

# Acknowledgement:

## Healing from the history of medical incarceration of Aboriginal and Torres Strait Islander people



Aboriginal people were taken along the One Mile jetty at Carnarvon, en route to the lock hospitals on Bernier and Dorre Islands. This is the view looking back to Carnarvon, the last view of the mainland for many.

**Aboriginal and Torres Strait Islander readers are cautioned that this publication may contain the names and details of people who have passed away. Readers are also advised that it contains traumatic material.**

## Introduction

Between 1908 and 1919, several hundred Aboriginal people from across Western Australia were forcibly removed from their family and country to lock hospitals on Bernier and Dorre Islands via Carnarvon. Many family members who were separated during the lock hospital scheme never saw each other again. It is conservatively estimated that more than 200 people died on the islands. The prisoner patients were said to have the non-specific diagnosis of “venereal disease”, although there are many questions about the reliability of this diagnosis. Non-Indigenous people with venereal diseases were not subject to such measures.

These lock hospitals were part of a wider history of racially based medical incarceration of Aboriginal and Torres Strait Islander people in Western Australia, the Northern Territory and Queensland that took place for almost a century from the late 1800s. In Western Australia, the Aborigines Act of 1905 provided the legislative architecture for the lock hospital scheme. Some of the raids collecting people for medical institutions were also used to remove children to send them to homes and other institutions.

This history of medical incarceration caused immense suffering and harm that is still felt today. It affected the cultural, spiritual, social and emotional wellbeing of people uprooted from families and country. They also suffered from traumatic, arduous journeys and

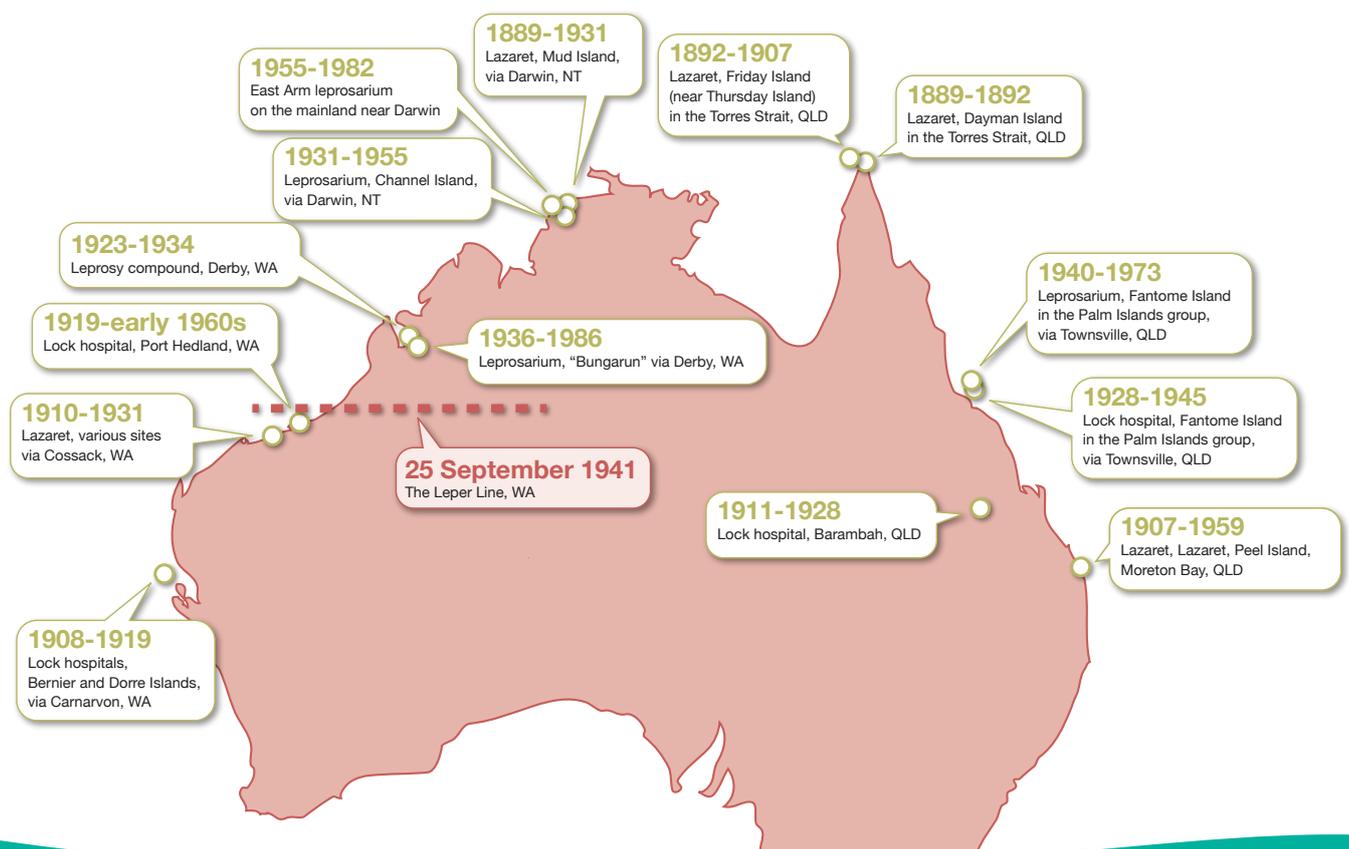
harsh living conditions. While the situation for inmates varied within and between sites over time, some general themes include: the unreliable nature of diagnoses and record-keeping; harmful interventions; high mortality rates; inadequate staffing; difficult living conditions; and neglect.

At the same time, there are many reports of people maintaining cultural practices in the various sites, and of people escaping or attempting to escape from inspections, collections and confinement.

The people removed for medical incarceration were often made to travel long distances in chains, including neck chains. In 1910-11, it took three months for a group of people captured near Sandstone, in the State’s Mid West, to make the traumatic journey in chains to Carnarvon en route to Bernier Island. At the time, even authorities acknowledged that Aboriginal people viewed the Bernier and Dorre lock hospitals as jails. In 1917, when moves to close the hospitals were announced, a Geraldton newspaper reported that Aboriginal people “*will be greatly pleased at this decision as they looked on deportation to the islands with even greater aversion than a Russian regards enforced absence in Siberia*”.

## Research findings

For her PhD research, public health journalist Melissa Sweet interviewed 73 Aboriginal and Torres Strait Islander people and 19 non-Indigenous people (total 92) about this history.



The interviews were conducted between August 2013 and November 2016 on the country of and with the people of these groups and nations: Yinggarda, Thadgari, Thalanyji, Bayungu, Malgana, Badimaya, Yamaji, Noongar, Ngarluma, Yindjibarndi, Yawuru, Nyul Nyul, Tharawal, Gadigal people of the Eora Nation, Ngunnawal, Bwgcolman, Bindal, Wulgurukaba, Yorta Yorta, Manbarra, Darumbul, Kangoulu, and others. Thirty-nine of the 92 interviews were conducted in Carnarvon.

Interviewees, who included seven Indigenous health practitioners, were asked about the history, what they would like to know about it, why it matters, and what outcomes they wanted from the research project.



Dorre Island, WA

### In summary, the findings include:

- Most interviewees wanted to know much more about the history than was currently accessible to them.
- It was rare to find an interviewee who believed the scheme helped Aboriginal people.
- An Indigenous health professional said the scheme had been about getting rid of people:
 

*“It wasn’t for so-called medical treatment or to protect the rest of the community; it was just a fact of, you’re at the wrong place at the wrong time.”*
- An Indigenous health professional, who had spoken to many Elders in Carnarvon about the history, said the scheme was best described as inhumane and would have caused enormous grief, stating:
 

*“Some of them would just sit down and will themselves to die because of the grief of being taken from their country.”*
- A number of interviewees made similar comments, suggesting people would have fretted to death or died from grief and broken hearts from being taken from their families and country. One said:
 

*“Their soul was ripped out of them when they were taken, they were from their country, and that was the end of it, you took their spirit away, taking them away from country.”*
- Another interviewee said the people on the islands would have felt empty, lost, hurt and angry:
 

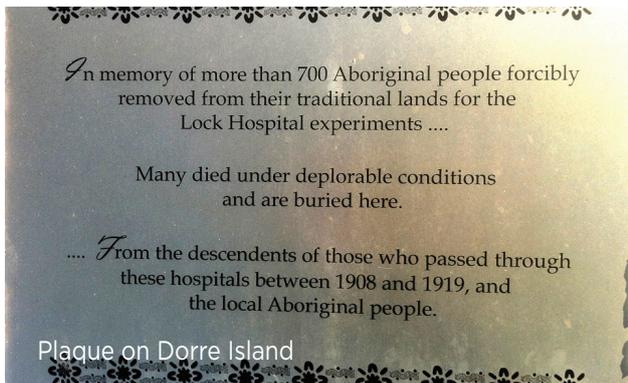
*“They would have felt like they had nothing to say for their land, like they had something stolen from them.. That would have broke a lot of old people’s hearts and shattered their lives.”*
- Many interviewees mentioned the importance of close connections in Aboriginal families and how devastating the removal of people would have been for families. The impact on families who lost members to the islands, whether temporarily or permanently, would have been enormous as the lock hospital scheme would have removed leaders and people who played important roles in communities and in cultural practice, including caring for country.
- Removal of family members was devastating for the mothers, fathers, aunties, uncles and children left behind. As well as the immediate trauma, this severing of family linkages affected the transmission of culture, language and identity across generations.
- Some interviewees said it would have been traumatic for people knowing they were to be buried away from their country.
- A number of interviewees described the trauma of people from different groups being taken to the islands through other people’s country without appropriate protocol.
- A number of interviewees said the journey across on the boats would have been terrifying, especially for people brought from inland, and this would have been exacerbated by the fear of not knowing where they were going. One interview said:
 

*“They wouldn’t have known where they were going, if they were going to another country or whatever.”*
- Others said the islands would have been a harsh and unfamiliar environment, especially for those from inland who were not accustomed to coastal environments and were not familiar with the bush tucker or bush medicines there.
- An Aboriginal nurse expected there would have been great fear about the surgery, medical interventions and experiments that took place on the islands and the instruments associated with these interventions.
- One Aboriginal health professional noted the adverse consequences for country in losing its people and said:
 

*“If you’re taking people from country, there’s no one there to relate to it, the songs and all that type of stuff, the speaking to the country, it’s gone, those voices are missing. It’s just sad. You can’t replace that.”*

- This health professional also saw the lock hospital scheme as breaking vital links that maintained relatedness between people and country, and said:

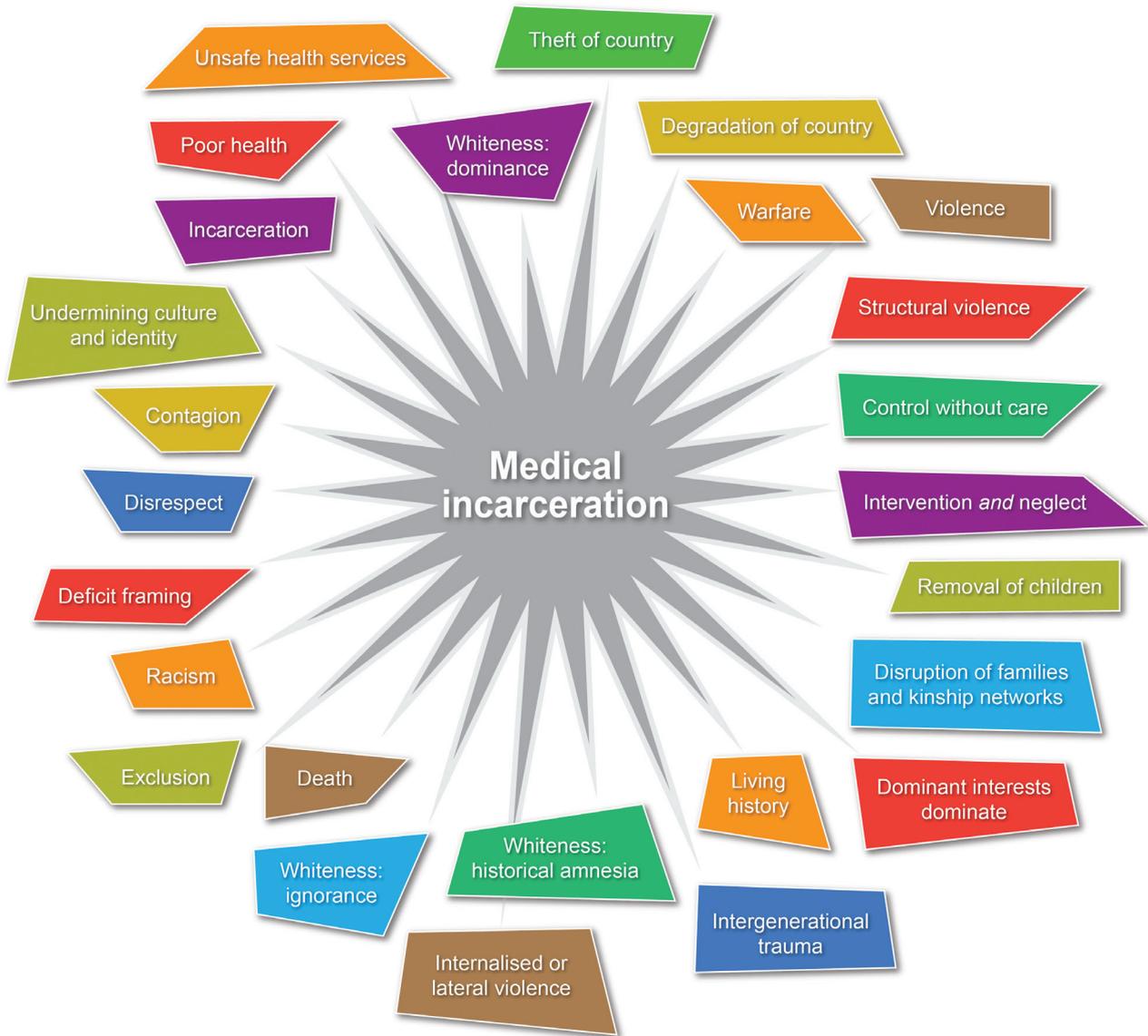
*“The whole linkage, linking people with the land and the cycle of life really. Then if you take the links away, you’re taking away the whole link to other people’s families. If you take one link from here, that link is broken from how that family relates to the next one, you’re taking away the link of how they relate to the next one.”*



- Interviewees almost universally described the context of the wider history of colonisation and of policies and practices that segregated, institutionalised and confined people and removed them from family and country, disrupting family and cultural connections. Many raised other histories of incarceration, at Wadjemup (Rottneest Island) and other places, as well as the use of forced Aboriginal labour, whether it involved those in prisons or those who were black-birded to work in pearling and other industries. Several drew comparisons with the traumas of the Stolen Generations.
- Many interviewees mentioned their own or family members’ confinement in a mission at Carnarvon or at Mogumber, New Norcia or other such institutions.
- One interviewee noted that while the various institutions had different purposes – penal/hospital/mission – they had the same outcomes: *“forced removal on every count”*.
- The lock hospital histories were often understood as part of broader systems of control. Many interviewees mentioned the connection to their own family history of having citizenship cards and restrictions on where Aboriginal people could live, travel or marry. *“Welfare controlled the Aboriginal people from the word go,”* said one interviewee.
- Discussion of the lock hospitals inevitably led to mentions of other episodes of trauma and cruelty, including massacres.
- Interviewees also put the lock hospitals within the wider context of medical incarceration and segregation. It was often mentioned in association with the surveillance and confinement of people with leprosy in other sites.
- Interviewees also raised the wider history of exclusion by health and medical services, describing how there had been separate facilities and standards of care for Aboriginal people.
- The lock hospital histories were understood by Indigenous and non-Indigenous interviewees as extremely pertinent to the contemporary wellbeing and experiences of Aboriginal and Torres Strait Islander people.
- Their resonance for contemporary policy and practices, especially in healthcare and the child protection, policing and justice systems, was also widely acknowledged.
- Many interviewees recalled the long history of segregated health services and suggested elements of this continue into the present day. A nurse said: *“It goes back to where Aboriginal people weren’t allowed into the hospital; there was one hospital for whites, one hospital for blacks, so segregation started to come into being. So you were segregated from basic services.”*
- Many interviewees told of their own or family members’ adverse experiences with healthcare that reflected racial stereotyping and culturally unsafe practices.
- Indigenous health professionals also described the trauma of working in systems hostile to Aboriginal people, whether as patients or employees.
- Interviewees also saw fear and mistrust of services and authorities as an ongoing legacy of the lock hospital and related histories.
- A number of interviewees, including health professionals, said many Aboriginal people fear going to hospitals because they were, and continue to be seen as, places from where people do not return. *“That has been handed down through my family,”* said one descendant of a patient taken to the lock hospitals.
- In Carnarvon, Ieramagardu (Roebourne) and other places, interviewees contrasted lack of access to health and social services and early intervention programs with governments’ willingness to invest in policing and prisons.
- Mistrust of police and resentment, concern and anger about high rates of incarceration were common themes.

# Medical incarceration

Part of the broader picture of colonisation



CONCEPT: Melissa Sweet  
DESIGN: Mitchell Ward

## Desired outcomes of project

A major finding was strong support for efforts to make the history of medical incarceration more visible to Indigenous and non-Indigenous people, and to have it more widely known and acknowledged.

Another important finding was the wish for greater local acknowledgement of the lock hospital history in Carnarvon, including through a memorial and public signage.



Chinaman's Pool, Carnarvon, is a place of special significance for Aboriginal people.

Achieving wider acknowledgement of these histories was seen as important for healing. Interviewees stressed the importance of portraying the lock hospital histories as part of a system of medical incarceration linked to other systems of removal, including prisons, missions and out-of-home care for children.

Interviewees wanted the wider Australian community to know *"what Aboriginal people went through"*, while another typical comment was: *"I want everyone to understand"*.

Interviewees wanted "the facts" easily available and accessible to all, especially for young people and schoolchildren, and especially in Carnarvon and other places connected to these histories.

A number of interviewees linked the need for acknowledgement of this history to wider projects of acknowledgement, including of country and culture and Aboriginal people's contributions and achievements.

One interviewee gave a long list of the achievements of Aboriginal people in Carnarvon in establishing services and organisations, and said: *"So there are things that Aboriginal people have done in this town that are not really recognised."*

A number of interviewees in Carnarvon raised the lack of acknowledgement of Aboriginal people and families in naming around the town, including street names.

Many wanted much greater protection and respect for heritage, of the island sites, especially the burial sites, and more generally. They were concerned about people visiting and camping on the islands in breach of regulations, and potentially desecrating burial sites.

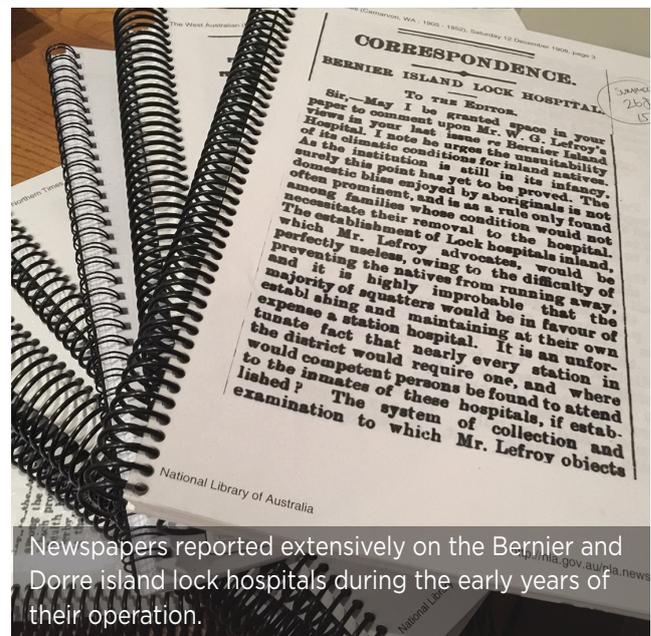
Many interviewees also raised the lack of protection for other sacred sites and burial sites in Carnarvon and other places (including Port Hedland, Murujuga or the Burrup Peninsula, Wadjemup, Bungarun and Mogumber). Interviewees noted that many of the graves of ancestors in the Pioneer Cemetery in Carnarvon are unmarked.

## Other findings

Another common theme from interviews was the hard work that Aboriginal people have done over generations in Western Australia on stations, farms, plantations, properties, road works, mining, fishing and whaling, as well as in sectors such as health, education and the arts.

A health professional described a long history of resilience in the face of considerable adversity: *"There'd be none of us here if we weren't resilient or our ancestors weren't resilient."* Another comment was that, Aboriginal people *"keep fighting against the odds"*.

Many interviewees described learning about country and culture from Elders and family members. Many spoke of their love for country and shared their pride in ongoing cultural practices, including observing the Lore and using bush tucker and bush medicines.



Newspapers reported extensively on the Bernier and Dorre island lock hospitals during the early years of their operation.

One younger adult described the importance of identity and spending time with Elders and respecting their knowledge and stories:

*“It’s good to know your background. It’s very important to know your background, where you’re from, and who you’re connected to and mostly just knowing who you are... Always respect your Elders because they know more than you. You might get a book of rules and you might believe them. But what I’ve been taught is, you learn your culture, you learn your respect. You give respect, you get respect... When I used to get growled by old grandfathers or grandmothers, I used to just stand there. Listen. To me it’s a teaching. You listen, because you got to teach your little ones that too.”*

Many interviewees commented on the role and importance of humour. One said:

*“That’s the good thing about Aboriginal people. We can still laugh. They haven’t taken away that from us yet, you know. Aboriginal people get together and we have a good laugh even though we’ve got all sad stories, we can still have a good laugh... They threw everything at us, everything with the kitchen sink too, but we’re still here and we can still laugh, even though people have lots of things inside of them they don’t want to bring out. You see a lot of people when they get together, they will laugh and joke and enjoy themselves.”*

A nurse said humour was important for survival and wellbeing:

*“The way we people try to survive with our psychological wellbeing, our mental health, we joke about serious things.”*



## Recommendations

- Purposeful storytelling about the history of medical incarceration
- Projects of acknowledgement and healing – including establishment of a Day of Acknowledgement or a similar mechanism for the health system
- Preservation of sites and related records and materials
- Reparation and justice
- Action to address the over-incarceration of Aboriginal and Torres Strait islander people
- Establishment of a healing network for people and families affected by these histories of medical incarceration.



## Save the date

On 9 January 2019, a memorial will be officially opened in Carnarvon to acknowledge the Bernier and Dorre island lock hospital histories. The date is significant as it will be 100 years to the day since the last prisoner patients were removed from the islands.

For more information about this history and related references, see the Kurrajong website: <http://kurrajong.sweetcommunication.com.au>

## Thanks and acknowledgement

My sincere appreciation to everyone who shared your stories, advice and knowledge, in Carnarvon and other places. I cannot name you all here but please be assured that your words are still being heard and contemplated. The full acknowledgement for hundreds of people and organisations who contributed to this PhD research can be found at the end of the thesis (an e-copy is available on request). I thank and acknowledge my academic and community supervisors: Professor Kerry McCallum (University of Canberra), Professor Pat Dudgeon (University of Western Australia), Dr Lynore Geia (James Cook University), Kathleen Musulin (Carnarvon), Richard Weston (Healing Foundation), Associate Research Professor Alwin Chong (Adelaide), Renee Williams (Cairns), Professor Matthew Ricketson (UC) and Dr Kate Holland (UC). I also am deeply grateful to Bob Dorey in Carnarvon, and in Queensland Magdalena Blackley, Joe Eggmolesse OAM and Veronica Coutts. I thank Dr Robin Barrington, Dr Mary Anne Jebb and Dr Jade Pervan (Stingemore) for their research and ongoing work, and also the Shire of Carnarvon, Shire of Carnarvon Regional Library and Art Gallery, and members of the memorial working group. I acknowledge support provided through the Australian Government Research Training Program Scholarship (Notification of Commonwealth Higher Education Student Support Number, CHESSN 8560602247), as well as an APA scholarship (August 2012-November 2015).

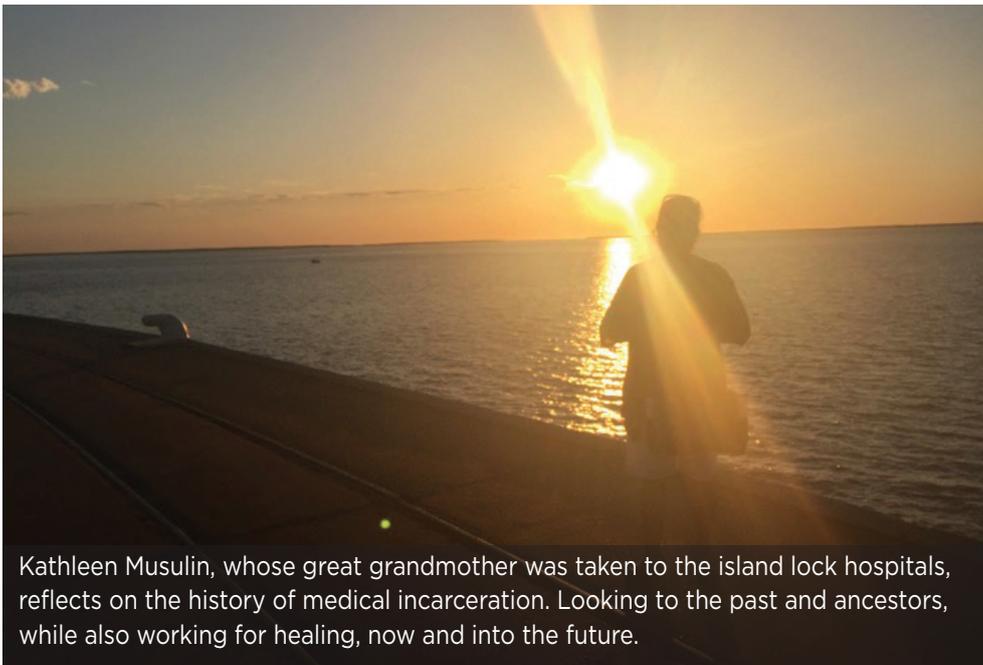
### To cite the material in this publication

Sweet, M. (2017) *"Acknowledgement": A social journalism research project relating to the history of lock hospitals, lazarets and other forms of medical incarceration of Aboriginal and Torres Strait Islander people*, Thesis, University of Canberra, ACT.

### Services

If learning about this history causes sadness or trauma, you are encouraged to seek out the following services and support:

- Lifeline on 131 114 or online (<https://www.lifeline.org.au/>). Or call the Suicide Call Back Service on 1300 659 467.
- For young people 5-25 years, call the Kids Helpline (<https://kidshelpline.com.au/>) on 1800 55 1800.
- For resources on social and emotional wellbeing and mental health services in Aboriginal Australia, see Social and Emotional Wellbeing and Mental Health Services in Aboriginal Australia: <http://www.sewbmh.org.au/>



Kathleen Musulin, whose great grandmother was taken to the island lock hospitals, reflects on the history of medical incarceration. Looking to the past and ancestors, while also working for healing, now and into the future.

*Thanks to Mitchell Ward of Rock Lily Design for the layout and design of this publication.*

*Photographs by Melissa Sweet and Mitchell Ward.*