



Caring and Community

Stories from Aboriginal and Torres Strait Islander
nurses and midwives

We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of all the lands, seas and waters on which we come together. We know that Aboriginal and Torres Strait Islander cultures enrich this nation and we pay our respects to Elders, past, present and emerging.

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Foreword

Every opportunity to recognise and honour the significant contribution of nurses and midwives to our health care system is worth taking. Through their dedication, care and guidance, they make a difference each and every day. Yet the work of Aboriginal and Torres Strait Islander nurses and midwives – so pivotal to Australian health care – is too often unsung.

Caring and Community celebrates thousands of years of traditional birthing and healing practice by acknowledging their contributions, and their journeys.

The following stories showcase eleven Aboriginal and Torres Strait Islander nurses and midwives who have made an indelible impact on the communities in which they work and live, and on the Australian health system. We shine a light on their diverse careers, celebrate their achievements, and recognise some of the barriers they have overcome to achieve success.

But these stories are just one way we can mark this well-deserved recognition. In partnership with Aboriginal and Torres Strait Islander nurses and midwives, both our organisations continue to work towards achieving greater representation of Aboriginal and Torres Strait Islander nurses and midwives in the health system, and to create a health system where self-determination is the norm and cultural responsiveness the standard practice.

In our efforts to bridge this gap, HESTA was the first Industry Super Fund to adopt and implement a Reconciliation Action Plan, or RAP, to guide our efforts to build stronger partnerships with Aboriginal and Torres Strait Islander communities. As part of the RAP, we made a commitment to increase awareness of the contribution of Aboriginal and Torres Strait Islander nurses, to promote the genesis of culturally safe nursing and midwifery practices. These stories highlight their important ongoing contribution to public health, so their work may be valued properly and, as a result, their retirement outcomes improved.

We acknowledge and appreciate the assistance of Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) in providing 'warm' referrals to these nurses and midwives at the start of this project.

Most importantly we'd like to thank the participants for sharing their deeply personal stories, especially when they weren't always easy to tell.

Debby Blakey

CEO, HESTA

Karen Milward

Chair, HESTA RAP Working Group

Message from the HESTA RAP Working Group Chairperson and member Karen Milward and Ben Gorrie (former member CATSINaM)

We would like to commend all the Aboriginal and Torres Strait Islander nurses and midwives who have contributed their heartfelt stories to this book. In doing so they have revealed barriers that exist for workers in Australian health care and some of the solutions that have been in place to address these issues over many years.

Cultural identity and experience should always be valued and considered as an amazing skill set in our Australian health system, particularly in relation to midwifery, as Aboriginal and Torres Strait Islander women and men have successfully raised their children over thousands of years. There are many learnings from this that should be highly considered and also celebrated widely.

The stories shared showcase many years of resilience and experience in this sector and how Aboriginal and Torres Strait Islander women and men working in this sector have shared their many years of lived experience in overcoming so many barriers that all relate to Aboriginal identity, race and stereotypes.

The health, midwifery and early years sectors still have much to learn from our Aboriginal and Torres Strait Islander midwives and nurses. The practices and approaches implemented today by our midwives and nurses should be considered in all approaches and practices, as they can and should be applied to the whole community.

We should be supporting our Aboriginal and Torres Strait Islander midwives and nurses by having policies and practices that don't discriminate, consider traditional midwifery, health and healing practices, and celebrate the achievements of our communities.

These long held traditional and contemporary practices need to be adhered to, and the mainstream/non-Aboriginal health and midwifery sectors need to sit down with our Aboriginal and Torres Strait Islander midwives and nurses to truly hear the issues they face every day. We need to work together to come up with culturally appropriate solutions to improve the way we do business within the sector, to ensure our Aboriginal and Torres Strait Islander families have a truly respected chance in life that is free from racism, discrimination and judgement.

When this occurs, we have a chance to ensure our communities have respect and support to raise healthy Aboriginal and Torres Strait Islander children so they are strong in their culture and identity.

We thank all the Aboriginal and Torres Strait Islander midwives and nurses who have shared their stories with us.

We wish you all the best in your continued success in everything you aspire to be!

Karen Milward and Ben Gorrie

Introduction

Despite thousands of years of traditional healing practice, the history of Aboriginal and Torres Strait Islander nurses and midwives has been fraught with inequity and barriers. These forces have impacted the pivotal role that Aboriginal and Torres Strait Islander nurses and midwives have played in the Australian health care system.

Even today, in some of these stories you will read of success despite the odds. Stories in which nurses and midwives have been denied access to opportunities because of their Aboriginality, and where colleagues have focussed on cultural background rather than skill or simply disrespected culturally safe practices.

Stories like these, and the powerful experiences shared in *In Our Own Right, Black Australian Nurses' Stories* (CATSINaM, 2005), can – and should – act as agents of change. They should provide an important catalyst for questioning and calling out the policy makers, the health system and society at large to deliver meaningful and sustainable changes.

“I’ve been talked down to and treated like a hand maiden. I’ve experienced discrimination and even hate mail.” - **Lesley Salem**

“I have encountered discrimination and racism in my work. The worst was when I had a shift with an older nurse who told me the only reason I had done well in my job was because my father was white. She looked very pleased with herself, and in my head I knew this could go two ways, me punching her or educating her, so I chose the latter.” - **Valerie Ah Chee**

Like all important and memorable stories, these ones also offer a glimmer of a 'happy ending': a hope that grit and determination do equal change, and dedication and passion will result in health equality in Australia.

For the new generation of Aboriginal and Torres Strait Islander nurses and midwives starting their journey, these stories are so important. To learn about the long-held traditions, and know they are starting their stories on such strong foundations of work towards equality and culturally safe practices, is key. Now it's their time to honour the trailblazers who paved the way, and continue the work as the new deadly leaders following their paths.

"I want to encourage more young Aboriginal people to achieve their qualifications, because it's imperative we have more Aboriginal nurses in the system – the more there are, the higher the impact. It means Aboriginal patients have people that understand them, and will make them feel comfortable and safe."- **Angeline Meredith nee Randall**

"My hope is that we can work within a health care setting that is truly culturally safe, acknowledges First People's culture and past experiences, and the effect that transgenerational trauma, institutional racism and discrimination has on the health and wellbeing of First Peoples, and is willing to work together to Close the Gap."- **Cassandra Nest**

Your Stories, Our Inspiration



Valerie Ah Chee

I am a Bindjareb woman from the Nyoongar Nation in the South West of Western Australia through my mother and grandmother, and Palkyu from the Pilbara through my maternal grandfather. My father is Dutch and has lived here since meeting my mum in the 60s.

I'm married to a Nyikina/Yawuru man from the Kimberley and we have six sons and two beautiful granddaughters. I am also an artist, a nature lover, coffee fanatic and a midwife.

I didn't always plan on becoming a midwife and actually started studying to become an English teacher when I was younger. But when I was pregnant with my last son, Rafael, I had an encounter that changed my professional trajectory, and planted the seed of midwifery.

At the time, I was working as a Project Officer at *Our Mob, Our Kids, Our Community*, and a midwife who worked on the program commented that I would make a great midwife and that more Aboriginal midwives were needed. This made me reflect on my own pregnancy and birth experiences. I shelved the idea while I raised my young family, and then at age 41 decided to go to university to study a Direct Entry Bachelor of Science in Midwifery.

While it was demanding and challenging (especially given I had six children to care for and I hadn't studied in 23 years), I credit both my parents for my work ethic. As a bi-racial couple in the 1960s they faced enormous barriers and extreme racism, but they stayed united and determined to succeed. My mother's commitment to commence study (and subsequently retire as an Associate Professor) later in life was also a huge inspiration to me.

Since graduating, I've worked at a number of hospitals including the Armadale Health Service where I set out to embed cultural safety for Aboriginal women accessing perinatal health care, and empower and inform women to make the best choices for themselves and their babies.

I'm also passionate about supporting first-time mums to breastfeed. I've even considered pursuing additional qualifications to become a Lactation Consultant to help improve the breastfeeding rate of Aboriginal women. In the meantime, I present to staff in hospitals on breastfeeding in the context of Aboriginal women, which I love.

I'm currently the Senior Project Officer and Research Assistant at Ngangk Yira, the Research Centre for Aboriginal Health and Social Equity at Murdoch University. I'm working on a project called *Baby Coming You Ready?*, a new way to screen Aboriginal women for perinatal social and emotional health that is both relevant and culturally safe. The soon-to-be pilot program is strengths-focussed and hands power back to the woman. With a focus on establishing trust and building relationships, it includes a rubric developed for women and men, a website and an online eLearning module for midwives, nurses, GPs, Aboriginal health workers/liaison officers, and social workers. It aims to help them develop a better understanding of intergenerational trauma, and to work with a trauma-informed approach to care. I've been so busy working with the community to develop this project that I have stopped working clinically for the time being.

My professional philosophy is to treat everyone with respect and dignity as if they were my own family (I had the privilege of 'catching' my niece's baby boy and harness this when I'm working with other mums). I make sure that any woman I care for is an active participant in her own health care, that they have the information they need to make informed choices so they know what they are consenting to, and that they can say no to anything. When women are pregnant and birthing, we are vulnerable, and I love holding that space and doing everything I can to make them feel safe and powerful.

“It is so important for Aboriginal people to have Aboriginal professionals caring for them. Being a midwife is challenging but such an amazing and important role, where we not only bring our clinical skills but also our cultural experience, history and knowledge when caring for our own mob.”

“I know that seeing Aboriginal nurses and midwives changes the perception of what Aboriginal people can be and do; we are role models in the community and can be protagonists for change if we are supported and empowered to be.”



Renee Uropi Bani

I'm an Aboriginal and Torres Strait Islander woman from Far North Queensland. My father's side is from the Kaanju and Gangalidda people and my mother's side is Wagadagum clan from Mabuyag Island, Torres Strait Islands. Growing up in a tight-knit deadly community, I was lucky to be raised in both cultures and celebrate both traditions. I'm born and bred in Brisbane, but now call Sydney home.

I didn't always want to be a midwife. As one of six in a sport-obsessed family, I was a keen athlete, and, just like my childhood idol – Cathy Freeman – I wanted to be an Olympian. As a teenager I discovered a love of dance and ended up spending my 20s as a freelance dancer. It wasn't until I became a mother that I was resolute on finding a career that gave me meaning and fulfilment. Through my own birthing experience, I became interested in women's health, which led me to my "forever career": midwifery.

I'm currently in my second year of a Bachelor of Midwifery at the University of Technology, Sydney. I relish the opportunities I've been given in my placements and am hoping to secure a graduate position when I finish my studies. Even in the early days of my midwifery career, I'm clear on one thing: that indescribable feeling I get when I help a new mother meet her baby.

As a student I am proud of how much I have accomplished. There is always something happening and a new challenge to face, and I'm always willing to learn as long as it's in my scope of practice. I know I have a lot more to achieve in my professional practice and that this is only the beginning.

Of course, it doesn't come without its challenges. Some educators and midwives have told me it's best I don't work with Aboriginal and Torres Strait Islander families because it may be a conflict of interest. I find this very offensive because a main driver for me studying is to advocate for my people.

I really want to make a change for our mob, and I want to leave a footprint there for others to carry on. I'm passionate about advocating for Aboriginal and Torres Strait Islander women, and have a long-term dream of setting up a birthing unit in the Torres Straits to allow women to birth back on country instead of travelling to big facilities. I think the continuity of care and

the feeling of being safe and birthing at home is so important for the women in my community. It's a big dream, but I'm willing to work towards something like that. It would be the biggest accomplishment of my life and career.

In the meantime, I'm keen to see more Aboriginal and Torres Strait Islander midwives come through the ranks, so that younger students can have access to strong role models. I always tell other young people considering a career like mine to "stand tall, know who you are and what you want. Be the person who is able to advocate for our people."

"I am only a student midwife, but I know I have already made an impact on families that I have worked with in the community. I am doing my job for our people."

"I am most proud of being a voice. When I can see someone is uncomfortable or doesn't really understand what is going on, I can explain in a language they understand."



Angela Coe

I'm a Wiradjuri woman from Cowra, Central West NSW, and a mother to five children - freshwater people through me, and saltwater people through their father. At my core, I'm a family woman. My greatest role model is my father, Paul Coe - whose life, wisdom, knowledge and lifelong fight for justice and sovereignty for his people grounds and uplifts me daily. To be born into a family that has been at the forefront of the Black Power movement in Australia is an honour and legacy I hope the next generation of Wiradjuri people will continue to fight for.

As a teenage mother, I developed a passion for pregnancy and health care. It was something that I was instantly connected to, and I felt that through my own experiences as a young mother I would be able to help other young Koori mums.

After completing a Certificate IV in Primary Aboriginal Health at Redfern Aboriginal Medical Service (AMS), my lecturer encouraged us all to pursue further education. He was the first person to talk to me about the new Bachelor of Midwifery at University of Technology, Sydney.

After being employed as a Health Worker with AMS Redfern for a number of years, I became more interested in a midwifery career, and decided to apply as a mature age student. I never saw myself going to university but was accepted through Jumbunna Koori Unit and was supported by them to complete my bachelor's degree.

I was so fortunate to have been mentored by some deadly Koori students in the years above me at university, and an amazing Aboriginal midwife. This type of support was invaluable.

I'm currently undertaking the Graduate Certificate in Aboriginal and Torres Strait Islander Trauma Recovery Practice at Wollongong University, which I'll be able to apply to my work.

At the moment, I am working in two roles. In one, I work at Redfern AMS where I provide culturally appropriate midwifery care to the women of our community. I love working at the first AMS in the country, surrounded by amazing staff who are passionate and dedicated to the health of our mob. It would be amazing to have a standalone Aboriginal-specific birth centre in Redfern to support our women to birth in a culturally safe space.

In my other role, I am a project officer at CATSINaM where I work with other peak organisations that are engaged in Aboriginal maternity care. We are currently developing a National Mentoring Program as we understand and value the importance mentoring plays in supporting our students and early graduate nurses and midwives.

A nursing or midwifery degree can lead you into many other roles outside of the clinical scope, including leadership, policy and management. We need more of our mob involved at every level to implement and effect sustainable change.

I live (and work) by the mantra that “our women matter, our culture matters,” and I hope that through my work, we are able to create safe spaces in the university sector to enable an increased number of First Nations Nurses and Midwives to graduate, and that our mob are recognised for their leadership in our communities and the cultural knowledge they carry into the health care system whilst implementing and engaging in redesigning a system that recognises us as Sovereign Peoples, our customs, Lores and Languages.”

“I love having the ability to work for the community in which I live and am a part of. It’s empowering to me to see our mums go through their pregnancy journey and be able to share in that with them.”

“Working for CATSINaM allows me to expand on my skills as a clinician and be involved in projects that affect Aboriginal nurses and midwives, and ultimately communities.”



Jason Coombes

As a Gurnai-Kurnai man from Lake Tyers Aboriginal Trust, I've always been driven by a strong sense of duty to give back to Aboriginal communities, but it wasn't until later in life that I settled on how I could best do that. I spent fifteen years living out a dream of being an international flight attendant for Qantas. I loved the job and loved travelling around the world but asked myself, what am I doing for my Aboriginal community?

That's when I tapped into another dream I'd had as a child: to become a nurse. I was always attracted to looking after the public, it's just that one was in the sky, and the other was on the ground.

I completed my Bachelor of Nursing as a mature age student (the only Aboriginal and Torres Strait Islander nurse in a class of about 350 students), completed my cadetship at St Vincent's Hospital Pilot Program, worked at the Victorian Aboriginal Health Service and moved to Aurukun in Far North Queensland, where I worked as a Clinical Nurse and Coordinator.

For the past three years, I've been working in the Oak Valley Clinic, which is a two-nurse clinic in a remote community of about 100 people in South Australia. We're about 100km up the road from the site of the Maralinga bombings, so it's a very important area. The community here is very traditional and very rich in culture. They speak their languages, still have men's business and women's business, make traditional artwork and practise storytelling. I knew working in a remote community was my calling because I believe that's where Aboriginal nurses and midwives are needed the most.

We work 9 to 5 in the clinic, but we also take turns in being on call at night. The doctor only visits once a month, so we manage acute care, chronic diseases, children's health, immunisations, diabetes, all the co-morbidities, and medication dispensing. It's all here. We even look after sick animals sometimes. If we have to evacuate someone, the Royal Flying Doctor Service comes out. We're able to support and look after the person while they're critically ill here and evacuate them. It's only a small community but on average we see around 20 people a day.

Instead of fly in, fly out, we're drive in, drive out. We have eight weeks on, two weeks off where we usually drive to Ceduna, the nearest town, which is a seven-hour drive away.

My motto is "*keeping it black and keeping it real*," so I look for lots of opportunities to help my mob. I'm also involved with RMIT as a Consultant Lecturer for the Aboriginal and Torres Strait Islander Health Subject, which is a core compulsory subject for second-year nursing students.

There are more and more community-controlled health services being developed but they are still very much run by white fellas, and that's simply because there aren't enough Aboriginal professionals in the health care system. That's why I'm really proud to be involved at the grassroots level in education.

Professionally, I'm most proud of being the recipient of the Sally Goold Aboriginal and Torres Strait Islander Nurse of the Year Award in 2018. This was particularly special because Aunty Sally Goold has been one of the greatest influences in my life. I met her at the first CATSINaM conference and I remember she grabbed my hand and she said, "You're going to be an amazing nurse." With the softness of her caring nursing hands, I thought, "Gee, hopefully one day I'll have kind hands like hers." And here I am.

"I want to be a good role model; to show Aboriginal and Torres Strait Islander people young and old that if you put your mind to it, you can achieve whatever you want."

"I'm not just their nurse. I am their brother, I am their cousin, I am their role model. All the little kids call me Poppy J."



Shayne Hill

I grew up in Pingelly and Bunbury, and am a Noongar man from South West Australia. Growing up in a small town with mostly Aboriginal and Torres Strait Islander families, I'm lucky to have been connected to my traditions and people since I was a child.

I'm a passionate Dockers fan and a keen home cook, but most importantly, I'm a family man. I spend a lot of time with my grandchildren and visiting family throughout Western Australia where we do traditional hunting and men's business.

My wife, Leeanne, is the reason I do what I do. We both settled on nursing a bit later in life and, like the good team we are, we studied together from day one. We started off completing a Certificate IV in Mental Health, and then decided to challenge ourselves by finishing our certification in Western Herbal and Bush Medicine. By that stage, we were hooked on studying, and ended up doing our Diploma in Nursing. I wanted to be able to use all my life experience and the study I had done and give back to the community, and nursing was the perfect way to do that.

I'm now an enrolled Advanced Skilled Nurse and work in a multi-disciplinary role in the male prison system, which has a large percentage of Aboriginal inmates. My job is very varied – some days I work in the Alcohol and Other Drugs team administering methadone, others I am working in mental health. I also help with chronic disease and manage insulin, wound care and medication for my patients.

When I became a man in our culture I was initiated as a healer, so I can support people with traditional medicine as well as Western medication. Both of these things are close to my heart.

When I'm yarnning with my patients I use my own experiences – of drugs, alcohol and homelessness – to connect with them and support them. I've been personally affected by suicide so suicide prevention is a cause I'm very passionate about. Most of the time, these guys just need someone to listen to them and be there for them. I like to think of myself as that person.



Shayne and Leeanne

I think mentoring in general is a really important part of keeping our culture alive and encouraging people to achieve their goals. I was lucky enough to be mentored by some exceptional nurses while I was studying and now do the same for other nurses, as well as primary school children who are having a bit of a hard time.

“I want to encourage other young Aboriginal men to consider a career in nursing - it’s a good opportunity to give back to community.”

“Being there for my brothers and nephews, and giving back to my people is what I love most about my job.”



Leeanne Loo

I'm a proud Noongar woman from Wagyl Kaip, and Wajarri Yamatj on my mother's side. I grew up in Albany in Western Australia and had a pretty idyllic childhood going to the beach, playing cricket and having BBQs with my family. As a little girl, I dreamt of becoming a ballerina but was too short, so that dream never came to fruition.

The other dream I had was to give back to my community. My family are survivors of the Stolen Generation, so it always felt important to keep my culture alive.

For a few years, I worked as a mentor for young Aboriginal children - facilitating youth workshops, transporting them to activities and teaching them about our culture.

My passion for nursing actually stemmed from my great granny who used to deliver babies on the reserve. My mum used to tell me stories about how hard she worked and how she helped those women birth their children.

I have five children so spent many years focussing on my family, but when we moved to Perth I decided to do some personal development. At first I dabbled in horticulture but decided that wasn't for me.

It wasn't until my partner, Shayne, and I visited Marr Mooditj Training, the Aboriginal Training Centre, that I finally got on this path. We started off studying in the mental health space, then bush medicine and finally we completed studies in nursing. I didn't have much confidence as an Aboriginal woman and didn't believe in myself for many years, so when I eventually graduated in 2012 as an Enrolled Nurse I was very proud. I'm the only nurse in my family so seeing everyone else proud of me was great too.

I work as one of four nurses in an Aboriginal Health Team in Perth. Our catchment is south of the river, and we visit schools and run ear screening clinics for Aboriginal children from Kinder to Grade 6. This is everything from audiograms to otoscopes and referrals to speech therapists and ENTs. We also run a monthly clinic at Armadale Hospital for the kids that need a specialist service.

I love that my work means kids have healthy ears. And healthy ears mean better hearing, better language development and better learning outcomes.

The other thing I love is the respect within my team – we really are like family. We all have the same goal of helping those children, so we support one another to do our best. You know what? I love my job so much that I even cash in my leave!

In the future, I hope to see more young people coming up the ranks as there just aren't enough Aboriginal nurses in hospital settings. Aboriginal people love to see Aboriginal nurses, as they know our ways and have an understanding of our culture. We need more leaders for the next generation.

I think one way we can achieve better representation is to lay better foundations in school settings, and to promote nursing as a viable career for our people.

“I’m passionate about giving back to my community so that the children can learn at their full capability and have the best possible future.”

“I absolutely love my job. I wouldn’t get out of bed at 6.30am every morning and drive one-and-a-half hours to see patients if I didn’t.”



Cassandra Nest

I am a Ngunnawal woman. I grew up on the Yugambah and Bundjalung Country on the Gold Coast and Northern NSW, and am lucky enough to be living here today on this beautiful country.

I am the granddaughter of a nurse and a long line of healers, so this career has always been in my blood. From when I was a child, I always wanted to work in a helping profession.

I learnt about birthing and women's business from my nan, grandma and Aunties. My Aboriginal nan was a nurse in the war and my non-Aboriginal grandma was a birth attendant in the north of England. It is through their stories and the birth of my daughter, Harpa, that my passion for midwifery began.

I have so many deadly influences for so many different reasons, but my parents are my greatest inspiration – they are hardworking and determined empaths, and they have instilled these qualities in me.

Harpa is another huge influence. Being a young single mum at 20, Harpa is my constant reminder that I can truly achieve anything. She has also taught me patience, understanding, empathy, time management and what it really means to be present.

I am currently the Clinical Midwife Consultant for the Waijungbah Jarjums Service at Gold Coast University Hospital and have a joint appointment with Griffith University as the Inaugural First Peoples Midwifery lecturer.

Waijungbah Jarjums is a maternal and child health service that offers continuity of care from conception to the first 1000 days for Aboriginal and Torres Strait Islander families. It's based on two previous models of care, Birthing on Country and First 1000 Days Australia, and is about providing families with the best possible start in life. It is founded on our holistic definition of health, is community based and governed, inclusive of traditional practices, involves connections with land and country, and values our ways of knowing, doing and being.

I'm privileged to be given the opportunity to lead and develop the *Waijungbah Jarjums* service alongside the local Gold Coast Aboriginal and Torres Strait Islander community.

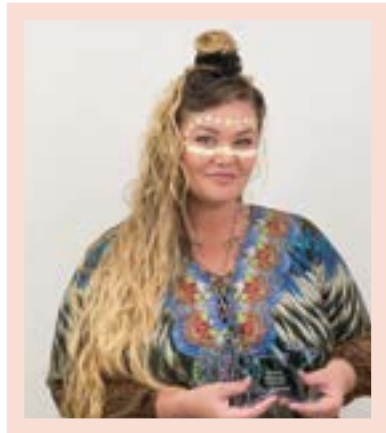
The most rewarding part of my job is being honoured with the role of walking beside women and their families as their midwife whilst they bring our future ancestors into the world, being able to be their voice about what needs to change and then driving this change. Being able to improve the cultural safety and capacity of organisations is so important.

There are a few achievements that I hold closely: the first was receiving the Gold Coast University Hospital, *Because Of Her We Can* NAIDOC award in 2018 for my mentorship, guidance and being named an inspiration by First Peoples midwives and midwifery students. The second was receiving the Griffith University Outstanding First Peoples Alumni award for the health group in 2019. And the third was being named the HESTA Midwife of the Year for 2020.

I am also proud that my role at Gold Coast University Hospital and Griffith University is changing the deficit discourse that surrounds Aboriginal and Torres Strait Islander people.

The current health care system emphasises our incapacity, and our identity is regularly framed in a narrative of negativity. We hear that we are “vulnerable” or a “high-risk population.” The only way this is going to change is with more mob having a voice in health care services, more mob as midwives and nurses, and graduating students who are advocates for human rights and social justice.

“It is rare that in an institution where the power and structure is dominated by white culture, that Aboriginal and Torres Strait Islander people feel they have a voice or can impact on models of care as the counter narrative – Waijungbah Jarjums achieves this by having the local communities’ voices central to the innovation of the model of care.”



Cassandra Nest, HESTA Midwife of the Year for 2020.

“It’s knowing that we are actively improving the experiences of our Aboriginal and Torres Strait Islander community and contributing to increasing the Aboriginal and Torres Strait Islander workforce.”



Angeline Meredith nee Randall

I'm a Yaegl, Bungalung and Dungutti woman and was born in a tin hut dirt floor on Angourie Rd, in Yamba, NSW in Yaegl country with my Aunties as my midwives. I grew up on Pippie Beach Mission (now called Ngaru Village) and am a product of the transgenerational traumas resulting from the era where the Welfare Protection Board controlled much of how we lived. Everything had to be in its place and clean, otherwise there was a risk they would take us children away.

Even as a young woman, I knew I had the ability to impact my community. I was encouraged by my cousin to become a nurse; she always told me that I have a gift of healing that has been passed down from our old people.

In 1982, at the age of 19, Social Security ran a recruitment drive for Aboriginal and Torres Strait Islander people to become Enrolled Nurses, so I joined a twelve-month program through the School of Nursing at Grafton Base Hospital. Nursing came naturally to me and I fell in love with it straight away.

For many years, I put my passion for nursing on hold while I raised my children, and unfortunately let my registration lapse.

But I did use my passion for supporting Aboriginal and Torres Strait Islander women in other ways. I helped set up a women's group and resource centre for women in my local Aboriginal community and I also worked as the Aboriginal Vascular Health Nurse (EN) at Maclean Community Health, where I coordinated a chronic care program that offered 48-hour follow up for Aboriginal and Torres Strait Islander patients. It was a great system as it ensured no one fell through the cracks.

But then, with the encouragement of my family, in 2016 I started studying again. In 2020, at the age of 55, I obtained my Diploma of Nursing. I'm now an Enrolled Nurse Division 2. To top it off, I won the *Here for Good Engagement Award (Vocational) – Diploma of Nursing*. I'm so proud to have graduated later in life and show other mature students or older Aboriginal women that you can fulfil your dreams.

It's been a bit of a rollercoaster and I've certainly faced some challenges but I wouldn't change it for the world. When I was studying, my provider went into reliquidation which meant I was unsure what would happen to me. Thankfully, we were transitioned to a different program, but I had to travel back and forth between Tweed Heads for study. My practical placements were at a remote Aboriginal community called Wurrabinda, so I spent a lot of time away from my family. The lack of support for me as an Aboriginal student also made me feel very isolated.

Then when I graduated, I struggled to find a position in my local area. But I was eventually approved for a 12-month contract to complete a Graduate Program in Northern Beaches Hospital, Sydney. I found it very challenging – clinically, mentally and

spiritually – as I was away from country, my husband and family for a year.

But recently, I secured a casual position near home at Bundaberg Hospital. I have been assigned to the surgical ward, which is something I've always been interested in, so I'm very excited.

In my graduate class, I was the only Aboriginal woman out of 194 people, so I think there is a definite need for greater recruitment of Aboriginal and Torres Strait Islander nurses. That way, there would be more representation in the hospitals, and we would be able to better advocate for culturally safe practices and break down the stereotypes.

Unfortunately, I've had a few professional experiences where my colleagues were culturally insensitive or didn't understand Aboriginal culture, so I strongly believe there is a need for things like Reconciliation Action Plans and mandatory cultural awareness training in hospitals. And, as Aboriginal and Torres Strait Islander nurses, we need to be a part of the training so we have more control over the matters that impact us.

“I am deeply passionate about nursing and the positive impact it has on my patients. I love getting to know them, and work hard to make connections so they feel safe and secure.”

“A huge failing of the broader health care system is that Aboriginal people become lost in the system - this can only be changed by having more Aboriginal health care professionals to advocate for change.”



Lesley Salem

My grandmother and great-grandfather were born in Gringai Country, my father and I were born on Wonnarua Country, and my mother was Scottish. Family is very important to me and my husband. We have four children and a grandson, and they are our pride and joy.

My father was the National NAIDOC Artist of the year in 2008, so I grew up learning about Aboriginal art, language and the importance of symbolism and iconography. Like my Dad, I'm an avid artist: I love to paint, carve and use clay. I'm also a keen long-distance walker and fly-fisherwoman.

The health and welfare of Aboriginal people has always been something I care deeply about, but I didn't actually want to be a nurse and fell into it by accident as I needed to earn some money before I started university. But within a week, I was hooked.

I'm proud to be the first Aboriginal person to become a nurse practitioner, the first Nephrology (kidney) nurse practitioner in Australia, and the 13th nurse practitioner in Australia.

I've worked in many jobs at different hospitals, a detention centre and Aboriginal Community Controlled Health Services. These are primary health care services that are operated by the local Aboriginal community to deliver holistic and culturally appropriate health care.

I currently work as a generalist/chronic disease nurse practitioner in a very remote closed Aboriginal community called Doomadgee, which is in far north west Queensland. I provide the full scope of care: seeing clients, performing diagnostic examinations and tests, and treating and managing them. Under a nursing model, we embrace family, kin and community strategies.

I also provide a skin clinic at the school, care at the aged care facility, daily clinics, and care at health promotion days.

There are many challenges, especially because people in Doomadgee have only had a primary health service for three years, so they are only starting to seek out our health service for health checks and minor ailments. We have one of the worst rates of rheumatic heart disease and sadly see many young deaths. Sorry business happens all the time and knowing these wonderful people makes working here come at a cost. But it's worth it.

My colleagues would probably describe me as mad, but I absolutely love my job. I adore the type of work I do and the outcomes that I achieve with a nursing model of care. *"Change has never failed to deliver an opportunity"* is my professional motto and I use this to guide my work and advocate for change in our health care system.

I've experienced a lot of discrimination in my life – as a woman, as an Aboriginal person, and as a nurse – but I've never wavered in my determination to make a difference for our community.

While being a great privilege, being an Aboriginal nurse means our jobs are twice as hard. In many ways, we are held responsible for the outcomes of any Aboriginal patient in the hospital. We are expected to help in social and emotional ways as well as being their clinical champion.

But we need more of us if we are ever going to '*Close The Gap*' in our health care system, so I'm always happy to be a mentor for postgraduate students.

“We need cadetship programs and Aboriginal and Torres Strait Islander Support Units at universities to encourage younger Aboriginal people to enter nursing and midwifery.”

“Cultural safety in nursing and health delivery is very important to me.”



Image credit to James Cook University

Dr Gracelyn Smallwood OAM

I am a proud Birrigubba, Kalkadoon and South-Sea Islander woman born in Townsville. I'm one of 14 children and sibling to five more, and my father was one of the Stolen Generation. He was also sent to the notorious Palm Island Mission.

Since I can remember, I've been determined to break through the barriers of racism and use my voice to make a difference to my community. I've been blessed to have been able to do this for over 50 years through my nursing and midwifery career – it's taken me to many places across the world.

I did very well in high school and applied for many secretarial roles but never got any of them. I quickly realised the extent of racism and how important it was for me to play a role in changing attitudes.

I eventually got some work cleaning at the local hospital and met the matron who encouraged me to become a nurse. I thought it was totally out of my league, but a few years later I qualified as a registered nurse, and the rest is history.

Since then, I've completed my midwifery qualifications, attained a Diploma in Indigenous Mental Health, a Masters Of Science in Public Health and a PhD in Human Rights and First Australians Well-being. I was actually the first Indigenous PhD graduate in the Faculty of Medicine, Health and Molecular Sciences at James Cook University.

I've had lots of career highlights: I helped set up the Townsville Aboriginal and Islander Health Service, and worked with the inimitable Dr Fred Hollows on the National Trachoma and Eye Health Program.

I've also been an advisor to the World Health Organisation on HIV-AIDS and Indigenous communities, and advised various government ministers on issues around Aboriginal health.

Alongside Professor Ian Wronski, I co-wrote the first set of quantitative targets for Aboriginal and Torres Strait Islander health in Australia, and in 1997 I was invited by Nelson Mandela to give talks on HIV-AIDS prevention.

I've also been honoured to have received many awards: Queensland Aboriginal of the Year in 1986; Order of Australia in 1992 for service to public health; the Henry Kemp Memorial Award at the International Society for Prevention of Child Abuse and Neglect; the 2013 United Nations Association of Australia Queensland Community Award; 2014 James Cook University Outstanding Alumni; Lifetime Achievement Award for CATSINaM; and the NAIDOC Person of the Year in 2014. One of the

achievements I am most proud of is the 2007 Deadly Award for Outstanding Lifetime Achievement in Indigenous Health.

I continue to contribute to various national and international health and well-being related advisory committees, boards, networks and charities, and I'm a Professor of Nursing and Midwifery at Central Queensland University in Townsville. I'm also an Adjunct Professor at James Cook University.

I've had a rewarding and successful career but it hasn't been without its challenges. There's been racism, there's been negative stereotyping and inequity, but I've always channelled the advice from my elders - to keep going.

We still have a long way to go. We need people at the top from the grassroots level who can change attitudes of white Australians in the health care system.

“I’ve spent a lifetime working to cure sickness and alleviate suffering, but I still believe that the biggest disease - and the hardest to defeat - is racism.”

“If I had my time again, I would repeat it all. I’ve had a wonderful career and life and hopefully I’ve been a role model to many First Nations Australians.”



Tracey Stephens

I'm a Kurnai woman and I grew up on country in a little place called Labertouche in Gippsland. I'm a mum to three kids aged 20, 17 and 16, and we live in a small country town, so our primary focus is sport. Both my husband and I are heavily involved in the local football and netball clubs.

As a kid, I thought I wanted to be a school teacher and actually started studying education, but soon realised it wasn't for me. After that I tried lots of other things – I worked at Telstra, I worked on the *Bringing Them Home* project with National Archives, and worked at my local Aboriginal Community Controlled Organisation as a medical receptionist.

But when my youngest child started school, I decided that I wanted to go back and study something I loved. At the time I was working as a Best Start Facilitator, as part of an ante-natal program and I was invited into a birth. I sat there watching it and had my epiphany: I wanted to become a midwife!

Fast forward over a decade later, I now work across three sites at Monash Health as the Aboriginal Midwife Coordinator. My primary role is to support the Aboriginal cohort that come to

Monash Health. Currently I have 27 women, and I coordinate their appointments, visit them in hospital, do home visits and extended post-natal care. We are a tertiary centre so I get families from as far as Gippsland and Mildura.

It's really important that mainstream metro hospitals receive the same funding as Aboriginal Community Controlled Organisations, so the families that come here are well supported. They are already navigating a system that is hard, so my argument is that the funding helps them to feel culturally safe.

One of the things I have tried to improve since I started here is patient identification. When I first came, there were only around 30 women who identified as Aboriginal. They felt unsure and wary, so I have done a lot of work to change that. Now, there are 120, which is something I'm really proud of.

My approach to my work is to just be here for my women, to go above and beyond for them. I support people to have a happy and healthy birthing experience but also support them culturally. A lot of people that come here have only just found out about their Aboriginality, so I work with them to feel connected to that in whatever way they are open to.

My long-term end goal is to have an Aboriginal clinic running across the three hospital sites and really embed the First Thousand Days program. The program enhances working with Aboriginal families from pre-conception, right up until the babies are two-and-a-half years old. These babies that we're bringing into the world are our future elders, so we need to connect people back to community.

History has not been taught well in our country and I think a lot of the racism I've experienced in work and life comes from ignorance, so I also use my position to educate people about Aboriginal culture. I want the women I work with to have a positive experience navigating the system, so the more people that have an understanding of our culture, the better experience these women will have. I see myself as an advocate.

This really is my dream job and it is an added bonus to have been awarded the HESTA Midwife of the Year, and the Monash Star Award in 2019. It was nice to be recognised for something that I love so much.

“I think self-determination is about Aboriginal people being able to choose where they go. Whether it’s an Aboriginal organisation or a mainstream hospital, they should be able to choose how and where they get the best care for them.”



Tracey Stephens, HESTA Midwife of the Year 2019.

“Community is everything to me, so watching these women flourish in community and bring future elders into the world is so important.”

**See the HESTA Reconciliation Action Plan
at hesta.com.au/rap**



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