Celebrating #CATSINaM25Years

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Foreword

This e-publication compiles a series of sponsored content articles produced by Croakey Professional Services for the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM). The articles celebrate the achievements and history of CATSINaM, and the organisation’s Elders and members. They were published between March 2022 and February 2023.

We encourage readers to share this publication widely, and to draw upon the knowledge it contains in health education and training, service delivery, and policy-making.

Aboriginal and/or Torres Strait Islander readers are advised this report includes the names of deceased people.
Croakey Professional Services writes:

The family of Wiradjuri teenager Sally Goold was so proud when she was accepted to train as the first Aboriginal nurse at Sydney’s Royal Prince Alfred Hospital in the 1960s.

Her six older siblings pooled their savings to buy her nursing supplies – the Halls black lace-up shoes, nurse’s watch, books, black lisle stockings and pyjamas.

“Every one of my brothers and sisters rallied around and contributed so that I would have everything just right . . . so I would be as good as everyone else,” she wrote in In Our Own Right: Black Australian Nurses’ Stories.

Sally Goold (nee Bamblett) had wanted to be a nurse “for as long as I could remember” but, like many Aboriginal and Torres Strait Islander peoples, she encountered low expectations for her success – which she simply ignored.

“I was really stunned to hear people, both black and white, say that I wouldn’t be able to do it. I would say, ‘Of course I will’. When I asked them why they didn’t think I would, the reply was always, ‘Because you are Aboriginal’.”
History shows that Dr Sally Goold’s determination and courage in the face of such blatant racism translated to many firsts – including as the first Aboriginal nurse at Australia’s inaugural Aboriginal community-controlled health organisation, the Redfern Aboriginal Medical Service, where she was recruited in 1971 by her colleague Dulcie Flower, who was the first Torres Strait Islander nurse to work there.

Dr Goold was awarded the Medal of the Order of Australia in 1986 for services to nursing education and Aboriginal and Torres Strait Islander health and was the 2006 Senior Australian of the Year. She has always urged young Aboriginal and Torres Strait Islander people to “Stand up for what you believe in” and to “Keep your eye on the prize”.

In 1995, after a stellar career in nursing, university teaching and senior roles in the Queensland Health Department, Sally Goold completed a Master’s degree investigating the reasons for the continuing low numbers of Indigenous registered nurses, which she attributed to persistent racism and a lack of student support services.

Two years later she was instrumental in establishing the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN) and was appointed its first Chief Executive Officer.

CATSIN was established at the historic National Aboriginal and Torres Strait Islanders Nursing Forum held on Gadigal Country, Sydney, in August 1997. It was incorporated a year later on Gubbi Gubbi Country, Bribie Island. In 2013 CATSIN changed its name to CATSINaM to recognise its midwife members.

CATSINaM this year is celebrating 25 years of activism by Indigenous nurses and midwives, each week honouring collective and individual acts of activism over 25 weeks leading up to a national gala dinner on August 20 – the date CATSIN was founded by 35 Aboriginal and Torres Strait Islander nurses.

The campaign launched on 2 March, 2022 with a national online webinar where participants heard messages of support from founding members, current members, former and current board members, the NSW nursing and midwifery union and the Commonwealth Chief Nursing and Midwifery Officer, Adjunct Professor Alison McMillan.

Since its inception, CATSINaM saw increasing the Aboriginal and Torres Strait Islander workforce as core business, as well as challenging the Western health model that “promotes separation, hierarchy and power struggles” and “denies the emotional, social, spiritual and political aspects of health in our holistic way”, as detailed in the national forum report.

CATSINaM has consistently fought for recognition of the unique contributions and commitment of Indigenous nurses and midwives in health policy and practice, acknowledgement of cultural expertise and knowledge, and the promotion and implementation of employment strategies to grow the workforce.

In 1997 when CATSIN was formed, Aboriginal and Torres Strait Islander nurses and midwives accounted for 0.8% of the nursing workforce. Today that figure is 1.4%.

CATSINaM CEO Roianne West, a descendant of the Kalkadoon and Djaku-nde peoples, said: “Although we’re celebrating 25 years of amazing activism and achievements, it also provides an opportunity to pause and reflect on whether a 0.6% increase in workforce participation over 25 years is enough? I would say it’s not and we have much work to do.”
**Post-colonial resistance**

There is a long history of Aboriginal and Torres Strait Islander peoples fighting for their rights – the 1967 referendum, for land rights, identity and cultural heritage – and against racism and discrimination. Activism by Indigenous nurses and midwives in Australia has played a large part of this history in post-colonial resistance.

In 1997 when CATSIN was formed, John Howard was Prime Minister and the Bringing them Home report into the removal of Aboriginal and Torres Strait Islander children from their families had just been released.

“Howard refused to apologise to the Stolen Generations and derailed Reconciliation,” CATSINaM CEO Professor Roianne West told the webinar launch.

Into this political environment hostile to Indigenous peoples, CATSIN challenged employment participation barriers, called out racism, demanded culturally safe workplaces for both staff and patients and a seat at any table where health policy was developed.

“It was a challenge but we needed to make the environment safe for Indigenous nurses,” Dr Goold said in a video message for the launch of CATSINaM’s 25th anniversary celebrations.

“We set about changing that. We were a little isolated group; surviving – that was the greatest challenge.”

At the webinar, CATSIN founding member Aunty Lynda Holden challenged nursing unions to have stronger policies and safeguards to protect Indigenous nurses and midwives who still face workplace racism.

Aunty Lynda, who left nursing and midwifery to study and teach law, has for many years researched the effects of racism on Indigenous peoples.

“I don’t see any reason why Aboriginal and Torres Strait Islander nurses can’t be equals in the health system. It astounds me that we are not equal; that we do have to put up with racism; that it does have a lifelong impact on us when it happens,” she told the 25th anniversary launch webinar.

**The achievements are many**

CATSINaM’s achievements and its advocacy for Indigenous ways of knowing, being and doing have been critically important for Australian and international healthcare, according to founding member Professor Juanita Sherwood.

“The bottom line is we’ve saved so many lives because we exist in the health workforce in this country. We had to make sure our people got healthcare and that wasn’t something that was generally accepted until the 1960s and 70s.”

Professor Sherwood, Pro Vice Chancellor First Nations Engagement at Charles Sturt University, was one of the first Aboriginal nurse researchers. She started her nursing career in the early 1980s at St Vincent’s Hospital Sydney when it was the only hospital responding to the HIV and AIDS crisis and saw the impact of systemic discrimination on patients and their families.
She recalled the early days at CATSIN: “We were 0.8% of the health profession back in that time and we were lonely and we were dealing with racism and with culturally unsafe healthcare, not just towards our patients but towards ourselves.

“We were not seen as vital to the health workforce; we were seen as add-ons.”

She said CATSIN built solidarity and partnership with Aboriginal Health Workers, supporting their work in communities and healthcare settings.

“We stood with our Aboriginal Health Workers to get registered, to get acknowledged as critical workers in the health workforce. And as a national peak body we ensured our peers were valued as part of the national agenda around First Nations health,” she said.

“We promoted a holistic way of knowing, being and doing that was culturally safe healthcare and practice. That was vital and we were talking about that back in 1997. We also demanded that all forms of nursing re-examine models of practice and we still do.”

Aunty Nola White, one of the four nurses involved with the incorporation of CATSIN in 1998, said she was so proud of the organisation – from “the vision of Aunty Sal” and watching as connections, advocacy and activism grew around the country.

As CATSIN’s inaugural chair Aunty Nola said, the motto – ‘Unity and Strength through Caring’ – chosen 25 years ago by the founding members was just as relevant today.

“Unity, us all getting together; the strength would be the strength from each other; and caring because nursing is a caring profession,” she said.

“Keep the strength going and bond together.”

More information

Watch: CATSINaM’s webinar to launch the 25th anniversary celebrations.

Read: In Our Own Right: Black Australian Nurses’ Stories, edited by Sally Goold and Kerrynne Liddle, is available on Kindle through Amazon.

This article was published on 9 March 2022, written by Linda Doherty and edited by Dr Tess Ryan and Dr Melissa Sweet, on behalf of Croakey Professional Services.
A pathway to wellbeing through Cultural Safety and Cultural Humility

**Introduction:** Practising nurses and midwives are urged to enrol in a unique program to make Cultural Safety and Cultural Humility best practice in working alongside and when providing care for Aboriginal and Torres Strait Islander patients and communities.

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) launched its **Murra Mullangari program** on 16 March to also mark Close the Gap Day ahead of the United Nations’ International Day for the Elimination of Racial Discrimination on 21 March.

Aboriginal and Torres Strait Islander readers are advised that this article mentions a person who has passed away.
Croakey Professional Services writes:

The values and beliefs of those who provide healthcare to Aboriginal and Torres Strait Islander communities is a central area of study in CATSINaM’s ground-breaking Murra Mullangari program.

The first Indigenous-developed Cultural Safety program for nursing and midwifery to also include Cultural Humility has been a very long journey, according to CATSINaM CEO Professor Roianne West, who said Elders and ancestors had for five decades been calling for education that took into account colonial power structures.

“It’s the very first time a program like this has been done outside of the university sector and a program that really sets the standard for Aboriginal and Torres Strait Islander health and Cultural Safety education. It adds the additional dimension that’s unique to CATSINaM, and that’s the aspect of Cultural Humility,” Professor West said.

Murra Mullangari means “the pathway to wellbeing” and is a term gifted to CATSINaM by Aunty Dr Matilda Williams-House, a Ngambri-Ngunnawal Elder and CATSINaM Matriarch.

Clinically safe practice in nursing and midwifery is not possible without culturally safe practice, Professor West told last week’s webinar to launch ‘Murra Mullangari: Introduction to Cultural Safety and Cultural Humility e-learning program’.

“Clinically safe nursing practice that happens without culturally safe nursing practice is actually racism and something that we want to address,” she said.

Murra Mullangari is an eight-hour program completed over eight weeks and is specifically developed for practising nurses and midwives in clinical and non-clinical roles at any stage of their career. However, others can also undertake this program.

The course content includes the origins, influences and implications of Cultural Safety and Cultural Humility in practice settings; the culture of power in Australia and in nursing and midwifery; and the achievements of Indigenous health, nursing and midwifery leaders. It extends studies in nursing undergraduate programs and is expected to be the foundational course in a suite of Cultural Safety programs that CATSINaM will lead in coming years. Professor West said research would be conducted to evaluate the efficacy of Murra Mullangari.

Cultural Safety is an important aspect of CATSINaM’s aim to significantly increase the Indigenous nursing and midwifery workforce.

Australia’s Chief Nursing Officer Adjunct Professor Alison McMillan told the launch webinar:

“We know that a pathway to building the Indigenous nursing and midwifery workforce is to increase Cultural Safety practice for the wider nursing and midwifery workforce and the Cultural Safety of processes and systems.

There is no safe healthcare without Cultural Safety.”
A whole learning process

Aunty Dulcie Flower OAM, a CATSINaM founding member and a Registered Nurse for more than 60 years, told the webinar that Cultural Humility “is something that you learn; you’re not born with this, it’s a whole learning process”.

She said Cultural Humility involved a relationship of trust between nurses and midwives and their Aboriginal and Torres Strait Islander patients, treating people with cultural respect, and ensuring privacy and confidentiality.

The CATSINaM Cultural Humility model is based on principles where Humility is understood as Relational and Contextual and occurs through Insight, Hindsight and Foresight. Therefore, Cultural Humility is a journey of lifelong learning about the power, attitudes, trust and safety afforded to nurses and midwives.

Auntie Dulcie was the first Torres Strait Islander nurse involved in the formation of the Redfern Aboriginal Medical Service and is an Elder of the Erub Nation.

She said in a video for Murra Mullangari that the course would give nurses and midwives skills that will last a lifetime.

“You will make a difference to the way you nurse your patients and ensure that their culture is respected and that your own culture is also respected,” she said.

Dr Karen Martin, CATSINaM Education and Training Lead, said the course explored aspects of Australia’s historical, political, systemic and social factors, and their impact as a culture of power on nursing and midwifery systems – and on the delivery of healthcare to Aboriginal and Torres Strait Islander peoples.

“It is underpinned by Aboriginal knowledges and, therefore, Aboriginal pedagogy,” she said.
The culture of power

The term ‘Cultural’ in Cultural Safety is not about cultural identity, ethnicity or traditions. Rather, it’s about the ‘culture of power’, which involves processes of “unlearning, relearning and transforming” existing relationships to, and benefits of institutional, collective and personal power.

CATSINaM has led the development of Cultural Safety policy and practices across the healthcare sector in Australia, informed by the work of Māori nurse and scholar Dr Irihapeti Merenia Ramsden.

Dr Ramsden’s work has transformed the power dynamics in nursing and midwifery education, practice and policy around the world.

She explained in her PhD thesis that Cultural Safety turns the gaze on health professionals to examine their own power, beliefs, attitudes, behaviours, practices and understand the relationship to systems and issues such as institutional racism. Cultural Safety is therefore not about transcultural concepts such as ‘cultural awareness’, which promotes the “othering” of patients and staff and what she called “cultural voyeurism”.

Close The Gap campaign

The annual Close The Gap Campaign Report released last week found that Aboriginal and Torres Strait Islander communities and organisations are leading the way in transforming Australia’s health and community services, policies and programs – despite the ongoing impacts of systemic racism, natural disasters and pandemics.

“However, despite the cultural safety, intellect and integrity that Aboriginal and Torres Strait Islander people and communities bring to solutions, governments and mainstream organisations still fail to recognise and invest in Aboriginal and Torres Strait Islander leadership and capacity,” the report said.

The Close The Gap report, prepared by the Lowitja Institute for the Close the Gap Steering Committee, of which CATSINaM is a member, uses a strengths-based framework to demonstrate how Aboriginal and Torres Strait Islander ways of knowing, being and doing present culturally safe, place-based, and appropriate solutions.

The CATSINaM Murra Mullangari program is a clear example of such leadership and capacity.

An Indigenous-led movement in Cultural Safety and Cultural Humility

Greg Rickard, Professor of Health at the University of Tasmania and one of 26 people who was a participant in the pilot of Murra Mullangari, said the program challenged non-Indigenous health practitioners to look at Cultural Safety and Cultural Humility from “a power perspective” to understand the impact of colonisation and racism on healthcare for Indigenous patients.

“My hope is that, together with Aboriginal and Torres Strait Islander peoples, we can start to understand and address the many factors impacting on Closing The Gap on health inequalities between Indigenous and non-Indigenous peoples,” he said in a video message to the webinar.

“The Murra Mullangari program takes us all on a journey, no matter what our knowledge and experience we may have working with Aboriginal and Torres Strait Islander peoples.”
Professor Rickard said he had for many years been concerned about cultural awareness and cultural competency programs that were “about” Indigenous peoples, emphasised health deficits and disenfranchised Aboriginal and Torres Strait Islander communities.

Dallas McKeown, a Yuwaalaraay woman, was another participant in the pilot. She said the self-reflection in the program led her to “dig deep personally”, often finding herself in a vulnerable place – “and that’s cool because you learn from that place”.

Dallas added: “Murra Mullangari is like a really good curry. It leaves you wanting more.”

More information

Watch the webinar launch of Murra Mullangari: Introduction to Cultural Safety and Cultural Humility e-learning program.

Dr Irihapeti Merenia Ramsden PhD thesis: Cultural Safety and Nursing Education in Aotearoa and Te Waipounamu; Victoria University of Wellington, Aotearoa, New Zealand; 2002.

‘Creating an Indigenous-led movement for Cultural Safety in Australia’ by Adjunct Professor Janine Mohamed and Professor Roianne West; Croakey Health Media.


This article was published on 23 March 2022 and edited by Professor Roianne West and Dr Karen Martin. It was written on behalf of Croakey Professional Services by Linda Doherty, and also edited by Dr Tess Ryan and Dr Melissa Sweet.
CATSINaM member Kamilaroi-Wiradjuri nurse and artist Kisani Upward painted this portrait of CATSINaM founder Dr Sally Goold – the first Aboriginal nurse at the first Aboriginal Community Controlled Health Organisation in Redfern – for the 2022 Archibald Prize. Photo courtesy of Kisani Upward.

Celebrating the many achievements of Aboriginal and Torres Strait Islander nurses and midwives in Aboriginal Community Controlled Health Organisations

Introduction by Croakey: National Reconciliation Week, which starts on 27 May, is book-ended by two historical demonstrations of activism by Aboriginal and Torres Strait Islander peoples – the 1967 Referendum and the Mabo High Court decision of 1992.

Just four years after the Referendum, the Aboriginal Medical Service Redfern was established as the first Aboriginal Community Controlled Health Organisation (ACCHO) in Australia.

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) was established 26 years after AMS Redfern opened its doors to provide free healthcare for Aboriginal people.
Aboriginal and Torres Strait Islander nurses and midwives have been at the forefront of establishing Aboriginal Community Controlled Health Organisations and delivering comprehensive primary healthcare rooted in self-determination.

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**Croakey Professional Services writes:**

AMS Redfern was established to overcome the neglect and racism Aboriginal people experienced in mainstream health services, where few Indigenous people could afford medical care.

Within a year of opening, the AMS was so popular it could not meet the demand for its services. In 1972, it gained Federal Government funding to eventually expand from a shopfront into a multidisciplinary health service.

Like AMS Redfern, the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) was established to provide a voice for Indigenous nurses and midwives to address racism in the health system.

*Auntie Dulcie Flower*, a Meriam woman whose family is from Erub (Darnley Island) in the Torres Strait, helped establish AMS Redfern in Sydney with the Redfern Aboriginal community, Aboriginal activists Gordon Briscoe and Shirley Smith (Mum Shirl). Ophthalmologist Professor Fred Hollows, paediatrician Professor Ferry Grunseit and medical student Paul Torzillo (now a professor) were also involved, along with the NSW Aboriginal Legal Service and South Sydney Community Aid.

It was Australia’s first Aboriginal Community Controlled Health Organisation and Dulcie Flower was the first Torres Strait Islander nurse to work there.

Clinics were held after working hours, from 6pm to 10pm, and all staff were initially unpaid. Hospitals, doctors, university students and community members donated medical equipment and medicines, beds, office supplies, fresh food and money to pay the rent.

“We were part of a process where our people could become who they really were. And we could provide a holistic health service with Aboriginal and Torres Strait Islander peoples rather than for them,” Auntie Dulcie said.

When Dulcie Flower arrived in Sydney from Cairns in the 1960s there were just three Indigenous nurses at the teaching hospital where she worked. She became an activist with the Aboriginal Progressive Association and the Federal Council for the Advancement of Aborigines and Torres Strait Islanders, campaigning for constitutional change for Indigenous peoples in the 1967 Referendum and fighting for health equity, equal pay and land rights.
She said the establishment of AMS Redfern was an extension of Indigenous activism, which included the long campaign towards the 1967 referendum and increasing protests by Aboriginal people against restrictive and racist laws, government land grabs, and police harassment and brutality.

“It was a climate that had gathered impetus from the 1960s and involved so many Indigenous and non-Indigenous peoples committed to improving the lives of Aboriginal and Torres Strait Islander peoples,” Auntie Dulcie said.

Aboriginal and Torres Strait Islander nurses were involved in the development of the ACCHO sector. CATSINaM's founder Dr Sally Goold, a Wiradjuri woman, was the first Aboriginal Registered Nurse at Redfern AMS and was succeeded by Walmajarri nurse Jilpia Nappaljari Jones.

In the CATSINaM publication, In Our Own Right: Black Australian Nurses' Stories, Jilpia Nappaljari Jones, who passed in 2021, described the significance of the AMS: “Nursing at the AMS provided me with a sense of the social and political history of my people, as well as being part of a new beginning of making choices and being in control of all that we do.”

She recalled the pride of working in the AMS and being addressed as ‘Sister’.

“This was a time when our Indigenous Australians had none of the titles that came later, like Doctor and Professor,” she wrote.

CATSINaM Chief Executive Officer Professor Roianne West, a Kalkadoon and Djunke woman, said so many of the Indigenous nurses and midwives who pioneered the community controlled model of care had a lifelong commitment to improving Aboriginal and Torres Strait Islander health and embedding cultural safety in nursing training and practice.

“When you look at these trailblazing nurses and midwives they went on to become Doctors and Professors in academia, establish ACCHOs in their communities, be awarded international and national honours, and take on leadership roles in universities and health departments,” she said.

“It's a remarkable legacy.”
Aboriginal health in Aboriginal hands

From a modest shopfront in Redfern half a century ago, there are now 144 ACCHOs in Australia and the sector is the third largest employer of Aboriginal and Torres Strait Islander peoples.

Aunty Pat Turner, a Gudanji-Arrernte woman and Chief Executive Officer of the National Aboriginal Community Controlled Health Organisation (NACCHO), said Indigenous peoples overwhelmingly preferred to access ACCHOs over mainstream health services because “their cultural safety is guaranteed”.

“Our ACCHOs are more than just another health service. They put Aboriginal health in Aboriginal hands,” she told CATSINaM’s Back to the Fire conference last year.

“As the health system becomes more complex, the role of our services becomes even more critical. The Aboriginal and Torres Strait Islander population is increasing rapidly and funding levels have not kept pace with demand.”

These funding shortfalls are widespread across the Aboriginal and Torres Strait Islander nursing and midwifery workforce, according to CATSINaM CEO Professor Roianne West.

A report for CATSINaM by Dr Katrina Alford in 2015 predicted a national shortage of 100,000 nurses by 2030 and estimated that an additional 2,172 Indigenous nurses and midwives were required each year to reach population parity.

“The task is huge and requires urgent action. The under-supply of the Aboriginal and Torres Strait Islander nursing and midwifery workforce has been a persistent and long-term problem in Australia,” Professor West said.

“Based on population parity of 3.3 percent, we require 5,400 Indigenous registered nurses in Australia; this is four times the number we currently have. But when we factor in the burden of disease on Aboriginal and Torres Strait Islander peoples, a conservative estimate shows we need at least 10,800 Indigenous registered nurses.

“We are developing a second edition of the report, ‘gettin em n keepin em’, and privileging Aboriginal and Torres Strait Islander nurses’ and midwives’ stories with an updated edition of ‘In Our Own Right: Black Australian Nurses’ and Midwives’ Stories’ as critical strategies to addressing this issue.”

At the 2016 Census, Aboriginal and Torres Strait Islander peoples represented 1.8 percent of the health workforce, despite accounting for 3.3 percent of the Australian population. In nursing and midwifery in 2020, Indigenous nurses and midwives made up 1.32 percent of the workforce of 418,349 people.

The trust of patients

Professor West said inequities affecting nursing and midwifery in ACCHOs included the lower pay offered compared with other healthcare settings like hospitals, a shortage of work experience placements for university students, university completion and retention rates and staff shortages, particularly in remote ACCHOs.
NACCHO chair Donella Mills, a lawyer and Torres Strait Islander woman with ancestral links to Masig and Nagir, said ACCHOs were often a gateway to other services needed by Aboriginal and Torres Strait Islander peoples.

Ms Mills established the Wuchopperen Health Justice Partnership where lawyers provide free legal advice, referral and casework to clients of the Wuchopperen Health Service in Cairns.

“Our people will go to their ACCHO and tell their doctor about all of their concerns because the trust is there. The trust is not in the legal institution,” she said in an interview last year with the National Indigenous Times.

This trust is a defining feature of the ACCHO philosophy, according to Auntie Dulcie Flower. She said community nursing and midwifery in ACCHOs was very different to other hierarchical health settings such as hospitals where many staff trained.

“The governance of the organisations means everyone is on equal terms – the board of directors, the Aboriginal health workers, the cleaners, the drivers, and the patients,” she said. “Patients have a huge input because they are always consulted.”

NACCHO CEO Aunty Pat Turner said Aboriginal and Torres Strait Islander nurses and midwives were often the first people to address the healing of many Indigenous peoples who accessed health and wellbeing services at ACCHOs.

“Our people are on a healing journey. The impact of intergenerational trauma beginning with colonisation continues to result, for some of our people, in disconnection from family and culture,” she said.

ACCHOs have also played a significant role in training the Indigenous health workforce. Auntie Dulcie Flower started an Aboriginal health workers course at AMS Redfern in 1984, influenced by the work of the Victorian Aboriginal Community Controlled Health Organisation, which was followed by training in mental healthcare. AMS Redfern psychiatric nurse Pat Delaney was influential in Indigenous mental health, counselling and advocating in clinics and communities and convened the first national conference for Aboriginal mental health.

Education and mentoring

Auntie Dulcie Flower said AMS Redfern became a centre for education and mentoring for the growing ACCHO sector under the leadership of Dr Naomi Mayers, a Yorta Yorta nurse who joined AMS Redfern in 1972 as a receptionist and eventually became Chief Executive Officer and Company Secretary. She developed the registered company co-operative infrastructure and assisted many communities to establish their own ACCHOs.

Over in Western Australia, Nyoongar and Martujarra nurse Joan Winch started working with the Perth Aboriginal Medical Service in 1975 and established the Marr Mooditj Training Aboriginal Corporation for Aboriginal healthcare workers in 1983.

The organisation was awarded the prestigious World Health Organization Sasakawa Award for Primary Health Care Work in 1987. Emeritus Professor Aunty Joan Winch achieved her PhD at the age of 76 after a distinguished academic career at Curtin University. She passed away in March this year.
In Queensland, Kuku Yalanji nurse and midwife Aunty Pam Mam helped establish the Brisbane Aboriginal and Torres Strait Islander Community Health Service in 1983, now one of the largest ACCHOs in Australia. NACCHO Chair Donella Mills paid tribute to Aunty Pam on her passing in 2020: “Aunty Pam championed proper care for our people, based on respect, humility and cultural understanding.”

Noonuccal nurse Aunty Mary Martin worked at the Brisbane Aboriginal and Torres Strait Islander Community Health Service and played an integral role in Indigenous health for more than 50 years, including establishing the Queensland Aboriginal and Islander Health Forum in 1990 (now known as Queensland Aboriginal and Islander Health Council – QAIHC).

Aunty Mary said in an interview last year that Aboriginal and Torres Strait Islander peoples recognised the Brisbane ACCHO “as their own”.

“You can go there and get treated fairly and equally, knowing that you’re reflected in those services,” she said.

This article was published on 25 May 2022 and edited by Professor Roianne West. It was written on behalf of Croakey Professional Services by Linda Doherty, and also edited by Dr Tess Ryan and Dr Melissa Sweet.
Demonstrating excellence in Indigenous governance: Congress of Aboriginal and Torres Strait Islander Nurses and Midwives

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) is well positioned to contribute to improved health, employment and education outcomes for Aboriginal and Torres Strait Islander communities at a pivotal time, according to senior leaders of the profession.

Croakey Professional Services writes:

Wiradjuri academic Juanita Sherwood was working at The Block in Redfern in inner Sydney in the late 1980s when she first saw the need to decolonise research to improve health outcomes for Aboriginal and Torres Strait Islander peoples.
Professor Sherwood is a founding member of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), a member of its Elders Circle and a Board director. She said CATSINaM’s model of Indigenous governance today was “a beacon of light in how to do business in Indigenous health” compared to a generation ago when she started work as a nurse.

“Our governance model reflects on what is important in our culture, our lore, how we pay respect to Elders, and how we promote primary healthcare as critical care for our community,” she said.

CATSINaM’s membership is comprised of Aboriginal and Torres Strait Islander nurses, midwives and students, its board is 100 percent Indigenous and governance is supported by the Elders Circle and the research consortium, Muliyan.

Board President Marni Tuala, a Bundjalung registered midwife, said CATSINaM’s model of Indigenous governance could be seen in multiple layers of the organisation where the distribution of power often seen in Western systems was replaced by the reciprocal distribution of knowledge that reinforces “our Aboriginal ways of knowing, being and doing”.

“What we’re doing at CATSINaM is demonstrating the model of excellence in Indigenous governance,” she said.

“Everybody holds knowledge but how do you make that a reciprocal process that promotes collective leadership? You remove the Western power distribution structures and it becomes a true knowledge distribution structure, which is how our communities have managed to survive for more than 60,000 years.

“In my community – and in many Aboriginal communities – we’re raised from a very young age on the principles of garrima (respect) and ngimbalien (contribution). Everybody in a community has a role to play and understanding these principles and the application of those within our organisational processes is why our collective leadership model works so well.”

A strong position

Marni Tuala said CATSINaM's governance model put it in a strong position to drive its vision to improve health, employment and education outcomes for Aboriginal and Torres Strait Islander communities.

The commitment of the new Federal Government to implement the Uluru Statement from the Heart has been widely welcomed throughout the Indigenous health sector, as have the appointments of Wiradjuri woman the Honourable Linda Burney as Minister for Indigenous Australians and Yanyuwa woman the Honourable Malarndirri McCarthy as Assistant Minister for Indigenous Health and Assistant Minister for Indigenous Australians.

“The next three or four years are going to be pivotal in Aboriginal health investment and we’re ready,” Ms Tuala said.

“We will use our collective leadership to say to government this is what we need: Aboriginal and Torres Strait Islander nurses and midwives are 60 percent of the Indigenous health workforce but we are not funded to reflect that figure. Funding needs to match the distribution of the Aboriginal Health workforce.”
CATSINaM will soon release an updated *getting em n keepin em* report, first published in 2002 by the Indigenous Nursing Education Working Group, with recommendations for governments on the recruitment and retention of Indigenous nurses. The new *getting em n keepin em* report will be launched at CATSINaM’s national conference on August 19 on Gadigal land in Sydney where the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN) was formed 25 years ago.

CATSINaM Chief Executive Officer Professor Roianne West, a descendant of the Kalkadoon and Djinke peoples, said the success of the Indigenous governance model could be seen in CATSINaM’s gains in improving best practice in nursing and midwifery across Australia and its ongoing advocacy and activism.

“The strength of CATSINaM is in its collective leadership because our Indigenous voices together give us our strength,” she said.

“We would like to see more collective Indigenous leadership and representation on boards of all other organisations representing nurses and midwives.”

**Wisdom of Elders**

The CATSINaM Elders Advisory Circle was established two years ago to advise and assist the Board and the Chief Executive Officer on cultural governance, cultural leadership and membership matters.

Auntie Dr Doseena Fergie OAM is one of 10 members of the Elders Circle who bring decades of knowledge and experience in nursing, midwifery, research and education.

“We are all respected in our own right as clinicians and educators but also the fact that we’ve had that long length of experience,” she said.

“We bring that wisdom through our yarning and our cultural knowledge of language, art, song and so on. It adds a depth to our organisation that non-Indigenous organisations perhaps don’t recognise.”

For younger Indigenous nurses, midwives and university students, the Elders Circle brings a continuity of cultural education and strengthens respect for Elders.

“We do know historical facts that young people may not know that enables us to have that added wisdom in pursuing CATSINaM’s goals. We have all lived through extreme racism and discrimination,” Auntie Dr Doseena said.

“It helps our young people to be comforted in whatever challenges – and joys – they face in their workplaces or institutions and helps them to navigate that space because we in the Elders Circle have been there before and are able to give them advice.”

Like many members of the Elders Circle and the Muliyan researchers, Auntie Dr Doseena has for many years worked in and with universities to embed Indigenous history and culture into nursing curricula and cultural safety across workplaces and institutions.
“In the Elders Circle we have seen so much development in this area but we know how much further we need to go,” she said.

**Muliyan collaboration**

The latest addition to CATSINaM’s Indigenous governance structure is Muliyan, a national consortium of practitioners, researchers, educators, policy-makers, funding bodies and community organisations committed to providing better care for Aboriginal and Torres Strait Islander communities.

Muliyan means eagle in the Ngunnawal language and was gifted to CATSINaM following discussions with Ngunnawal Elders.

Consortium members collectively have track records in undertaking research that has led to health workforce and systems reform. Professor Juanita Sherwood, for example, is widely credited for further recognition of colonisation as the primary determinant of Indigenous health and increasing the uptake of decolonising research methods.

Knowledge translation is a guiding principle of Muliyan so that research learnings are communicated to communities as well as throughout the health research sector.

“What Muliyan has tried to do is to work with our communities. There’s some amazing people in Muliyan who have rich research histories, and collectively great wisdom and expertise,” Professor Sherwood said.

In May 2020, Bwgcolman woman and academic Dr Lynore Geia, a Muliyan researcher and a member of CATSINaM, led a call to action with more than 100 Australian nursing and midwifery leaders to address racism and oppressive practices in nursing and midwifery.

The call to action was published in response to the Black Lives Matter protests in the United States following the murder of African American man George Floyd by a white police officer. The publication aimed to raise the voice of First Nations people in the Australian context and highlight the ongoing racism experienced by Aboriginal and Torres Strait Islander peoples in Australian healthcare systems.

“Now is the time for Indigenous and non-Indigenous nurses and midwives to make a stand together, for justice and equity in our teaching, learning, and practice. Together we will dismantle systems, policy, and practices in health that oppress,” Dr Geia wrote together with colleagues in *A unified call to action from Australian Nursing and Midwifery leaders: ensuring that Black Lives Matter*.

“The Black Lives Matter movement provides us with a ‘now window’ of accepted dialogue to build a better, culturally safe Australian nursing and midwifery workforce, ensuring that Black Lives Matter in all aspects of health care,” they said.
Reform principles

The call to action was signed by a number of CATSINaM founding members and CEO Professor Roianne West. It called for Indigenous and non-Indigenous practitioners to work together to reform university curricula so that all graduates entered the health workforce knowledgeable and skilled in culturally safe care.

“It aims for non-Indigenous nursing and midwifery academics to be confident in themselves to teach Aboriginal and Torres Strait Islander content. Reform processes also include creating collaborative collegial engagement and care for each other as academics and students and to engage in reflective practice, critiquing and challenging structures of bias, while working towards reforms that contribute to dismantling oppressive practices in the health system,” Dr Geia said.

A unified call to action set out four principles for reform:

• Recognition that Indigenous health is everybody’s business.

• Indigenous nurses and midwives should be actively and authentically included in the dismantling and reform of healthcare and education institutions that perpetuate racism.

• Further cultivate nursing and midwifery curriculum that promotes the social and cultural determinants of Australia’s First Peoples. “The mandatory use of the CATSINaM Nursing and Midwifery Health Curriculum Framework in nursing and midwifery degrees must be enforced and embedded in a meaningful way”.

• Celebrate ‘belonging’ to the caring culture of nursing and midwifery. “The caring paradigm enables us to share and reciprocate in collegiality, in friendships and comradeship.”

“As nurses and midwives, we are the largest workforce in the health care system and we do have the capacity to collectively work to bring reform in our health care so that Aboriginal and Torres Strait Islander peoples experience and receive culturally safe health care,” Dr Geia said.

This article was published on 1 July 2022 and edited by Professor Roianne West. It was written on behalf of Croakey Professional Services by Linda Doherty, and also edited by Dr Tess Ryan and Dr Melissa Sweet.
Previewing a “must see” exhibition: In Our Own Right: Black Australian Nurses and Midwives Stories

Croakey Professional Services writes:

A new exhibition charting the activist history of Aboriginal and Torres Strait Islander nurses and midwives will for the first time privilege and recognise CATSINaM’s trailblazing women and men, spanning seven decades from the 1950s to the present.

CATSINaM Chief Executive Officer, Professor Roianne West, said the “In Our Own Right: Black Australian Nurses and Midwives Stories National Exhibition” was a “must see” for every Australian nurse and midwife.

“It’s an opportunity to see nursing and midwifery in Australia through the eyes of Australia’s First Nations nurses and midwives,” said Professor West, a descendant of the Kalkadoon and Djunke peoples.

“Our nurses and midwives experienced so much adversity in their training and working lives, but they fought every step of the way for justice and equity for those who would follow them. Our Elders and our leaders want our young people to hear these stories.”
The exhibition shares the stories of CATSINaM’s founding members and ancestors, the contributors to the 2005 publication, *In Our Own Right: Black Australian Nurses Stories*, and the 25 acts of individual activism CATSINaM has been featuring in a social media campaign, #CATSINaM25Years, in the lead-up to its 25th anniversary.

Auntie Dr Doseena Fergie OAM, a member of CATSINaM’s Elders Circle, said the exhibition highlighted CATSINaM’s goal since its inception to increase the recruitment and retention of the Aboriginal and Torres Strait Islander nursing and midwifery workforce.

“This exhibition pays tribute to the courage of these trailblazers then, and professional role models since, who actively challenged the health system that ostracised First Australians, and who now advocate for culturally safe health services for Mob. The intimate, private, and heart-wrenching stories told will penetrate the hearts and souls of even the most hardened hearer,” she said.

Exhibition highlights include interactive installations combining video, projections, photographs, artworks and audio recordings of 75 First Nations nurses and midwives. Indigenous filmmakers Nicole Hutton, a Garawa woman, and Brittany Morris, a Wiradjuri, Dunghutti and Wonnarua woman, are working alongside exhibition curator Kerinne Jenkins.

Ms Hutton said the exhibition recognised the leadership and bravery of First Nations nurses and midwives from the 1950s onwards and the frontline role they played in the racist and segregated healthcare systems and in the profession of nursing.

“The stories they tell are stories that need to be heard across the country,” Ms Hutton said. “Every time I sat down with the Aunties to film we would end up crying. It’s so inspirational to hear what they went through early in their careers.”

First Nations actors in 1960s and 1980s period uniforms will appear in filmed studio re-enactments of nurses working in hospital wards and posing for graduation portraits.

The artistic videos will run alongside current and archival film footage of CATSINaM places of historical significance, including the Aboriginal flag flying today from the Aboriginal Medical Service Redfern, Australia’s first Aboriginal Community Controlled Health Organisation. CATSINaM's founder, Wiradjuri woman Dr Sally Goold, was the first Aboriginal nurse at [AMS Redfern](#) and founding member Auntie Dulcie Flower, a Meriam woman whose family is from Erub, was the first Torres Strait Islander nurse.

The exhibition also highlights the importance of family and culture and the empowerment that CATSINaM as an organisation has provided to Aboriginal and Torres Strait Islander nurses and midwives, who make up 1.4 percent of the Australian nursing and midwifery workforce and who can feel culturally isolated in their learning and workplaces as a result of racism in the nursing and midwifery and health systems.
In Our Own Right

The Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN) was formed at an historic forum in Sydney on August 20, 1997, attended by 35 Indigenous registered nurses united in their goal to increase the number of Aboriginal and Torres Strait Islander nurses and address the racism in nursing and within healthcare. CATSIN changed its name to CATSINaM in 2013 to include midwives.

The publication of *In Our Own Right: Black Australian Nurses Stories* privileged the often untold stories of the early nurses and midwives. The national exhibition is a visual and audio update of the 2005 book, the stories of the 35 founding members and the 25 acts of individual activism, adding multimedia and digital storytelling for an exhibition that will go on to tour Australia in a national roadshow, be developed into an online interactive platform and be used in nursing and midwifery curricula.

The exhibition charts the social and political history of Aboriginal and Torres Strait Islander nursing and midwifery, through the extreme racism of government assimilation, segregation and child removal policies, to the growth of Indigenous activism, the Uluru Statement from the Heart and CATSINaM’s campaign celebrating 25 years of collective and individual activism.

So many of the First Nations nursing and midwifery trailblazers featured in *In Our Own Right: Black Australian Nurses’ Stories* were excluded from hospital training because they were Aboriginal or Torres Strait Islanders. Many of CATSINaM’s founders were members of the Stolen Generations and many nurses and midwives were single mothers who juggled working and studying after hours or achieved their dream as mature-aged students.

Family pride comes through strongly in the exhibition stories, as well as families’ fears for the teenagers who started nursing in a racist profession and healthcare system where Aboriginal and Torres Strait Islander nurses and patients were segregated in their own wards and mothers gave birth in hot and unhygienic tin sheds.
Revered Aboriginal leader Dr Lowitja O’Donoghue, CATSINaM’s inaugural patron and a founding member, fought for four years to be allowed to train as a nurse at Royal Adelaide Hospital, which she finally achieved in 1954. Despite being refused entry to training at least six times due to her Aboriginality, she would catch the bus to Parliament House in Adelaide on her days off work to lobby politicians for justice and equality. Her picture right features in the exhibition.

Dr O’Donoghue, a member of the Yankunytjatjara people, was removed from her family at the age of two and grew up in a South Australian children’s home. As a young woman she joined the Aboriginal Advancement League which helped her and other Aboriginal young people break down racial barriers to win the right to train as nurses and in other professions.

“It was certainly a lone struggle initially, but I soon realised it was bigger than me, that it was about entry, and the boys and the girls getting into professions and apprenticeships,” Dr O’Donoghue wrote in In Our Own Right: Black Australian Nurses Stories. “That is why my fight became, really, a struggle for our place in the community as young Aboriginal people.”

Dr O’Donoghue became the first Aboriginal nurse to train at Royal Adelaide Hospital and would work as a registered nurse, mental health nurse and welfare officer for more than 30 years. She was the inaugural Chair of the Aboriginal and Torres Strait Islander Commission from 1990 to 1996 and in 2010 Australia’s national institute for Aboriginal and Torres Strait Islander health research, the Lowitja Institute, was named in her honour.

Music and arts publicist Deb Edwards, Dr O’Donoghue’s niece and also a Yankunytjatjara woman, reads her aunt’s excerpt from In Our Own Right: Black Australian Nurses Stories in an audio recording for CATSINaM’s national exhibition.

The young activists

More than 50 years after Dr O’Donoghue trained as a nurse in Adelaide, Ali Drummond was in the 2006 inaugural nursing intake on the Thursday Island campus of James Cook University. After graduation he travelled and worked as a nurse and was shocked at the racist and derogatory stereotypes about First Nations patients he heard from non-Indigenous healthcare staff.
Although then “a shy graduate nurse”, he knew he “had to call it out” and be part of the next generation of healthcare activists.

“In order to gain fairness and some attention there had to be strong, articulate voices that spoke back to power,” Mr Drummond said in a video for the national exhibition, as one of the 25 individual activists featured this year for CATSInaM’s 25th anniversary campaign.

Mr Drummond is a descendant of the Meriam, Erubam and Wuthathi peoples of the Torres Strait Islands. He is a researcher and CATSInaM’s National Director of Education and Practice.

He said CATSInaM’s distinguished history in advocacy and activism – including to increase the Indigenous nursing and midwifery workforce and influence the policy landscape – was based on equity and justice and continued to evolve. Contemporary activism emphasised “what it means to care” and centred on the importance of sovereignty, Country and kin.

Kisani Upward, a K/Gamilaroi and Wiradjuri registered nurse, health researcher and artist, is proud to have her painting of CATSInaM’s founder Dr Sally Goold featured in the national exhibition. Ms Upward, 31, is undertaking a PhD on solastalgia, the feeling of distress or homesickness when a person’s home or Country is changed by environmental factors and the relevance of this concept to Aboriginal culture.

“CATSInaM is so important to us, especially now with a healthcare system that’s really tough. As Indigenous nurses it’s great to feel supported and be part of a group where we can talk and connect and make friends – and vent,” she said.

The collective activism of CATSInaM over its 25 years includes the establishment of practice and education standards, regulations, codes and guidelines for nursing and midwifery regulatory and accreditation authorities in Aboriginal and Torres Strait Islander healthcare and coordinating the establishment of an international alliance of First Nations nurses and midwives in 2016. CATSInaM is a leading advocate for quality Indigenous healthcare and cultural safety in training institutions, workplaces and healthcare settings including Murra Mulangarri.

The organisation has also played a significant role in fighting for the inclusion of First Nations perspectives, history and culture in university curricula and in standards, regulations and guidelines for Australian health authorities and regulatory bodies. CATSInaM is a leading advocate for cultural safety in training institutions, workplaces and healthcare settings.

Master of Nursing student Keera Laccos-Barrett said CATSInaM’s activism campaign this year had influenced her studies into how Australian universities are perpetuating the teaching of racism in undergraduate curricula.

“When I hear of the history of our activism until now, I am struck by the enormity of the love our old people have for us and how much they endured to achieve the wins we have today,” said Ms Laccos-Barrett, a Ngarrindjeri woman, registered nurse and academic.
“And here we are today, loud, passing on that love for our babies and those that will come after we have gone. It is a campaign that showcases our collective love and power through stories of resistance and success.”

This article was published on 8 August 2022 and edited by Professor Roianne West. It was written on behalf of Croakey Professional Services by Linda Doherty, and also edited by Dr Tess Ryan and Dr Melissa Sweet.
A moment of truth: Indigenous nurses and midwives welcome long-awaited apology

Croakey Professional Services writes:

Aboriginal and Torres Strait Islander nurses and midwives have welcomed an historic apology from Australia's peak body for nursing and midwifery education and research for the harm and trauma caused by the profession to Aboriginal and Torres Strait Islander people since colonisation.

The apology from the Council of Deans of Nursing and Midwifery (CDNM) was delivered amid deep emotion on 19 August 2022 at the 25th anniversary meeting of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) in Sydney, on the lands of the Gadigal Peoples of the Eora Nation.

Founding CATSINaM members and others at the milestone event hugged each other, held hands and shed tears as CDNM Chair Professor Karen Strickland acknowledged the role played by non-Indigenous nurses and midwives in racist policies and practices in Australia, often under the guise of care.
Professor Strickland said the CDNM, as national leaders, “apologise to Aboriginal and Torres Strait Islander peoples, for the past harms and injustices” and acknowledge “the profound hurt and harm nurses and midwives have caused through their practice in the professions, and we say sorry”.

The apology acknowledges that nurses and midwives have acted as “agents of the government” in harmful policies, such as those creating the Stolen Generations.

It also acknowledges their roles in creating culturally unsafe workplaces for Aboriginal and Torres Strait Islander colleagues whose cultural practices and contributions to the professions and healthcare have been ignored or minimised through the privileging of colonial approaches.

Professor Strickland, who is Executive Dean of the School of Nursing and Midwifery at Edith Cowan University in Perth, told conference delegates there is widespread agreement in Australia that “the wrongs of the past should never be repeated”.

But, she said, “for nursing and midwifery, there still needs to be truth telling, historical acceptance, acknowledgement of professional and institutional racism, and justice before we can begin on the road to healing and building the future”.

Flanked on stage by Deans of Nursing and Midwifery from across Australia, Professor Strickland said the apology itself would “not erase the pain of the past nor the intergenerational trauma that has occurred”.

But she said it was a “vital first step in our future, a vital first step towards healing”, with the CDNM committed to working with CATSInaM to support culturally safe spaces for education and research and enable Aboriginal and Torres Strait Islander academics and students to flourish and take their place as leaders in nursing and midwifery.

“This is our moment of truth, this is where we make our stand to stop repeating the wrongs and make space to build a new way,” Professor Strickland said, ahead of a standing ovation.
Very humbled to give a national #apology to @CATSiNaM on behalf of @CDNMANZ for the harms and trauma as a result of colonial practices of nurses and midwives towards Aboriginal & Torres Strait Islander peoples #catsinam25years

Watch the apology: https://www.youtube.com/watch?v=cMTdWqHFyO4

Read the apology: https://irp.cdn-website.com/1636a90e/files/uploaded/apology_signed.pdf
Movement of change

The CDN programme apology was formally accepted on behalf of CATSINaM at the Sydney event as both “welcomed and long-awaited” by Dr Lynore Geia, a Bwgcolman woman from Palm Island, a leading nursing and midwifery academic, and member of CATSINaM’s Elders Circle.

In a powerful speech in response, Dr Geia evoked the role of “our Old People” as watchers for change in the spiritual and natural worlds as she called on nurses and midwives to be alert and responsive to “a quickening...a movement of change” being birthed for the professions through the apology.

Dr Geia said it was right and fitting that the apology was made in Sydney, “at this place where so much has transpired spiritually, cognitively, and physically over thousands of years for the Eora nation, and just over 200 years ago for descendants of Britain’s First Fleet who settled in Australia”.

“This was the beginning of contact, clashes, convergence, and the colonisation of Country. It was the beginning of profound change for Australia’s First Peoples,” she said.

It was also where the first five Western-trained nurses to the colony, trained by Florence Nightingale, disembarked in 1838, she said, marking the beginning of the Australian nursing profession, which has long included strong First Nations nurses and midwives.

The professions developed over time, to where nurses and midwives held positions of authority. Regrettably, she said, many became part of government mechanisms of control, and were complicit in harmful policies and practices including the removal of Aboriginal and Torres Strait Islander children from their families and communities, and racial segregation in hospitals and health services.
Dr Geia, who is Academic Lead of Aboriginal and Torres Strait Islander Health in the College of Health Care Sciences at James Cook University in Townsville, said there are oppressive behaviours and systems in mainstream nursing and midwifery towards Aboriginal and Torres Strait Islander nursing and midwifery students that have often stopped them pursuing or furthering their careers.

She said the apology must result in “purposeful action which includes working together in real partnership for reform, recognising the unique knowledge and skills that Aboriginal and Torres Strait Island nurses and midwives bring to the professions in developing reforms for better education, research, and clinical practice outcomes”.

Watch the response: https://www.youtube.com/watch?v=7IdgVUIS1r0&t=164s

Read: CATSINaM – Response to the Apology
Powerful emotions

Two months after the apology was delivered, Dr Geia and Professor Strickland attended a two-day CDNM meeting in Naarm/Melbourne. Afterwards, they talked with Croakey Professional Services about their combined efforts to bring about change.

They came close to tears as they recalled the powerful emotions present on the day of the apology and take heart from the strong relationship that has been built between CATSINaM and the CDNM over the past year.

Videos of the apology have already been shared widely, Professor Strickland said, across disciplines and tertiary settings, used in nursing and midwifery teaching, and attracting global attention – “capturing that moment in history”.

Professor Strickland said being able to stand in an Indigenous space to deliver the apology on behalf of the CDNM was “an incredibly humbling experience”, made more profound by the presence of some of the founding CATSINaM Elders, including Aunty Emily Marshall, a Kaurareg woman and Lifetime Achievement member of CATSINaM.

Many had shared their stories in CATSINaM’s In Our Own Right exhibition, which opened the day before the apology ahead of a national tour, documenting their successes in the face of daunting and distressing interpersonal and institutional racism.

“I could see when I was [delivering the apology] the strong emotions that this was invoking and it just felt like it was such the right thing to do”, Professor Strickland said, noting that it was a powerful moment also for non-Indigenous professionals there, with a number of the Deans “sobbing as they came off the stage”.

Strickland remembers CATSINaM Chair Marni Tuala, a proud Bundjalung woman, coming up to her after her speech and saying “hold on to how you felt when you did that”.

“Even talking about that now, it does bring back the emotion because you could see that this meant so much to the people that were there in the room,” she said.
Dr Geia was struck by the total silence of the conference room as Professor Strickland spoke, with “everyone hanging off every word because it meant so much”, a sense that “something profound was going on”, of it being “a critical time, a spiritual time”.

“For the Elders who started CATSINaM — they experienced a lot of that trauma from their non-Indigenous nursing colleagues and through the system, so for them to hear Karen stand up there, representing the non-Indigenous sector, and say sorry to them, it was a balm,” she said.

For Dr Geia, it was equally moving to have been invited to make the formal response, “carrying generations of wounded people” with her, to say “yes, we are going to accept this apology”.

She was honoured to present two sets of message sticks to CATSINaM and CDNM: one gifted by Traditional Owners of the Gadigal Nation, and the other from the Traditional Owners of her grandmother’s people, the Birri Gubba nation, “representing the new sound we are making”.

Dr Geia sees the apology as a turning point not only in nursing and midwifery but also for the nation, coming as Australia finally plans a referendum on embedding a Voice for Aboriginal and Torres Strait Islander people to Parliament in the Constitution.
But both Professor Strickland and Dr Geia said the urgency of the need for change was underscored even in the week of the apology, with reports emerging from a coronial inquiry into the untimely deaths over 12 months of three Aboriginal women who all suffered from rheumatic heart disease in the remote Queensland community of Doomadgee, amid concerns of institutional racism within local healthcare.

“It’s not about saying sorry and then doing nothing. It is about changing the patterns, the conduct of the past,” Professor Strickland said, adding that she believed the CDNM apology should inspire similar reflections from other professions, particularly medicine, allied health, social work and teaching.

**Long awaited breakthrough**

CATSINaM, under the leadership of former CEOs Adjunct Professor Janine Mohamed and Professor Roianne West, had been calling for some years for an apology from nursing and midwifery, in the wake of the landmark apology in 2016 by the Australian Psychological Society for its role in causing trauma and harm for Aboriginal and Torres Strait Islander people.

The breakthrough came last year at the Western Australian Forum of CATSINaM’s #BackToTheFire conference series, attended by Strickland in one of her first acts as newly appointed CDNM Chair.

Professor West spoke at the forum about the unified call to action to Australian nurses and midwives that had been led by Dr Geia and published in *Contemporary Nurse* a few months earlier, written in the wake of the death of George Floyd and the eruption of #BlackLivesMatter protests.

Signed by more than 100 Indigenous and non-Indigenous nursing and midwifery leaders, the call to action said it was time for nursing and midwifery in Australia to “metaphorically take to one knee”, as had people from all walks of life across the globe — from English footballers to New York police officers — to acknowledge and challenge racism in its midst.

Professor Strickland, who moved to Australia five years ago from Scotland, said she had been shocked to witness the impact of ongoing racism and injustice experienced by Aboriginal and Torres Strait Islander people.

She made it her business to learn more and was lucky, while at the University of Canberra, to work with Elder in Residence and Ngunnawal woman Aunty Ros Brown — “such a beautiful woman who gave really generously of her time and helped guide me in the early days”.

Also crucial was working with Associate Professor Holly Northam, head of nursing at the University of Canberra, and a founding member of Muliyan, a collaboration of researchers and practitioners led by CATSINaM that aims to decolonise health, particularly nursing and midwifery.

“Holly guided me on how to walk with Aboriginal and Torres Strait Islander people: how to help give voice, not to be the voice.”

At the WA Forum, Professor West asked Professor Strickland how the CDNM would address the inequities faced by First Nations nurses and midwives – from students to academic leaders – and how it would respond to the now seminal call to action.
Professor Strickland made a commitment “there and then, that we had to start with a program of meaningful engagement and that should begin with a formal apology from Council for the place nursing and midwifery education has in contributing to the harms and intergenerational trauma of Aboriginal and Torres Strait Islander people”.

From that time, she said, Professors West and Geia had generously helped to guide the work of the CDNM, “working on a program of reform that will ensure we take positive action to supporting and privileging the voices and place of First Nations students, scholars, and academic leaders”.

Dr Geia believes that commitment was part of a confluence of events, a coming together of work and individuals, including Strickland’s arrival with “new, different eyes”.

“Anybody within the Australian nursing and midwifery profession could have done this a long time ago, but it didn’t happen,” she said, adding that it took courage to challenge the profession.

The timing finally was right. Professor Strickland said she did not face any resistance, with all members of the CDNM “overwhelmingly” supporting the apology and the commitment to a broader program of reform through two of the four pillars of the CDNM Strategic Plan.

Pillar one looks at increasing the number of Aboriginal and Torres Strait Islander nursing and midwifery students, in a culturally safe way, as part of an overall focus on inspiring nursing and midwifery careers through education, practice, research, and diversity.

Pillar four commits to a sustained plan of action in conjunction with CATSINaM and Wharangi Ruamano in Aotearoa/New Zealand to improve the health of Aboriginal, Torres Strait Islander, Māori and Pacific peoples. It promises that CDNM will lead the reform process, develop and support First Peoples academics, and ensure CDNM is a culturally safe space.

The CDNM and CATSINaM are working together on a paper about the apology and response, as a published response to Dr Geia’s call to action and, echoing national work on the Voice to Parliament, CDNM is also looking to privilege First Nations voices in its own governance structure.

The reform agenda includes curriculum reform to address the deficit focus that is still too often found in Aboriginal and Torres Strait Islander health education, and to work closely with CATSINAM on the ‘gettin em n keepin em n growin em’ report (known as GENKE II), to address the significant shortfall of Aboriginal and Torres Strait Islander nurses and midwives in the workforce and in leadership.

“This is big change,” said Dr Geia, who feels “very positive” about the road ahead, and is also acutely conscious of the need for the trans-Tasman body to also walk closely with Māori nurses and midwives.

“What we’re trying to do is bring repair and healing into a huge tear within the profession,” she said.

“I’m not going into this with rose coloured glasses but the unity we have now at the Council of Deans: this is a very important and effective foundation we are laying.”
From left: Professor Roianne West, Dr Lynore Geia, Professor Karen Strickland and Professor Ann Bonner from Griffith University

This article was published on 8 November 2022 and edited by Professor Roianne West. It was written on behalf of Croakey Professional Services by Marie McInerney, and also edited by Dr Tess Ryan and Dr Melissa Sweet.
Amid momentum for change, now is the time for system reform to embed cultural safety

Croakey Professional Services writes:

For Marni Tuala, the 25th anniversary meeting of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) in August 2022 was an emotional and historic tribute to the enduring strength and power of those who founded the organisation.

Tuala, a proud Bundjalung woman, midwife and CATSINaM president, hopes the anniversary event – and the cultural and intellectual firepower, relationships and partnerships it showcased – will also stand out in history as a marker for momentous change.

"In the next 25 years, I hope we can look back and see this as a momentous occasion that really shifted the discourse around Aboriginal and Torres Strait Islander health and specifically for nursing and midwifery," she said.

The two-day event was held in Sydney, on the lands of the Gadigal peoples of the Eora Nation, where CATSINaM was founded in 1997 by a small group of Aboriginal and Torres Strait Islander nurses and midwives.
Those founding members were intent on addressing racism experienced in health services and the health workforce, on improving care for their families and communities, and ultimately on creating and finding a culturally safe space for themselves.

Interviewed at the event, founding member Aunty Lynda Holden talks about having met up there with members of CATSINaM’s Elders Circle, seeing in them an enduring passion for Aboriginal and Torres Strait Islander health.

“It’s like a fire in their bellies,” she said. “It hasn’t been extinguished at all with time.”

She recalled CATSINaM being born out of the racism that its founding members experienced in their work and of being criticised in the early days of her career for being “too political”.

“I think all nurses should be very political,” she said.

Collective leadership

More than 300 past, present and future Aboriginal and Torres Strait Islander nurses and midwives attended the two-day event, including members of CATSINaM’s Elders Circle and of the Muliyan consortium, a national collaboration of Aboriginal and Torres Strait Islander nursing and midwifery practitioners, educators, researchers and allies to address racism.

Amid much emotion they witnessed an historic formal apology from Australian nursing and midwifery educators for the harm and trauma caused by the profession to Aboriginal and Torres Strait Islander people since colonisation.

Conference participants also called on the Australian Government and key nursing and midwifery organisations to work in partnership with CATSINaM to address the “negligible” rise in the number of Aboriginal and Torres Strait Islander nurses and midwives over the past two decades, despite evidence of their crucial role in improving health outcomes for Aboriginal and Torres Strait Islander people and communities.
The anniversary events and celebrations that took place over 12 months have been built on CATSINaM's cultural framework of collective leadership, that recognise that “everybody holds knowledge, nobody holds all the knowledge”, Marni Tuala said.

And now it is seeing momentum for change building through its powerful cultural connections with its members, past and present, and in the strength of new partnerships: having “the right people in decision-making” and a new Federal Government committed to embedding a Voice to Parliament in the Australian constitution, she said.

Reflecting on the milestone event, Tuala said she has a sense that Aboriginal and Torres Strait Islander nursing and midwifery in Australia is “on the edge of something incredible”.

Tuala is one of a number of leading Aboriginal and Torres Strait Islander nurses, midwives and academics who reflected on CATSINaM's anniversary and ongoing work at the event.

Another who did so was Professor Gracelyn Smallwood AM, a Birrigubba, Kalkadoon and South-Sea Islander woman who was awarded an Order of Australia in 1992 for service to public health, particularly HIV-AIDS education.

At the conference she said that in her wildest dreams back in those early days of CATSINaM, she could not have imagined that the organisation would be marking its 25th anniversary in such a way, reflecting on so many achievements, and “seeing this moving and shaking going on…in the presence of First Nations royalty”.

Dr Carmen Parter, a proud descendent of the Darumbal and Juru clans of the Birra Gubba Nation of Queensland with South Sea Islander heritage – Tanna Island of Vanuatu, spoke after going with her family to see the “In Our Own Right” exhibition, created by CATSINaM for the anniversary to share the stories of its founding members and ancestors, and their successors.

“To be honest I’ve walked away feeling extremely emotional,” Dr Parter said.

“I think hearing those stories of oppression in the nursing profession...knowing from those stories are the strength that we can stand on to make the changes that need to be made”.
CATSINaM’s goal from the start had been to create a safe space for Aboriginal and Torres Strait Islander nurses and midwives who felt isolated, sidelined, and subject to racism in their work, said CATSINaM Board director, Professor Karen Adams, who is Wiradjuri and Director of the Gukwonderuk Indigenous Health Unit at Monash University in Naarm/Melbourne.

She enjoyed watching nursing and midwifery students attending the anniversary event, seeing them take in the organisation’s leadership role and its founding stories, and how it was still providing “a place to be, and belong, to be who you are” that most do not get in any other health space, she said.

Ensuring more Aboriginal and Torres Strait Islander nurses and midwives were safe and able to join their ranks and to boost their numbers, influence and recognition of their cultural knowledges was “the next step” in CATSINaM’s work, she said.

New report

To that end, the then CATSINaM CEO Professor Roianne West launched the highly anticipated report: ‘gettin em n keepin em n growin em’ (GENKE II) by CATSINaM – Issuu, known as GENKE II, at the conference.

It follows up on the seminal 2002 ‘gettin em n keepin em’: Report of the Indigenous Nursing and Education Working Group (GENKE I) report, led 20 years ago by Wiradjuri woman and CATSINaM founder Dr Sally Goold.

GENKE I argued that many more Aboriginal and Torres Strait Islander nurses and midwives were needed to make the health system safer for Aboriginal and Torres Strait Islander people – urging that their numbers reach at least population parity of around three percent, up from just 0.4 percent of the registered nurse workforce at the time.
But progress has been slow and disappointing, Professor West, a descendant of the Kalkadoon and Djunke peoples, told the launch session at the anniversary event.

Despite those clear calls two decades ago, Aboriginal and Torres Strait Islander nurses and midwives still only make up 1.4 percent of the Australian nursing and midwifery workforce.

“Worse still, in 20 years our registered nurses occupy just 1.16 percent of the greater registered nursing workforce, only a 0.76 percent improvement since 2002,” Professor West said.

CATSINaM has long argued that the under-supply of Aboriginal and Torres Strait Islander nurses and midwives is a persistent problem in Australia that challenges hospitals and health services, as well as in academic settings, including nursing and midwifery schools, to improve cultural safety and healthcare.

Aboriginal and Torres Strait Islander nursing and midwifery students are still 30 percent less likely than non-Indigenous students to complete their studies, with a completion rate that is only rising one percent per year. Aboriginal and Torres Strait Islander people make up only around 170 of the nation’s 9,000-plus nurse educators.

Behind those numbers is the “ugly disease of racism”, said Professor Smallwood, adding that she has worked as a nurse, midwife and academic around the world and “it’s the only disease I can’t come to terms with”.

**Indigenous leadership, strong partnerships**

Leading non-Indigenous nursing academic Professor Kim Usher worked with Dr Goold on GENKEI, not knowing then how important the report would become: a seminal piece of work that led to many changes in nursing and midwifery.
But many of its recommendations had been “left on the shelf”, so she accepted an invitation from CATSINaM to review progress 20 years on.

That review determined that Aboriginal and Torres Strait Islander nursing and midwifery numbers were “nowhere near parity”. While all Australian Nursing and Midwifery Advisory Council (ANMAC) nursing and midwifery teaching programs now include mandatory units on Aboriginal and Torres Strait Islander peoples’ history, culture and health, there is “great variation” in how that was done.

“Unfortunately, in many cases, even though the content may be there, it’s being taught from a deficit lens… that positions Aboriginal and Torres Strait Islander people poorly,” she said, reflecting that having such content “may have done more harm than not having it there”.

The review’s third major concern was around clinical placements, where some nursing and midwifery students felt “treated very badly”, shamed and embarrassed, underscoring the evidence that “racism is still systematic across health care in this country and that must change,” Professor Usher said.

Those findings have gone on to inform a series of clear strategic recommendations in GENKE II, where CATSINaM calls for national partnerships and strategies that privilege Aboriginal and Torres Strait Islander nursing and midwifery knowledges and embed cultural safety across all the domains of nursing and midwifery education.

It’s a call that is being heard and supported by a number of key organisations, including the Nursing and Midwifery Board of Australia (NMBA), ANMAC and the Council of Deans of Nursing and Midwifery.

“We absolutely, fully endorse GENKE,” said ANMAC Board Chairperson, Professor Wendy Cross, telling Croakey it was critical for nurses and midwives, and all health professionals, to understand Aboriginal and Torres Strait Islander health and history and to recognise the role and impact of dominant culture and unconscious bias.

Building momentum

Professor Cross agreed there is momentum for change now, through the work of CATSINaM, the Council of Deans Apology, Federal Government support for a Voice to Parliament, and the 2020 #BlackLivesMatter call to action for nursing and midwifery issued by CATSINaM founding member Dr Lynore Geia and colleagues.

“Wherever you look at the moment, there’s a groundswell and I think that the time is right, and of course there is no other group to lead it from a health perspective in nursing and midwifery other than CATSINaM,” she said, urging other mainstream health organisations, including those working in primary and community care and mental health, to also step up.

Such change has not been easy to achieve in the past. This was demonstrated in an orchestrated backlash to changes to new codes of conduct for nurses and midwives that accepted the advice of CATSINaM, then led by Adjunct Professor Janine Mohamed, that cultural safety should be recognised as an integral part of ethical and competent professional practice.

That’s a risk also for the GENKE II reform agenda, Professor Cross acknowledged, but she said the profession needs to be able to explain how important the reforms are for Aboriginal and Torres Strait Islander health and the health workforce.
Like CATSINaM, she is confident the Federal Government will also support GENKE II, but she said buy-in from states and territories will also be critical, given they run health services.

“We’ve got to change the way practice occurs,” she said, observing that, no matter what their training, health workers become enculturated into the health service they work in, and that could be risky for Aboriginal and Torres Strait Islander nurses and midwives and their patients “if that’s not a good culture”.

While she felt it was not helpful to apportion blame for lack of concerted action on the original 2002 GENKI report, Professor Cross said clearly some efforts had been “tokenistic”. That cannot be allowed to happen this time, she said.

“GENKE II is definitely a call to action,” she said, saying it would be fair to apportion blame if change does not result this time around, “if we have to do a third report because we still haven’t achieved what we’ve set out to do.”

Marni Tuala is also hopeful that the time is right for significant steps forward in nursing and midwifery, and that CATSINaM will look back in another 25 years’ time as this having been a pivotal moment.

“System reform is a big task, but it’s not impossible,” she said. “We’ve been ready for a long time, but the rest of the (system) hasn’t been ready. I think now is the time.”

This article was published on 1 February 2023 and edited by CATSINaM. It was written on behalf of Croakey Professional Services by Marie McInerney, and also edited by Dr Tess Ryan and Dr Melissa Sweet. Photos supplied by CATSINaM.
Campaign launch (media statement)

On 2 March 2022, the media release below was issued.

Indigenous nurses and midwives celebrate 25 years of collective activism

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) has launched a campaign to celebrate its 25-year anniversary and its powerful history of collective and individual activism.

CATSINaM will pay tribute to its ancestors, Elders and members over 25 weeks culminating in a national gala dinner on 20 August 2022 with a series of profile stories, films, webinars, social media and special events to mark key dates such as Close The Gap, NAIDOC Week and National Reconciliation Week.

The campaign was launched today in a national online webinar with messages of support from founding members, current members, former and current board members, the nursing and midwifery union and the Commonwealth Chief Nursing and Midwifery Officer, Adjunct Professor Alison McMillan.

CATSINaM Chief Executive Officer Professor Roianne West, a descendant of the Kalkadoon and Djaku-nde peoples, said Indigenous nurses and midwives drew on the strength of the organisation’s founders to face current challenges.
“Our model of Aboriginal and Torres Strait Islander community control that our Elders and ancestors envisaged 25 years ago provides a strong foundation and the words ‘Unity and Strength through Caring’ gifted then have guided us through these turbulent times,” Professor West said.

“Strong Indigenous leadership has helped us navigate some of the profession’s most challenging times – through COVID, bushfires, floods, and Black Lives Matter.

“We are also grateful for the leadership of Aboriginal and Torres Strait Islander nurses and midwives for putting Aboriginal and Torres Strait Islander nursing and midwifery on the national agenda and contributing to national debate and policy on the quality and safety of our health and education systems.”

From the Indigenous nursing pioneers excluded from hospital training because of their Aboriginality, to the nurses and midwives today demanding culturally safe workplaces and practices, Professor West said Aboriginal and Torres Strait Islander nurses and midwives have long been on the frontline of health policy and Indigenous rights, often in the face of racism and discrimination.

Indigenous nurses and midwives are the backbone of the Australian health system and play a pivotal role towards achieving nursing and midwifery workforce and health equity for Aboriginal and Torres Strait Islander communities.

CATSINaM activists to be featured in the 25th anniversary campaign include founder Dr Sally Goold, inaugural patron Dr Lowitja O’Donoghue, Auntie Dulcie Flower, Auntie Jane Jones and Dr Lynore Geia.

**From little things big things grow**

The forerunner of CATSINaM was the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN), established in 1997 on Gadigal Country, Sydney, at a national forum attended by 35 Indigenous nurses and incorporated on Gubbi Gubbi Country, Bribie Island, the following year. CATSIN’s founder and first CEO was Wiradjuri academic Dr Sally Goold who at age 17 was the first Aboriginal student nurse at Sydney’s Royal Prince Alfred Hospital and went on to be the first Aboriginal nurse at the Redfern Aboriginal Medical Service in 1972.

After a distinguished career in nursing, university teaching and as a Queensland public health leader, Dr Goold’s Master’s degree investigated why there were so few Aboriginal registered nurses, finding that the major barriers included racism and a lack of support systems. CATSIN was established as a national network of Indigenous nurses and midwives to develop strategies to increase the number of Aboriginal and Torres Strait Islander people in nursing.

In a video message at today’s launch of CATSINaM’s 25th anniversary celebrations, Aunty Sally said before CATSIN was established Indigenous nurses felt isolated and were often subjected to racism.

“From little things big things grow and that’s what happened as far as CATSIN is concerned,” she said.

Aunty Sally urged today’s nurses and midwives to maintain their focus on the value of their careers. “Keep your eye on the prize and a prize it is, it’s wonderful,” she said.
Inaugural chair Ghungalu nurse Aunty Nola White urged current CATSINaM members to “never lose our motto, Unity and Strength through Caring”.

The motto, chosen by the founding members, means: “Unity, us all getting together; the strength would be the strength from each other; and caring because nursing is a caring profession,” Aunty Nola said.

Growing the workforce

CATSINaM today has almost 2,000 members and is a member of the National Aboriginal and Torres Strait Islander Coalition of Peaks. The organisation promotes, supports and advocates for Aboriginal and Torres Strait Islander nurses and midwives in many ways – collaborating with government and universities on nursing and midwifery workforce planning and curriculum, and targeted support, assistance and cultural safety education for university students and practising nurses and midwives. CATSIN changed its name to CATSINaM in 2013 to include midwives and has been a staunch advocate for Birthing on Country models of care.

“Attracting and retaining Indigenous nurses, midwives and university students remains a key issue for CATSINaM, as it was for our founding members,” Professor West said.

In 2021 there were 5,037 nurses and midwives who identified as Aboriginal and/or Torres Strait Islander, accounting for only 1.3% of the nursing and midwifery workforce when Indigenous people comprise 3.3% of the Australian population. Approximately 2,500 Indigenous students at university account for 1.3% of the total nursing and midwifery student cohort.

“There is much work to be done,” Professor West said. “Based on population parity of 3%, we require 5,400 Indigenous registered nurses and midwives in Australia; this is four times the number we currently have.

“We need to make it a national priority to increase our Indigenous nursing and midwifery numbers otherwise we will continue to grapple with inequities in nursing and midwifery workforce and health inequities, given the low Indigenous nursing and midwifery numbers and the disproportionate representation of Indigenous people in the health system.”

Founding member Aunty Lynda Holden said: “CATSINaM was established to increase the number of Indigenous nurses and now midwives, to recognise Indigenous knowledge and address the systematic racism within nursing and midwifery in Australia’s healthcare system that inhibits the privileging of these knowledges. This was and continues to be the purpose of CATSINaM.

“The role of our knowledges in policy, education, training, and practice is absolutely critical.”

Share your stories using the hashtag #CATSINaM25Years

Join CATSINaM

Read CATSINaM’s foundational reports

Read more about racism in nursing and midwifery

For more information contact: 1300 22874626