Aboriginal and Torres Strait Islander people. Remember that activism does invite suspicion, but know that it is better to challenge and work for change than to see the continued discrimination and injustices faced by my people. I thank you in anticipation.

Nursing Aboriginal and Torres Strait Islander peoples: Why do we need this text?

Within the curriculum for students of nursing and midwifery, learning about the specific health needs of Australia's Aboriginal and Torres Strait Islander peoples is still in its infancy. However, the need for improved approaches to addressing the health needs of Indigenous Australians is not new. Practising Aboriginal and Torres Strait Islander nurses and people who work in the Aboriginal and Torres Strait Islander health sector have long recognised

the critical need for improved health outcomes for Indigenous Australians. As far back as the 1940s, Aboriginal midwife Sister Muriel Stanley articulated the need for non-Indigenous nurses and midwives to learn about the health crisis facing Indigenous peoples.

As you will read below, the Australian Nursing and Midwifery Accreditation Council has made strong statements about the nursing and midwifery curriculum and content relevant to the health issues of Aboriginal and Torres Strait Islander people. Until now, no textbook has been available to support this learning for nursing and midwifery students.

This is the first Australian text for nursing and midwifery students entirely authored by Indigenous Registered Nurses and Midwives and Indigenous health authors focusing on the health needs of Indigenous people. Collectively the authors have more than 100 years of clinical practice.

I have waited a long time for a text like this, which provides practical information for student nurses and midwives about working with Aboriginal and Torres Strait Islander clients. I am excited about this text and respectful of the many Aboriginal and Torres Strait Islander nurses and midwives who have come before me. I honour their commitment to the education of nursing and midwifery students.

The Australian Nursing and Midwifery Accreditation Council

In order to be registered as a nurse or midwife in Australia, individuals must successfully complete a program accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and be approved by the Nursing and Midwifery Board of Australia (NMBA). These two peak bodies created the Registered Nurse Accreditation Standards, which were updated in 2012.

There are nine Registered Nurse Accreditation Standards, which all schools and departments of nursing and midwifery must meet within their curricular programs. Of these nine standards, four require the inclusion of teaching and learning about Indigenous health and cultural safety within the nursing curriculum. They state:

> **Standard 2: Curriculum conceptual framework**
> The program provider makes explicit and uses a contemporary conceptual framework for the nursing program of study that encompasses the educational philosophy underpinning design and delivery and the philosophical approach to professional nursing practice.
>
> **2.4 (i) Teaching and learning approaches that** promote emotional intelligence, communication, collaboration, cultural safety, ethical practice and leadership skills expected of registered nurses.

> **Standard 4: Program content**
> The program content delivered by the program provider comprehensively addresses the National Competency Standards for the Registered Nurse and incorporates Australian and international best practice perspectives on nursing as well as existing and emerging national and regional health priorities.
>
> **4.6 Inclusion of a discrete subject** specifically addressing Aboriginal and Torres Strait Islander peoples' history, health, wellness and culture. Health conditions prevalent among Aboriginal and Torres Strait Islander peoples are appropriately embedded into other subjects within the curriculum.

Standard 6: Students

The program provider's approach to attracting, enrolling, supporting and assessing students is underpinned by values of transparency, authenticity, equal opportunity and an appreciation of social and cultural diversity.

6.8 Aboriginal and Torres Strait Islander peoples are encouraged to enrol and a range of support needs are provided to those students.

Standard 7

7.4 Staff recruitment strategies

a) are culturally inclusive and reflect population diversity

b) take affirmative action to encourage participation from Aboriginal and Torres Strait Islander peoples.

To find the most current information regarding nursing standards and frameworks, please visit the NMBA website (www.nursingmidwiferyboard.gov.au).

Gifting of the book's title: *Yatdjuligin*

The name *Yatdjuligin* was gifted to the authors to use as the title of this textbook by Aboriginal Elder Ivy Molly Booth, who is the grandmother of Odette Best.

Yatdjuligin is from the dialect of the Wakgun Clan group of the Gureng Gureng Nation. These clan lands are in the south-western part of the Gureng Gureng Nation in Queensland, and extend north of the Burnett River, west as far as Mundubbera, north to Eidsvold along the Dawes Range to Cania Gorge, then east to Miriamvale and Baffle Creek and south to Mt Perry and the Burnett River. These boundaries are in the stories and songlines of the Gureng Gureng Nation.

Yatdjuligin translates to 'talking in a good way'. For Wakgun people, the process of *Yatdjuligin* is deeply embedded in learning. It belongs to a two-part process in the traditional passing on of knowledge about Country, its resources and their uses. Wakgun people's traditional medicines (pharmacopoeia) knowledge is well established and continues to be widely practised.

This passing on of knowledge includes you, as student nurses, in your journey to become Registered Nurses and/or Midwives. As students, you will undergo instruction in a range of skills vital to your work as Registered Nurses and/or Midwives. You will be shown these skills, with explanations of why and how to use them. You will participate in laboratory sessions, where you will mimic what you have learnt. The process of your learning links the theory you are taught to your practice.

Importantly, *Yatdjuligin* can be confronting. Passing on knowledge can sometimes be difficult, for many reasons – the knowledge itself may be difficult to understand, people may not want to know it, or they may not be ready to learn it. Learning can cause discomfort. And discomfort should be expected within this textbook. The health of Aboriginal and Torres Strait Islander people historically has been excluded from the nursing curriculum (and education more broadly), and you may find that learning about the health of Indigenous Australians is confronting and perplexing. This experience of discomfort is essential within *Yatdjuligin* and should not be shunned. While learning the knowledge may cause discomfort, there is safety in the process within which it occurs. I hope that you are able to embrace the new knowledge contained in this text and incorporate it into your practice.

Chapter 1 *Historical and current perspectives on the health of Aboriginal and Torres Strait Islander people* provides the historical context of the life-expectancy gap between Indigenous and non-Indigenous Australians and the health differential crisis that continues today. It emphasises the need for nurses to critically appraise the role of the nurse and midwife as change agents in the field of Indigenous health.

Chapter 2 *A history of health services for Aboriginal and Torres Strait Islander people* discusses what is known about the pre-invasion health system and the health status of Indigenous Australians. It considers health service provision during the contact period and health status during the separation and protection periods. It also highlights the outcomes for Indigenous health. The chapter discusses the rise of the Aboriginal community controlled health system. Importantly, each section of this chapter is, where possible, framed within the prism of nursing: it examines the role of nurses historically in the health system and in health care delivery.

Chapter 3 *The cultural safety journey: An Aboriginal Australian nursing and midwifery context* explores the concept of cultural safety as it applies to the Australian nursing and midwifery setting. This chapter discusses ways to understand cultures, with particular emphasis on encouraging nursing and midwifery students to examine their own beliefs, attitudes and views. The chapter highlights the multiplicity of each individual's cultures and encourages students to consider the potential effects of their cultures while they are caring for Indigenous Australians.

Chapter 4 *Indigenous, gendered health perspectives* explores the unique perspectives of what Aboriginal and Torres Strait Islander communities across Australia commonly call 'women's business' and 'men's business'. It breaks down the nuances between men's and women's health, and offers an insight into appropriate nursing and midwifery care. It also explores 'sister girls' within the context of the health needs of Aboriginal and Torres Strait Islander people and the need for the delivery of health care to be underpinned by cultural safety.

Chapter 5 *Community controlled health services: What they are and how they work* explores the important role of Aboriginal Medical Services in improving health outcomes for Aboriginal and Torres Strait Islander people. The chapter explains the complex development of the sector, explores how the services were conceived and established, and discusses the political reality faced by Aboriginal and Torres Strait Islander people at that time.

Chapter 6 *Indigenous birthing in remote locations: Grandmothers' Law and government medicine* encourages students to consider the complex issues relevant to midwifery practice in remote areas, both past and present. It questions how current hospital birthing services affect the wellbeing of Aboriginal and Torres Strait Islander women from remote areas who leave their communities to give birth away from their Country. This chapter contextualises the effects of the clash between Grandmothers' Law and government medicine on women from remote communities.

Chapter 7 *Midwifery practices and Aboriginal and Torres Strait Islander women: Urban and regional perspectives* outlines the experiences and needs of urban Indigenous women during pregnancy and birthing. It challenges conventional views about urban Indigenous families and highlights the many issues relevant to understanding the needs of urban Aboriginal and Torres Strait Islander families during pregnancy, birth and early parenting.

Chapter 8 *Remote-area nursing practice* provides a positive perspective of remote lifestyles and the health care needs of Aboriginal and Torres Strait Islander people who live in remote communities. The chapter helps students to evaluate the scope of practice and educational needs required to work as a remote-area nurse. It also describes some of the dynamics in remote communities that influence the ways in which health care services are organised and delivered by remote-area nurses.

Chapter 9 *Working with Aboriginal and Torres Strait Islander health workers and health practitioners* outlines the integral role of Aboriginal and Torres Strait Islander health workers in Indigenous health care across the country. Aboriginal and Torres Strait Islander health workers seek to meet the primary health care needs of Indigenous Australians. This chapter describes the historical development of the health worker role and helps nursing and midwifery students to understand how to work and collaborate with and delegate to Aboriginal and Torres Strait Islander health workers.

Chapter 10 *Indigenous-led research* explores Aboriginal and Torres Strait Islander approaches to research. Research has the potential to support improvements in Aboriginal health by informing and changing both policy and practice. Historically, most research was conducted on, not with, Aboriginal communities. Too often, research was not respectful, did not address Aboriginal priorities and was of no benefit to participating communities. This chapter describes current approaches to Aboriginal and Torres Strait Islander health research and explains the ethical principles that underpin it. It discusses ways that researchers can develop shared values and priorities, and bring direct health benefits – both to Aboriginal and Torres Strait Islander people and to the wider Australian population.

Chapter 11 *Cultural understandings of Aboriginal suicide from a social and emotional wellbeing perspective* discusses the differences between mental health and social and emotional wellbeing. It does this through exploring the historical and contemporary perspectives of social and emotional wellbeing. It offers alarming statistics of suicide in Indigenous communities across Australia and offers some understandings of the contributing factors. Further, it discusses the needs for culturally safe service provision for Indigenous people's social and emotional wellbeing.

Chapter 12 *Indigenous child health* will help you to understand cultural and social considerations in assessing and caring for Aboriginal and Torres Strait Islander children. It explores the issues and impacts of birth registrations and Aboriginal and Torres Strait Islander identification. Further to this it provides the current and historical health status of Aboriginal and Torres Strait Islander children. Importantly, it also engages the student in understanding culturally safe health screening and initiatives aimed at promoting Aboriginal and Torres Strait Islander children's health.

Chapter 13 *Caring for our Elders* begins by exploring the situations that face Aboriginal and Torres Strait Islander people as they age, including the early onset of chronic disease, shorter lifespan and increasing need for aged-care packages. The chapter discusses the need for culturally safe aged care. It discusses options for palliative care and explains the cultural reasons Aboriginal and Torres Strait Islander people may choose to disengage from treatment and return to their home communities.

1 Historical and current perspectives on the health of Aboriginal and Torres Strait Islander people

Juanita Sherwood
With acknowledgement to Lynore K. Geia

LEARNING OBJECTIVES

This chapter will help you to understand:

- Why the health of Aboriginal and Torres Strait Islander people is the business of every health professional in Australia
- The key events in Australian history that have influenced the health of Aboriginal and Torres Strait Islander people
- The continuing effects of colonial policies on the health and wellbeing of Aboriginal and Torres Strait Islander people
- Factors promoting best practice in developing policy, programs and service delivery for Aboriginal and Torres Strait Islander communities
- The current policy environment relevant to the health of Aboriginal and Torres Strait Islander people
- The role of nurses as change agents in the field of Indigenous health.

KEY WORDS

Closing the Gap
health gap
social justice
worldview

Introduction

The health of Australia's First Peoples – Aboriginal and Torres Strait Islander peoples – is critically poor and requires urgent and informed attention at both state and national levels. The early days of contact between colonial forces and First Peoples saw the onset of the health catastrophe that continues to engulf Australia's Aboriginal and Torres Strait Islander peoples. This is a catastrophe of death, disease and entrenched social disadvantage. This crisis is real. It is a crisis complicated by our history and the many factors that shape Australia today.

Prior to 1788, there were at least 500 language groups living as autonomous nations across the land that we now call Australia. Australia is now recognised to be the home of the oldest living and surviving cultural groups in the world. They traded with each other and maintained social and educational systems. Archaeological evidence confirms at least 120,000 years of permanent residence in Australia (Broome, 2002). Prior to colonisation, each nation lived separately, each with their own language and cultural traditions. But with invasion and subsequent colonisation, the origins of the First Peoples and their names for themselves were dismissed as irrelevant (Smith, 1999). Culturally specific, self-assigned names were replaced with the global terms 'Aboriginal' or 'Indigenous', which were from the Western tradition. Colonising forces named the country and named the people who lived there (Smith, 1999).

This chapter provides a perspective on the current health issues facing First Peoples in Australia, placed within their historical context. It explores some of the historical factors that underpin the gap between the health of Indigenous and non-Indigenous Australians. It describes the policy environment that established the Closing the Gap campaign, and challenges nurses to consider their personal responsibility for closing the health gap.

We, the authors of this chapter, are Aboriginal women who work(ed) as nurses and midwives. We specialise in Aboriginal and Torres Strait Islander health and have been privileged to gain and develop our knowledge and expertise in various sectors of Aboriginal and Torres Strait Islander health. We have used our nursing skills and cultural knowledge to advocate for better and more appropriate health services for Australia's First Peoples. We are interested in a range of health care environments, from community health clinics to hospitals.

We argue that Aboriginal and Torres Strait Islander health is the business of every health professional in Australia. We believe that health professionals need to be familiar with the history of Australia's Aboriginal and Torres Strait Islander peoples. Understanding of the historical context helps to put current health needs into perspective. Understanding something about the Country on which you are working and the custodians who care for it is a critical step in working with Aboriginal and Torres Strait Islander people towards a healthier Australia.

The narrative about Aboriginal and Torres Strait Islander health

The dominant public story of Aboriginal and Torres Strait Islander health status is a 'bad news story', or 'a problem to be solved' (Saggers & Gray, 1991). Media stories portray examples of appalling health, social breakdown, housing crises and wasted money. The dominant story is based on its Western truth, so governments continue to make the same decisions in developing policy, programs and services for Australia's First Peoples and their communities, and health improvements often do not occur.

The dominant Western story has resulted from a lack of balance in presenting the story of the experiences of Australia's Indigenous peoples since invasion. Many health professionals have had little opportunity to gain access to this knowledge because until very recently it has not been taught in schools or universities. They also have little opportunity to learn and understand the different worldviews and cultures of Aboriginal and Torres Strait Islander peoples.

Policy decisions about Aboriginal and Torres Strait Islander peoples' health continue to be made without community partnership. Geia (2012) argues that her community commonly sees governments undergoing a repeated process of policy and program development, but presenting it as though it were new:

> New ways of government 'doing consultation' with Aboriginal communities still appear as interventions for purely political ends that are at most culturally inappropriate and inaccessible for Aboriginal families and bearing little sense of ownership by the Aboriginal people because their participation in policy development is at best given lip service. Again it is policy done to Aboriginal people and not genuine partnerships with Aboriginal people. (p. 20)

Government policy makers and many health professionals fail to appreciate that by continuing the same old policy practices and program development there will be little gained. It is time that health professionals listened to their clients informing them about their health needs and responded appropriately. The prospect of progress and being effective in improving the lives of the people in communities remains, at best, a pipe dream (Geia, 2012, p. 20). The same outcomes continue to be seen, and the burden of ill health experienced by Aboriginal and Torres Strait Islander people continues to grow.

The stories that health practitioners learn about Aboriginal and Torres Strait Islander peoples' health – whether through the media, or through school, families or connection to communities – influence the ways in which they work with Aboriginal and Torres Strait Islander clients. At the level of patient care, the ways in which nurses think about, talk about and deliver care to Aboriginal and Torres Strait Islander people will depend on the narrative being played in their heads. Is that story positive or negative? Is it one of hope or hopelessness?

Nurses make value judgements about their clients – whether they intend to or not – and these judgements invariably influence the ways in which they deliver patient care. This means that entrenched stories of deficit (those ubiquitous 'bad news stories') can cause significant negative changes in the lives of Aboriginal and Torres Strait Islander peoples and can influence the care they receive. Conversely, good news stories can bring about significant positive changes in both Indigenous and non-Indigenous communities.

Knowing the ancient story

Aboriginal Australians believe they did not travel to this continent, but originated from their distinct Country. Archaeological evidence suggests that Aboriginal peoples have lived on and cared for the Australian continent for between 60,000 and 120,000 years – a land tenure that outdates any other civilisation in the world (Sherwood, 2013).

Prior to the British invasion, occupation and settlement of Australia, Aboriginal Australians lived a lifestyle that enhanced their physical, mental, emotional and spiritual wellbeing (Gammage, 2012). Records suggest that Australia's First Peoples enjoyed excellent

health and wellbeing. Prior to 1788, the First Peoples were self-determined, with each nation group in control of their lives and sovereignty of their Country. They were economically independent and practised a lifestyle focused upon sustainability and balance. Law was intrinsically connected to Country and recognised the value of all living and non-living beings and matter. The laws facilitated reciprocal, sharing relationships.

Prior to the British invasion, food was hunted and gathered, with some farming (Gammage, 2012). The nutritional content of food was rich. Varied food sources, seasonal farming practices and trade enabled a wide-ranging diet (Reid & Lupton, 1991). Early writings of people on the First Fleet to Australia reported that the First Peoples appeared to be very healthy and strong looking (Saggers & Gray, 1991). This was a reference to the First Peoples of the Eora, Tharawal and Darug Nations, who were and continue to be the traditional custodians and owners of what is now known as Sydney.

The history that most Australians have not been told

In 1770, Lieutenant James Cook claimed the eastern side of Australia as a British possession. In 1788, British settlers and convicts arrived on the First Fleet under the command of Captain Arthur Phillip. 'Invasion' and 'settlement' are the terms that best describe what occurred once Phillip and the British Army arrived (Connor, 2003, p. xi).

> 26th January 1788 the colony of New South Wales was established and thereafter other parts of Australia were declared colonies, eventually six in all. Aboriginal societies and their territories were overrun by settlers, and in many parts of the continent and its islands, if they survived at all, they did so in much-reduced and horrible circumstances.
>
> (Langton, 2010, p. xvi)

The British claimed Australia under *terra nullius* (land belonging to no one) (Behrendt, 2012) and immediately commenced their dispossession of the First Peoples from their land. British colonial policy handed over to settlers and pardoned convicts land that had been Country to countless generations of Aboriginal peoples. In many circumstances, these were violent colonial acts, undertaken without the consent of Aboriginal Australians. To this day, Aboriginal people continue to state that sovereignty of Aboriginal land was never ceded to the British forces. Invasion was followed by frontier warfare over land, which erupted between the British and the Aboriginal people. This lasted until 1838, although massacres of large groups of Aboriginal people persisted until the 1930s (Connor, 2003).

Dispossession and ongoing warfare took its toll on the population of Aboriginal people. They were also hit hard by diseases that were previously unknown to them. Since they had had no exposure to these diseases prior to invasion, their immune systems were highly susceptible; infections and disease resulted in the deaths of many. At the same time, the significant disruption in access to traditional foods, Country and traditional practices (such as their ability to undertake vital societal, legal and religious obligations) played heavily upon the First Peoples' health and wellbeing (Dudgeon, Wright et al., 2014).

As a direct result of the stress of invasion, many Aboriginal Australians died – due to diseases, starvation, poisoning, torture or warfare (Franklin & White, 1991; Reynolds, 1987; Saggers & Gray, 1991). Behrendt (2012) noted that historians 'have estimated that in Queensland alone the Aboriginal population was reduced from 120,000 to 20,000, with

accusations that the expansion of the pastoral industry in the state accounted for at least 10,000 direct killings' (Behrendt, 2012, p. 117).

> It may be stated broadly that the advance of settlement has, upon the frontier at least, been marked by a line of blood. The actual conflict of the two races has varied in intensity and in duration, as the various native tribes have themselves in mental and physical character … But the tide of settlement has advanced along an ever widening line, breaking the tribes with its first waves and overwhelming their wreck with its flood.
>
> (Fison & Howitt, 1880 cited in Reynolds, 1987, p. 4)

Colonial policy and practice continued to influence the health and wellbeing of Aboriginal and Torres Strait Islander people. Since 1788, Aboriginal and Torres Strait Islander Australians have been described as a 'problem' requiring a Western solution (Geia, 2012; Geia, Hayes & Usher, 2011; Sherwood, 2010). Colonisation is universally recognised as a critical determinant of the health and wellbeing of Indigenous peoples (Durie, 2003).

Acknowledging colonisation as a determinant of health requires an appreciation that it is not a 'finished project' (Czyzewski, 2011, p. 10). Data describing the health of Australia's Indigenous people demonstrate that there has been and continues to be inequity in health care (Holland, 2016). Colonisation has left an unrelenting legacy upon Aboriginal and Torres Strait Islander people through the continuing economic, social, political and educational marginalisation of them and its profound effect on their health and wellbeing and that of their communities (Zubrick et al., 2010).

Protectionism and the 'doomed race'

Implementation of colonial policies that targeted Aboriginal and Torres Strait Islander peoples resulted in significant physical, emotional and spiritual ill health and the death of many people. On hearing of the maltreatment of Aboriginal people in the early years of Australian settlement, in 1838 the British Parliament passed a Bill to protect the Aboriginal people who were being slaughtered by settlers. Aboriginal Protection Boards were created to oversee the treatment of Aboriginal people under the Aboriginal Protection Policy. However, the Bill and its policy failed to be implemented in the manner intended by the British government. Instead, the policy became a notorious outcome of colonialism, which 'mandated total control over Aboriginal peoples' (Sherwood, 2010, p. 45). The policy controlled where Aboriginal people could live and enforced restrictions on mobility, employment, marriage, education and nutrition (Sherwood, 2010).

Reserves and missions established under the Aboriginal Protection Policy became the enforced new homes of Indigenous Australians. They were placed in over-crowded, poor housing, and diseases flourished. Food rations were provided to some people, and generally consisted of flour, sugar and tea. This was a very different from their traditional diet of 'bush food' (Sherwood, 2010).

Health research from this era promoted a 'doomed race theory'. In 1928, Tropical Health Specialist Dr Bruce Cleland claimed that all full-blood Aboriginal people would become extinct (Mitchell, 2007). Government underfunding of missions and reserves ensured malnutrition and high rates of infant mortality. Individuals who were observed to be suffering from smallpox, leprosy or syphilis were regarded as threatening the health of non-Indigenous Australians. They were chained by their necks and limbs, then forced to walk great distances to lock hospitals, where they were left to die (Grant & Wronski, 2008, pp. 1–28). (Lock hospitals are discussed in Chapter 2.)