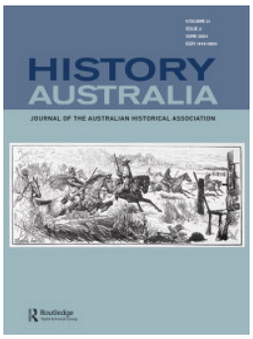

History Australia

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/raha20

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To cite this article: Geraldine Fela (2024) Don't be shame, be game! Responding to HIV and AIDS in Aboriginal and Torres Strait Islander communities, History Australia, 21:2, 261-279, DOI: 10.1080/14490854.2024.2330963

To link to this article: https://doi.org/10.1080/14490854.2024.2330963

Published online: 19 Apr 2024.

HISTORY AUSTRALIA
2024, VOL. 21, NO. 2, 261–279
https://doi.org/10.1080/14490854.2024.2330963

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Don't be shame, be game! Responding to HIV and AIDS in Aboriginal and Torres Strait Islander communities

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ABSTRACT

This article explores the under-examined history of how Aboriginal and Torres Strait Islander communities responded to HIV and AIDS in the 1980s and 1990s. When HIV emerged as a public health threat in Australia, Indigenous healthcare workers and community leaders developed and delivered health promotion programs that were highly successful in preventing the spread of the virus among their communities. These programs drew on the political principles of self-determination and community control, fought for by the Black activism of the preceding decades. This article follows the story of one healthcare worker, Aunty Gracelyn Smallwood, who was instrumental in advocating for and implementing the grass-roots Indigenous response to the virus. A proud Birrigubba, Kalkadoon and South Sea Islander woman and registered nurse, Aunty Gracelyn's outspoken advocacy took her from her hometown of Townsville all the way to the highest offices of Australia's AIDS response, where she helped shape and implement a world-leading approach to HIV and AIDS prevention.

KEYWORDS

HIV and AIDS; Indigenous health; self-determination; Australian history; gender and sexuality

Introduction

Much of the existing historical scholarship on the response of communities deemed 'at risk' of HIV and AIDS in Australia during the 1980s and 1990s has focused on urban-dwelling gay men, intravenous drug users and sex workers.[1] This article draws on archival evidence and oral testimony to uncover an under-examined aspect of Australian HIV and AIDS history, that of the highly successful response to HIV and AIDS in Aboriginal and Torres Strait Islander communities. When HIV arrived on

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The research for this article was approved by the Monash University Human Research Ethics Committee, Project ID 12996. The author thanks Aunty Gracelyn Smallwood and Peter Knibbs who both generously shared their stories and gave permission for their interviews to be used in this research. A version of this article appears in my forthcoming monograph with NewSouth Publishing, *Critical Care: Nurses and Australia's AIDS crisis*.

[1]See for example: Paul Sendziuk, *Learning to Trust: Australian Responses to AIDS* (Sydney: UNSW Press, 2003); Jennifer Power, *Movement, Knowledge, Emotion: Gay Activism and HIV/AIDS in Australia* (Canberra: ANU Press, 2011); Robert Reynolds, Shirleene Robinson, and Paul Sendziuk, *In the Eye of the Storm: Volunteers and Australia's Response to the HIV/AIDS Crisis* (Sydney: NewSouth Publishing, 2021).

Australian shores in the early 1980s, healthcare workers and policy makers quickly grew concerned that the virus would run rampant in remote Aboriginal and Torres Strait Islander communities, mimicking the so-called African model of widespread heterosexual transmission. This never eventuated. From 1987, community controlled medical services across the continent rolled out health promotion campaigns that were developed for and by Aboriginal and Torres Strait Islander people. Drawing on the political principles of self-determination and community control, fought for by the Black activism of the preceding decades, they delivered culturally appropriate health information that was highly successful in preventing the spread of the virus among Indigenous people.

This article closely follows the life and work of one healthcare worker, Aunty Gracelyn Smallwood, a proud Birrigubba, Kalkadoon and South Sea Islander woman, community leader and registered nurse. Aunty Gracelyn is most famous for her role in developing 'Condoman', the Indigenous superhero whose catchcry and public health message 'don't be shame be game, use condoms!' became a defining figure of Australia's HIV and AIDS crisis. However, her contribution is intertwined with a much larger story, that of a radical approach to Indigenous health that rejected 'top-down' and paternalistic methods of disease control, and recognised the capacity of Indigenous people themselves to stop the spread of HIV and AIDS in their communities.

Racism, resistance and the politics of Aboriginal health

To understand the level of concern that doctors and epidemiologists expressed about the spread of HIV among Aboriginal and Torres Strait Islander communities, as well as the extraordinary success of the community response to the virus, it is important to consider first the complex politics of Indigenous health in contemporary Australia. As is the case for Indigenous people around the globe, colonisation has had a profound impact on the health of Aboriginal and Torres Strait Islander people.[2] In the 1980s and 1990s, when HIV was taking the stage as a global health crisis, Aboriginal infants were three times as likely to die as infants born to non-Aboriginal Australians, and maternal mortality rates were seven times that of the general population.[3] There was, and remains, a significant gap in the life expectancy of Indigenous and non-Indigenous Australians.[4]

These health challenges have their roots in the traumatic experience of colonisation and dispossession, and the grinding social oppression that Aboriginal and Torres Strait Islander people continue to face in contemporary Australia.[5] Born in 1951,

[2]Martin Cooke et al., 'Indigenous Well-Being in Four Countries: An Application of the UNDP's Human Development Index to Indigenous Peoples in Australia, Canada, New Zealand, and the United States', *BMC International Health and Human Rights* 7, no. 1 (2007): 7–9.

[3]Sherry Saggers and Dennis Gray, *Aboriginal Health and Society: The Traditional and Contemporary Aboriginal Struggle for Better Health* (North Sydney: Allen & Unwin, 1991), 100–1.

[4]Department of Prime Minister and Cabinet, *Closing the Gap Report 2020* (Barton, ACT: Australian Government, 2020), 77–86.

[5]Juanita Sherwood, 'Colonisation – It's Bad for Your Health: The Context of Aboriginal Health', *Contemporary Nurse* 46, no. 1 (2013): 81–8; Saggers and Gray, *Aboriginal Health and Society: The Traditional and Contemporary Aboriginal Struggle for Better Health*; Chelsea J. Bond, 'A Culture of Ill Health: Public Health or Aboriginality?', *Medical Journal of Australia* 183, no. 1 (2005); A.K.M. Ahsan Ullah, *Globalization and the Health of Indigenous Peoples: From Colonization*

Aunty Gracelyn experienced in her own life the sharp reality of racist government policy, social and economic exclusion, and poverty. She spent most of her childhood in Garbutt, a semi-industrial suburb on the outskirts of Townsville in the northern part of the state of Queensland. Her family had not moved to Garbutt of their choosing, but rather, Aunty Gracelyn recalled, 'the [Queensland] government moved us all to Garbutt where we shared toilets and showers'. They lived in a condemned house, and 'collected copper bottles to sell for mum, because we didn't get social security, and what little money we got went towards food and rent'.[6]

Aunty Gracelyn's family and community faced significant economic and social oppression. Importantly, she also recalled their resilience and strength:

> Home was beautiful strong Black men who went to work almost seven days a week walking, riding a bike, and beautiful Black women that walked for miles [to work] as domestics and came home with very little money. Life was tough and this wasn't just my family, this was the community.

In their crowded government accommodation, her Elders passed down, as Aunty Gracelyn put it, the 'true history' of Australia: stories of police brutality, cruel mission managers, the removal of children, and massacres.

Perhaps unsurprisingly in this context, she was quickly politicised. She explained this to me as a response to both the historic violence her family had been subjected to, and the ongoing social and economic exclusion they experienced:

> Because my father was removed as a half-caste child under the Protection Act in Queensland and sent to the mission of Palm Island I became extremely political at a very young age. I couldn't understand how we lived in such low socioeconomics, how Aboriginal and Islander people weren't allowed to get any Centrelink, any social security, because we weren't citizens until 1967.

Aunty Gracelyn, her family and her broader community were subject to profound oppression. Significantly, however, and like other First Nations communities across the continent, they were not passive victims; they were strong in their culture, political and resilient.

By the time HIV was emerging as a global health threat in the 1980s, the strength of the Aboriginal rights movement had pushed official government policies away from the open racism that Aunty Gracelyn experienced as a child. The 1967 referendum gave the Commonwealth, rather than the states, the power to make laws regarding Aboriginal and Torres Strait Islander people, as was the case for everyone else. It meant that, at least in theory, Indigenous Australians could access the same services and support as all other Australians.[7] Aboriginal and Torres Strait Islander demands for civil rights, self-determination and land rights challenged the policy of

to Self-Rule (New York: Routledge, 2017); Gracelyn Smallwood, Colin White, and Michael Kotiw, 'The Relevance of Human Rights to Health Status in Australian Aboriginal and Torres Strait Islander Communities', *Health and Human Rights* 2, no. 2 (1997): 134–5.

[6]Aunty Gracelyn Smallwood, interview by Geraldine Fela, 20 November 2020.

[7]As Heather Goodall notes, while the referendum left many people hoping that the government control exerted over their lives and families, as well as the social and economic exclusion, would come to an end, this was not the case. See: Heather Goodall, *Invasion to Embassy: Land in Aboriginal Politics in New South Wales, 1770–1972* (St. Leonards, NSW: Allen & Unwin, 1996), 327–34.

assimilation and, with the election of Gough Whitlam's Labour government in 1972, self-determination was – for a time – official government policy.[8] However, despite these formal changes to the language of policy, the social, economic and health inequities between Indigenous and non-Indigenous people in Australia remained (and remain) profound. In the 1980s and in the context of the emerging threat of HIV and AIDS, the high incidences of sexually transmitted infections (STIs) within remote communities – a result of the inadequacy of sexual health services available to Aboriginal people – was of great concern to healthcare professionals and Indigenous leaders.

In our interview, Darwin-based non-Indigenous Nurse Peter Knibbs explained some of the reasons behind these higher rates, noting how economic and social oppression presented a persistent barrier to healthcare access:

> It's just not realistic for people to come to Darwin to get a check-up. A return flight from one of those communities can cost over a thousand dollars and most people are living on welfare. So we had very low rates of, of testing [for STIs] in communities.[9]

Alongside these material barriers to healthcare, Peter commented, 'there'd always been [other] obstacles to testing for STIs in Aboriginal communities'. He recalled the failure to ensure that clinics were staffed by both male and female nurses, which meant that men and women could not access culturally safe care. Perhaps most tellingly, Peter noted that the way pathology testing was set up in remote communities in the 1980s and 90s meant that, while some labs and clinics did anonymous testing, many did not. This was not only a problem in the Northern Territory. In her 1992 article for the *National AIDS Bulletin*, Australian Nursing Federation project officer Vanessa Read noted that, across the continent, 'for Aboriginal and Islander populations considerable concern was expressed regarding doctors ignoring the need for informed consent and confidentiality of [HIV] test results'.[10] Given the stigma and fear associated with HIV and other STIs across the Australian community, it is not at all surprising that in small, tight-knit remote communities, people would be reluctant to come forward for any STI testing where anonymity did not appear to be guaranteed.

It was in this context of communities struggling with chronic health challenges, high rates of STIs and in desperate need of the amenities that the rest of Australia took for granted – sewerage and running water, shelter and access to basic healthcare[11] – that healthcare professionals became increasingly concerned about how the arrival of HIV might impact Indigenous communities, particularly those in remote areas. Aunty Gracelyn recalled a presentation she gave at the Aboriginal Medical

[8]Goodall, *Invasion to Embassy*, 317–34. Note that what self-determination meant to politicians and public servants, and what it meant to Aboriginal communities, were often two very different things. See: Johanna Perheentupa, 'Whitlam and Aboriginal Self-Determination in Redfern', *Australian Journal of Public Administration* 77, (2018): 13–18. Barry Morris, *Protest, Land Rights and Riot: Postcolonial Struggles in Australia in the 1980s* (Canberra: Aboriginal Studies Press, 2013), 45–6.

[9]Peter Knibbs, interview by Geraldine Fela, 16 May 2019.

[10]Vanessa Read, 'Kalgoorlie to Kuranda – Service Access and Availability', *National AIDS Bulletin,* October 1992, 21.

[11]Saggers and Gray, *Aboriginal Health and Society*, 135–7.

Service in Sydney in 1987, and afterward, a conversation she had with Neal Blewett, then federal health minister, where she insisted:

> We cannot deal with any health promotion until we deal with the social determinants of health, clean up poverty, give people jobs, give them proper running water. You know, these communities are worse than in developing countries.[12]

Aunty Gracelyn was not alone in comparing the conditions in remote communities to those faced by the Global South. From the mid-1980s onward, healthcare professionals began to speculate that the spread of HIV in Indigenous communities might mimic the rapid spread of HIV and AIDS in African countries.

The African model

Anxiety around the spread of HIV among Aboriginal people first exploded into the national discussion in 1986. In December, David Penington resigned his position on the National Advisory Committee on AIDS (NACAIDS) after a series of disputes with chairperson Ita Buttrose, largely over compulsory testing policies for high-risk groups – particularly for Aboriginal people.[13] His resignation came after a bitter few months on the committee during which Penington was rumoured to have attempted to 'short circuit' the NACAIDS Aboriginal and Torres Strait Islander Working Group.[14] Penington was suspected of going behind the Working Group's back by holding a 'secret meeting' with Aboriginal Affairs officials across the continent to 'consider mass antibody testing of Aborigines'. In a statement to *MSO* upon his resignation, Penington opined:

> The standpoint of the gay community may differ, particularly from the traditional Aboriginal viewpoint. Aborigines are not concerned about superannuation or life insurance, or things like that. They are concerned about other things … Safe sex may not be appropriate for the Aboriginal community.[15]

An unnamed member of NACAIDS responded simply that Penington 'has his own private agenda on AIDS and Aborigines which, as far as I'm aware, does not involve a lot of consultation with Aboriginal people'.[16] Penington's resignation suggests that his 'agenda' did not gain much traction on NACAIDS.[17] Beyond the committee, however, Penington reflected a much broader discomfort within the medical profession around the so-called 'de-medicalisation' of AIDS, and a scepticism towards the ability of a community-led approach to public health to tackle the challenges presented by the virus.[18]

[12]Smallwood, interview.

[13]Dennis Altman, 'The Most Political of Diseases', in *AIDS in Australia: Context and Practice*, ed. Eric Timewell, Victor Minichiello, and David Plummer (Sydney: Prentice Hall, 1992), 57.

[14]'Penington Quits "Gay" NACAIDS', *Melbourne Star Observer*, 5 December 1986, 3.

[15]Ibid.

[16]Ibid.

[17]Altman, 'The Most Political of Diseases', 57.

[18]Power, *Movement, Knowledge, Emotion*, 106–9.

By the 1990s, the medical profession's fears regarding Aboriginality and AIDS had coalesced around the central theme of the African model.[19] As HIV and AIDS emerged as a global disease, epidemiologists identified trends in infection and defined high-risk groups.[20] The World Health Organisation (WHO) categorised distinct 'patterns of infection'. The first was a 'Western' pattern (pattern I) in which AIDS was 'seen mainly in homosexual and bisexual men' alongside lesser rates of infection in IV drug users, haemophiliacs and sex workers. The World Health Organisation also designated a distinct African pattern (pattern II) in which HIV was mainly transmitted through heterosexual sex, particularly through sex work.[21] At first glance, Australia as a developed nation fell firmly into the pattern I category. However, as is the case in settler colonies across the world, the underbelly of Australia's high levels of wealth and development was (and is) the poverty and oppression faced by Indigenous communities.[22] As HIV began to spread widely in Africa and to other parts of the Global South, Australian doctors, epidemiologists and public health officials increasingly drew parallels with remote Aboriginal communities and became convinced that in these communities lurked the possibility of pattern II spread.[23]

The panic around infection rates in Indigenous communities, and repeated comparisons with the Global South and in particular the continent of Africa, was a racialised discourse. As some AIDS activists pointed out at the time, the fascination with Africa itself as the origin and ultimate vector of HIV spread could not be separated from racist notions of Africa as a 'diseased and dangerous landmass'.[24] There were echoes of this in the discussion around AIDS in Aboriginal communities, particularly the fascination with ceremonies as potential instances of transmission. For example, in 1992, the *Australian* newspaper published comments from the federal Liberal Party spokesperson on Aboriginal Affairs, Dr Michael Woodridge, in which he asserted that '[t]here are risks in initiation and other ceremonies, where blood can be splashed around during dancing and where there can be a common use of knives'.[25] While, throughout the 1980s, some doctors and epidemiologists did raise alarm bells around the sharing of sharp implements in cultural practices that involved cutting, the 'splashing' of blood during dancing was not a risk factor identified by the medical fraternity.[26] Wooldridge's comments, evoking a picture of frenzied and bloodied

[19]'NT STD/AIDS Co-ordinator Visits', *The Arnhem Courier*, 12 June 1992, 1, newspaper clipping, Clinic 34 Collection, Northern Territory Government, Darwin; Padraic P. McGuiness, 'Nothing Hollow in the Talk of Isolation', *Australian*, 27 March 1992, newspaper clipping, Clinic 34, Darwin.

[20]Nick Crofts, 'Patterns of Infection', in *AIDS in Australia: Context and Practice*, ed. Eric Timewell, Victor Minichiello, and David Plummer (Sydney: Prentice Hall, 1992), 24–54.

[21]Crofts, 'Patterns of Infection', 32–5; Thomas C. Quinn et al., 'AIDS in Africa: An Epidemiologic Paradigm', *Science* 234, no. 4779 (1986): 955–60.

[22]Ullah, *Globalization and the Health of Indigenous Peoples*, 1–2; Saggers and Gray, *Aboriginal Health and Society*, 101–4.

[23]Altman, 'The Most Political of Diseases', 62; Mathew Jones, 'AIDS Boss Warns of Rocky Road Ahead', *Capital Q Weekly*, 21 June 1996; 'NT AIDS Risk 'Same as Thailand'', *Northern Territory News*, December 1993; all newspaper clippings, Clinic 34, Darwin.

[24]Richard Andrew McKay, *Patient Zero and the Making of the AIDS Epidemic* (Chicago: University of Chicago Press, 2017), 11.

[25]Lenore Taylor, 'Libs to Redirect AIDS Cash to Blacks', *Australian*, 7 April 1992, newspaper clipping, Clinic 34, Darwin.

[26]'AIDS and Aboriginals', *Catch 22*, November 1986, 5.

bodies, seemed to serve the sole purpose of positioning Aboriginal people and culture as frightening, and evoking colonial notions of savagery.

The African model would come to dominate much of the mainstream medical discourse around Aboriginality and AIDS. Prominent doctors like Dr Frank Bowden, an infectious diseases doctor who relocated from Fairfield Infectious Diseases Hospital in Melbourne to the Northern Territory in 1992, suggested that he felt the 'greatest potential epidemic of AIDS could be in the Aboriginal communities'.[27] Bowden was featured in a 1992 front-page spread for the Northern Territory newspaper the *Arnhem Courier* which argued that, while AIDS in Australia is 'mainly spread by homosexual men and intravenous drug users, research has shown that in the less developed world the pattern of disease is very different'. The article noted that, in Africa, 'most of the spread of disease is through heterosexuals' because there is a 'high rate of STD's [STIs] in these areas', thus increasing the chances of contracting AIDS. The article concluded, 'Aboriginals have an appropriate model in the African countries'.[28] In January 1997, Woodridge, who had become federal health minister in John Howard's recently elected Liberal government, took it one step further, not only likening remote Aboriginal communities to 'Africa' but also warning of an impending 'AIDS holocaust'.[29]

An infamous iteration of this argument was delivered by the beloved Dr Fred Hollows. Hollows' 1992 speech at 'Everybody's Business', the first National Aboriginal Conference on HIV and AIDS in Alice Springs, shocked many by calling for strict intervention into Aboriginal communities and the segregation of HIV-positive Indigenous people. Invoking the African model, he argued that heterosexual spread would run rampant in Indigenous communities because Aboriginal people were more likely to 'become male prostitutes … Be intravenous drug users or blood spreaders … be promiscuous non-condom-using females'.[30] For conference attendees and the broader community, the paternalism of Hollows' speech in 1992 was jarring. Hollows had dedicated his career to Aboriginal and Torres Strait Islander health. He was known for speaking hard truths to power in ways that had earned him significant respect among militant Black leaders like Gary Foley.[31]

Aunty Gracelyn had worked with Hollows in remote communities and had developed admiration for him and his work. It was with some discomfort, and more than a hint of sadness, that she recalled:

> I was there when he gave that speech hmmm [pause]. Yeah. It was very controversial but, you know, we can say things that we don't mean sometimes.[32]

[27]'NT STD/AIDS Co-ordinator Visits', 1.

[28]Ibid.

[29]'Wooldridge Warns of Possible "AIDS Holocaust" in Aboriginal Communities', *National AIDS Bulletin*, January–February 1997, 3.

[30]Graham Nielson and Felicity Young, 'And the Didgeridoo Played On', *National AIDS Bulletin*, 1993, 22.

[31]Gary Foley, 'Whiteness and Blackness in the Koori Struggle for Self-Determination: Strategic Considerations in the Struggle for Social Justice for Indigenous People', *Just Policy*, no. 19–20 (2000): 81.

[32]Smallwood, interview.

Hollows' position was widely rejected by Aboriginal and Torres Strait Islander conference attendees.[33] Eualeyai/Kamillaroi activist and scholar Larissa Behrendt's scathing assessment of Hollows' strategy captured the views of many when she characterised it as 'callous and contrary to traditional notions of caring' and 'an insult to the intelligence of Aboriginal people'.[34]

Fred Hollows died in 1993 but had he lived out the decade, he might have been relieved to know that he was proven wrong. The catastrophic HIV outbreak that he and so many other doctors and epidemiologists had predicted in Aboriginal and Torres Strait Islander communities never eventuated. Between 1992 and 2011, the rate of HIV diagnosis for Indigenous Australians reflected that of the non-Indigenous population.[35] While there have been recent fluctuations in HIV notifications, data released in 2022 has the HIV notification rate among Aboriginal and Torres Strait Islander people declining again, bringing it back to approximate parity with non-Indigenous people.[36]

The countless medical professionals who had looked at the poverty, health challenges and lack of resources in Indigenous communities and predicted a 'holocaust' had not been wrong about the objective circumstances that Indigenous people were facing, but they were wrong about the inevitability of the outcome. Captive to what Indigenous intellectuals and activists have labelled the 'deficit' paradigm, these healthcare professionals viewed Indigeneity only in terms of vulnerability, and a cultural identity associated with illness and incapacity; they consequently overlooked the capacity of Indigenous people and communities to respond to the virus.[37] As the remainder of this article will explore, Aboriginal and Torres Strait Islander communities were able to successfully stem the spread of HIV. Communities drew on an emerging infrastructure of community controlled health services that had their roots in the history and politics of the Aboriginal Rights movement, and particularly the Black Power movement of the 1960s and 1970s. This was a political tradition that Aunty Gracelyn had been immersed in and that she brought to her role, both at a grassroots level and in the highest offices of Australia's response to HIV, in shaping the response to HIV and AIDS in her community.

[33]Behrendt, 'Everybody's Business: The First National Aboriginal HIV/AIDS Conference', *Accent*, June 1992, 37–8.

[34]Larissa Behrendt, 'Everybody's Business', 28–32; Debra Reid, 'Remote Communities and AIDS', *Accent,* June 1992, 31–2.

[35]James Ward, Michael Costello-Czok, Jon Willis, Mark Saunders, and Cindy Shannon, 'So Far, So Good: Maintenance of Prevention Is Required to Stem HIV Incidence in Aboriginal and Torres Strait Islander Communities in Australia', *AIDS Education and Prevention* 26, no. 3 (2014): 268.

[36]James S. Ward, Karen Hawke, and Rebecca J. Guy, 'Priorities for Preventing a Concentrated HIV Epidemic Among Aboriginal and Torres Strait Islander Australians', *Medical Journal of Australia* 209, no. 1 (2018): 5–6; J. King, E. Naruka, J. Thomas, H. McManus, and S. McGregor, *Bloodborne Viral and Sexually Transmissible Infections in Aboriginal and Torres Strait Islander Peoples: Annual Surveillance Report 2022* (Sydney: Kirby Institute, UNSW Sydney, 2022), 16–24. Note: Some of this data was collected during the Covid-19 pandemic, and should be read with caution.

[37]See Chelsea Watego's work in this area: Bond, 'A Culture of Ill Health: Public Health or Aboriginality?', 40. For further reading see: Deborah A. Askew, Karla Brady, Bryan Mukandi, David Singh, Tanya Sinha, Mark Brough, and Chelsea J. Bond, 'Closing the Gap Between Rhetoric and Practice in Strengths-based Approaches to Indigenous Public Health: A Qualitative Study', *Australian and New Zealand Journal of Public Health* 44, no. 2 (2020): 102–3; Mark Brough, 'Healthy Imaginations: A Social History of the Epidemiology of Aboriginal and Torres Strait Islander Health', *Medical Anthropology* 20, no. 1 (2001): 79–84.

Aboriginal health in Aboriginal hands

In the decades preceding the emergence of HIV and AIDS in Australia, a militant Indigenous rights movement had taken the political stage. In the late 1960s and the early 1970s, Redfern in inner-city Sydney and Fitzroy in inner-city Melbourne became the centres of an emerging Black Power movement led by young, Indigenous radicals.[38] Influenced by figures like Malcolm X, inspired by events like the seizure and occupation of Alcatraz by Native American activists in 1969 and by the activities of groups like the Black Panthers,[39] this movement emphasised what Gary Foley, founding member of the Australian Black Panther Party, called 'a new form of Koori community organisation'. These organisations were 'first and foremost' Aboriginal-controlled, and were based on the premise that Aboriginal people themselves had the economic, political and cultural resources to confront and solve the problems facing their communities.[40]

The emergence of community controlled organisations was intertwined with the political principle for self-determination; the struggle for Indigenous control of land and resources, and for the 'power to determine their own future'.[41] As Foley argues, 'the dramatic proliferation of Aboriginal community-controlled organisations', from legal services to health services and housing co-operatives, highlighted 'the political principle of self-determination espoused by Koori political activists'.[42] While here Foley is speaking specifically about Koori communities, these politics were not limited to NSW and Victoria. There was a thriving Black Panther Party in Brisbane, and militant struggles for land rights were taking place across the continent in this period. Notably, in 1966, the Wave Hill walk-off began when Gurindji stockmen refused to continue working for rations and embarked on a seven-year campaign, ultimately winning back their land. The Gurindji people's demands for both industrial equality and land sparked a wave of solidarity among Aboriginal communities across the continent, and inspired new articulations of justice and land rights.[43] These movements reshaped the landscape of Aboriginal politics in Australia, winning significant sections of the population to the principles of self-determination and community control. In 1971, the first Aboriginal Medical Service in Redfern was established, soon to be followed by similar organisations.[44]

These organisations were committed to the principles of Aboriginal community control and were founded and led by Aboriginal people. However, in the early days, they were often staffed by white doctors and nurses, a legacy of the historic exclusion

[38]Foley, 'Whiteness and Blackness in the Koori Struggle for Self-Determination', 78.

[39]Goodall, *Invasion to Embassy*, 335–6.

[40]Gary Foley, 'Black Power in Redfern 1968–1972', 79, https://vuir.vu.edu.au/27009/1/Black%20power%20in%20Redfern%201968-1972.pdf; Foley, 'Whiteness and Blackness in the Koori Struggle for Self-Determination', 78–9.

[41]Paul Coe and Bobbi Sykes, 'Transcript of *Monday Conference*, ABC Television, 20 March 1972', in *The Struggle for Aboriginal Rights: A Documentary History*, ed. Bain Attwood and Andrew Markus (Sydney, Australia: Taylor & Francis Group, 1998).

[42]Foley, 'Whiteness and Blackness in the Koori Struggle for Self-Determination', 79.

[43]See Goodall, *Invasion to Embassy*, 324–7.

[44]Saggers and Gray, *Aboriginal Health and Society*, 147–9; Kathy Lothian, 'Seizing the Time: Australian Aborigines and the Influence of the Black Panther Party, 1969–1972', *Journal of Black Studies* 35, no. 4 (2005): 186–7; Goodall, *Invasion to Embassy*, 324–9.

of Aboriginal people from many sections of the labour market.[45] This exclusion was something that Aunty Gracelyn experienced first-hand when, in the early 1960s, she began considering her future and career. She struggled to find work as a proud Aboriginal woman with lighter skin. According to the racist 'blood quantum' politics of the era, Aunty Gracelyn was not easy to categorise[46]:

> I couldn't get a job because I didn't look a typical Aboriginal, my skin was brown, I had really long hair. And you know, I wasn't the stereotype and at one stage they said if I didn't identify as Aboriginal I could get a job. I said no because I was brought up very proud of my identity.[47]

Nursing was not an option she initially considered. From as early as 1934, parliamentarians had started talking openly about 'allowing' Aboriginal women to train and practise as nurses under the emerging politics of assimilation.[48] However, Aboriginal women who wanted to become nurses or midwives still faced significant barriers.[49]

Over the 1960s, things were changing, albeit slowly. The leadership and agitation of Aboriginal people dragged a section of the broader population along with them, and attitudes were shifting. In 1965, a bus of white university students led by Arrernte man Charlie Perkins left Sydney to travel around western NSW, challenging and exposing the racism and segregation they found.[50] The Gurindji strike found support in swathes of working people via the trade union movement, and in 1967, the vast majority of Australian voters had voted 'yes' in a constitutional referendum that Heather Goodall calls 'a symbolic gesture of inclusion'.[51] This broader political context may have contributed to Aunty Gracelyn's experience at Townsville base hospital, where a white matron encouraged her to take up nursing:

> So I was walking around the hospital there and the matron used to see me regularly walking with a big sugar bag and asked me what I was doing with the bottles [she was collecting them to sell]. And she got me some voluntary work for a while and then she said, 'why don't you try to become a nurse?' And I said 'I'm not smart enough' and she said, 'give it a go!' And I gave it a go.

[45]See Fred Hollows' account of his involvement in the first Aboriginal Medical Service in Redfern for a discussion of this: Fred Hollows, *Fred Hollows: An Autobiography*, ed. Peter Corris (Richmond, VIC: John Kerr, 1991), 99–107. Note however, that the numbers of Aboriginal people employed in these services quickly increased. For example, by 1980 just three of the 15 full-time staff employed by the Victorian Aboriginal Health Service were non-Indigenous: Pam Nathan, *A Home Away from Home: A Study of the Aboriginal Health Service in Fitzroy, Victoria* (Bundoora, VIC: PIT Press, 1980), 23.

[46]On blood quantum politics in Australia, see: Colin Tatz, 'Genocide in Australia', *Journal of Genocide Research* 1, no. 3 (1999): 330–3.

[47]Smallwood, interview.

[48]'Assimilation' was the notion that Aboriginal and Torres Strait Islander people could be 'absorbed' by the broader population. See: Odette Best and Don Gorman, '"Some of Us Pushed Forward and Let the World See What Could Be Done": Aboriginal Australian Nurses and Midwives, 1900–2005', *Labour History*, no. 111 (2016): 152.

[49]Kerrynne Liddle and Sally Goold, *In Our Own Right: Black Australian Nurses' Stories* (London: Routledge, 2005), 4–5. For more on how the policies of protectionism and segregation shaped how Aboriginal people engaged with the labour market, and with nursing in particular, see: Best and Gorman, 'Some of Us Pushed Forward and Let the World See What Could Be Done', 149–51.

[50]Goodall, *Invasion to Embassy*, 320–1.

[51]Goodall, Invasion to Embassy, 327; Meredith Burgmann and Verity Burgmann, *Green Bans, Red Union: Environmental Activism and the New South Wales Builders Labourers' Federation* (Sydney: UNSW Press, 1998), 134–5.

By 1969, Aunty Gracelyn had begun her nursing training, which she completed four years later to become one of a small number of Aboriginal women who had made their way into the nursing profession. It had not been an easy road. She recalled:

> Throughout my nurse's training my shoes had to shine. My dress had to be spotless, exceeding the shine and pristine white of other nurses on the course. The views some of my superiors held towards Aborigines required it.[52]

After graduation, she worked as a remote nurse, specialised in sexual infections, then returned to her hometown of Townsville. It was here that her political and professional worlds collided. Already highly politicised by her experiences of poverty and racism, and influenced by her family's long legacy of resistance, she was drawn to the emerging politics of Aboriginal control and self-determination. She recalled: 'I've always been an activist. I went and worked at the Aboriginal health service in the early seventies, voluntary for twelve months and did a diploma of First Nations mental health.'[53] While Aunty Gracelyn modestly underplayed her role in our interview, what she was describing is her part in 1975 in helping to found the Townsville Aboriginal and Islanders Health Service and becoming the first registered nurse to work there.[54]

Health services like the one Aunty Gracelyn helped establish in Townsville were spreading across the continent. Not only did these organisations provide crucial health care to a community that had long been poorly treated and neglected by mainstream services, they introduced the politics of self-determination and community control into the field of Aboriginal health.[55] In 1980, Bruce McGuinness, Gary Foley and Bill Roberts, three key agitators in the field, wrote of the Aboriginal Health Service in Fitzroy: 'Services such as ours are pointing the way forward in the field of Aboriginal Health – A way forward whereby we can, for the first time since the white man's arrival on this continent, feel some optimism.'[56] By the early 1980s, Aunty Gracelyn was a key figure in this emerging Aboriginal health sector.[57] She worked across the continent in community controlled health services, from the Western Desert in South Australia to Alice Springs in the Northern Territory, she specialised in sexual health and was a regular speaker at conferences, both nationally and internationally. In 1985, she travelled to the United States and it was during this visit that she realised the significance of HIV, when she saw with her own eyes how sick an HIV-positive friend was. Aunty Gracelyn returned to Australia concerned, her experience in sexual health led her to fear what this new infection might mean for her community.

[52]Gracelyn Smallwood, 'Demanding More Than a Great Vocabulary', in *Breaking Through: Women, Work and Careers*, ed. Jocelynne A. Scutt (North Melbourne: Artemis, 1992), 72.

[53]Smallwood, interview.

[54]Smallwood, 'Demanding More Than a Great Vocabulary', 72.

[55]Clive Rosewarne et al., 'The Historical Context of Developing an Aboriginal Community-Controlled Health Service: A Social History of the First Ten Years of the Central Australian Aboriginal Congress', *Health and History* 9, no. 2 (2007): 114–43.

[56]Bruce McGuinness, Gary Foley, and Bill Roberts, 'Foreword' in Pam Nathan, *A Home Away from Home: A Study of the Aboriginal Health Service in Fitzroy, Victoria* (Bundoora, VIC: PIT Press, 1980).

[57]Smallwood, 'Demanding More Than a Great Vocabulary', 75.

As the danger posed by HIV was dawning on Aunty Gracelyn, the highest offices of Australia's HIV and AIDS response were debating how to best respond to the virus in Aboriginal communities. It was just a few months later, in December 1986, that Penington resigned from NACAIDS, arguing that the approach to HIV advocated by the gay community, which was based on community engagement and empowerment, would fail in Aboriginal communities.[58] Aunty Gracelyn waded into this fraught political space in 1987 as NACAIDS' new Aboriginal and Torres Strait Islander representative. Importantly, she brought with her the politics and perspective around the importance of self-determination and community control that she had developed in the previous decade working in community controlled health organisations.

'Local solutions for local problems'

Aunty Gracelyn's HIV and AIDS work began before she took up her role on the NACAIDS committee. In July 1987, the *Daily Telegraph* reported on the AIDS education campaign that she had been running for the previous twelve months, in which she brought her expertise in sexual health to the broader Townsville community. The report noted that 'Aboriginal nurse Ms Smallwood' had spoken to 'close to 10,000 people' in her 'face-to-face AIDS Campaign' that included pre-match pep talks to 'shocked footballers, cricketers and basketball players'. While sports coaches were initially 'freaked out' when she invited herself into pre-match dressing rooms to talk to players about AIDS, Aunty Gracelyn told the reporter that, although the 'heterosexual males in the football teams … constantly say you should be talking to the poofters', once she asked them if they had had more than one female partner, 'you can almost hear a pin drop. It's then that a lot of questions are asked about anal sex, oral sex, vaginal sex'.[59] This account is a testament to a lack of understanding in the community around HIV and its transmission, but it also speaks to how receptive and open Aunty Gracelyn's audiences were to safe-sex information when she delivered it.

While it was not only Indigenous men she was talking to in these spontaneous pre-game information sessions, Aunty Gracelyn's decision to use locker rooms as a site for spreading AIDS information reflected her deep understanding of her community. Sport has long been one of the few areas of Australian life where Aboriginal and Torres Strait Islander people have been celebrated and allowed to excel in the eyes of white society.[60] Going to locker rooms meant she could reach a new layer of people and engage with them in a space where they felt confident and comfortable, a very early example of what is now a widespread health promotion practice within Aboriginal and Torres Strait Islander communities.[61] Aunty Gracelyn's safe-sex

[58]'Penington Quits 'Gay' NACAIDS', 3; Altman, 'The Most Political of Diseases', 57.

[59]Dan McDonnell, 'Nurse Takes AIDS Pep Talk to Players', *Daily Telegraph*, 30 July 1987, newspaper clipping, Department of Aboriginal Affairs: Acquired Immune Deficiency Syndrome, file 133/25 1985/99, item 7053359, National Archives of Australia (NAA), Darwin.

[60]Lawrence Bamblett, 'Straight-Line Stories: Representations and Indigenous Australian Identities in Sports Discourses', *Australian Aboriginal Studies*, no. 2 (2011): 8–11.

[61]See Megan Stronach, Hazel Maxwell, and Sonya Pearce, 'Indigenous Australian Women Promoting Health through Sport', *Sport Management Review* 22, no. 1 (2019): 17–19; Andrew Bennie et al., 'We Were Made to Feel Comfortable And … Safe': Co-Creating, Delivering, and Evaluating Coach Education and Health Promotion Workshops with Aboriginal Australian Peoples', *Annals of Leisure Research* 24, no. 1 (2021): 168–9, 182–4.

message travelled to more than just footballers. The article noted that, 'even when she goes to barbeques, Ms Smallwood who is based in Townsville, asks for a few minutes to talk to the guests about AIDS'.[62] She used moments when community members came together, both formally and informally, as opportunities to deliver important health information.

This was an approach to health promotion, particularly around HIV and AIDS, that community controlled health organisations were beginning to use successfully across the continent. In June 1987, Dr Trevor Cutter from the Central Australian Aboriginal Congress (CAAC), a community controlled Aboriginal health service in Alice Springs, wrote a report to the Commonwealth Department of Aboriginal Affairs describing a recent visit to Yuendumu, a remote Warlpiri community in the Central Desert Region.[63] Cutter recalled that, in August 1985, he had visited the community to speak with leaders and health workers about AIDS. At that time, he 'found very few were either aware of the disease or its implications for Aboriginal people in the centre'.[64] He reported that, since returning in mid-1987, there had been a rapid spread of information about the virus, and that people were 'changing lifestyle and practices to accommodate the potential infectivity of the disease'. Cutter concluded:

> I was surprised and impressed by the degree of concern. For example several men commented that it was no longer OK for only women to educate and care for the young women and that they, as fathers, also had a responsibility to care for their daughters and warn them. I was also impressed with the commitment to care for any people identified as HIV positive.[65]

Cutter's experience was replicated elsewhere. On 11 June 1987, internal minutes from within the Department of Aboriginal Affairs reported on an AIDS education program that was being developed in Tennant Creek and run by the Anyinginyi Congress, an Aboriginal controlled health service.[66] The AIDS program, which had been in place for just five weeks, had already held three 'major health meetings' with women as well as a meeting of twenty men, all of them Elders and custodians of the customary law in the area. From this meeting, the Elders developed culturally safe and appropriate strategies for disseminating information about AIDS among different sections of their communities. The report noted, for example, that:

> The Elders indicated that they would take the younger men taken to the 'ceremony ground' where they would be assured that the younger men would listen properly and be addressed by them.[67]

Aunty Gracelyn was not, and could not be, involved in every Indigenous health response to HIV across the continent, but when she took her position on NACAIDS, she found herself well placed to give a voice both within the Department of

[62]McDonnell, 'Nurse Takes AIDS Pep Talk to Players'.

[63]'AIDS Report – Trevor Cutter, 22 June 1987', Department of Aboriginal Affairs, file 133/25, 1987/366, item 7053412, NAA, Darwin.

[64]Ibid.

[65]Ibid.

[66]Anyinginyi AIDS Program, Department of Aboriginal Affairs, file 133/25, 1987/366, item 7053412, NAA, Darwin.

[67]Ibid. Inverted commas in original.

Aboriginal Affairs, and within NACAIDS itself, to the approach that was developing its own momentum on the ground.

On 27 July 1987, Aunty Gracelyn presented a paper in Sydney at the 'Reporting Day on AIDS'. Her paper was circulated within the federal Department of Aboriginal Affairs and to the directors of the department in each state.[68] While in the paper she was introduced foremost as a 'representative of NACAIDS representing Aboriginal Interests', it also noted her membership of the department's 'Communicable Diseases Advisory Panel (CDAP)'. The paper was distributed to all members of the panel 'for information', and made a strong case for supporting a community controlled approach to health promotion. Notably, the wide distribution of the paper indicates that her strategy was finding an audience. The paper explained:

> This is not a 'TOP DOWN' approach but an approach that uses Aboriginal health workers as the key people in the conception, development and implementation of programs aimed at preventing the spread of AIDS.[69]

Rather than predicting the inevitable decimation of Aboriginal Australia, as many proponents of the African model did, Aunty Gracelyn articulated a path through this potential health crisis that was based on the capacity of communities themselves to respond to the virus. She argued that the health challenges facing Aboriginal and Torres Strait Islander communities were not intractable; rather, they could be 'overcome' through 'co-operation and consultation with the Aboriginal communities'. This meant working 'in Aboriginal communities with Aboriginal people', and, importantly, using 'established Aboriginal health worker networks'.[70]

Aboriginal health workers were (and remain) an important part of the infrastructure of community controlled health services. Training programs for this distinct group of healthcare professionals began in the 1960s, in part influenced by medical programs in developing countries that were having success in responding to health problems by employing local people to 'look after the health care needs' of their communities.[71] As Aboriginal political movements rejecting paternalism and insisting on policies of self-determination grew in strength in the 1960s and 1970s, Aboriginal health workers took on an increasingly important role in the emerging community controlled sector.[72] Aboriginal health workers are routinely placed at the bottom of the medical hierarchy, but their significance was not lost on Aunty Gracelyn.[73] In her 1987 paper, she went to great lengths to explain the importance of these health workers, emphasising their 'practical knowledge of the relevant culture', their 'commitment to raising the health status of their community' and their 'knowledge of health issues

[68]'Department of Aboriginal Affairs Reporting Day on AIDS – Sydney 27 July 1987, Australian Case Study by Gracelyn Smallwood, Sydney, 27 July 1987', Department of Aboriginal Affairs Acquired Immune Deficiency Syndrome, file 133/25 1985/99, item 7053359, NAA, Darwin.

[69]'Reporting Day on AIDS', 1, NAA.

[70]Ibid. Emphasis in original.

[71]John Grootjans and Michele Spiers, 'A History of Aboriginal Health Workers in the NT', *Ngoonjook Journal of Australian Indigenous Issues*, no. 12 (1997): 91.

[72]Saggers and Gray, *Aboriginal Health and Society*, 161.

[73]Chelsea Bond, 'Beyond the Dotted Drawings – The Aboriginal Health Worker and Health Promotion Practice', *Aboriginal and Islander Health Worker Journal* 26, no. 6 (2002): 18.

in their community'.[74] Aboriginal health workers would be the backbone of Aunty Gracelyn's approach to HIV and AIDS prevention, an approach based around education programs developed by communities which were, most importantly, "owned' by that community'.[75] In our interview, she reflected extensively on the importance of this 'bottom-up approach':

> Local solutions for local problems, we didn't go to all these places to say, this is what you should do … we talked about a bottom-up approach, this was our problem, and we needed to deal with it. So it wasn't like a real top-down government approach that this is what you must do, have doctors and high powered nurses and epidemiologists coming in. They [health workers] are just normal people in our communities. And we always turned it into fun, barbecues, singing and telling funny stories before getting into the serious part.[76]

Through barbecues, storytelling and the leadership of Aboriginal heath workers, the principles of self-determination and community control were being put into practice to confront HIV, a new challenge facing Indigenous communities across the continent.

Don't be shame, be game!

When she took up her role on NACAIDS, Aunty Gracelyn found herself surrounded by 'middle-class white folks' who, in her words, 'really didn't know our world'. She recalled 'literally millions of dollars was starting to be pulled into the HIV [response] … people started to panic and, consultants were putting in for literally thousands and thousands and thousands of dollars'.[77] It was out of this context that the infamous bowling Grim Reaper campaign was born, and it was in response to this advertisement that Aunty Gracelyn made another significant political intervention into the response to the virus, questioning the appropriateness of the campaign for Indigenous communities. She explained that the Grim Reaper with a scythe, an intelligible figure of death in the western canon, was simply a frightening and off-putting 'skeleton walking around with a big cane knife' for many members of the communities Aunty Gracelyn was representing. Moreover, she explained to the committee that 'a lot of our communities didn't relate to bowling alleys'.[78]

Her agitation on NACAIDS was successful, and Aunty Gracelyn received modest funding to put together a team of health workers and social workers from community controlled health organisations across Queensland. Together, they visited Aboriginal communities all over the state, from Palm Island, where Smallwood's father had been raised and where decades earlier her grandfather had staged a hunger strike for better living conditions, to Aurukun in the very north of the state.[79] She recalled that 'overall the level of awareness of AIDS was low', but the communities were 'strongly

[74]'Reporting Day on AIDS', 1, NAA.
[75]Ibid., 3.
[76]Smallwood, interview.
[77]Ibid.
[78]Ibid.
[79]Smallwood, 'Demanding More Than a Great Vocabulary', 72.

supportive of the team visits, making a room available for the discussions … providing male and female translators, and organising people to attend'. She also 'noted the success of the program, as evidenced by the number of people who asked questions, plans to sell condoms in canteens and bars, favourable comments, and being asked by the councils to make follow-up visits'. The materials that they had used at these meetings and workshops were then further developed at a workshop in Townsville that was 'attended by community workers from a wide cross-section of Aboriginal communities, and teenagers from Townsville and surrounding communities, with the help of an Aboriginal graphic artist'.[80] This was not something that Aunty Gracelyn co-ordinated from afar; she was intimately involved in organising and facilitating the workshops, hosting many of the participants in her own home:

> [T]hey all came together in Townsville and because the funds were so low they all stayed at my place. What we did was a five day program, I gave presentations and so did my brother, Torres Strait Islander Phillip Mills.[81]

Aunty Gracelyn recalled the moment that she realised 'our health promotion had to get down to the nitty gritty' when an elder in the community, her mother's sister, asked what could be done about AIDS, revealing in the process a confusion around the language of safe sex:

> 'Oh' I said, 'they have to use condoms Aunty'. That lady was my mum's sister and from Palm Island. And then she said 'well, when you go to Palm Island make sure you bring all those Quandong fruits over and make sure the footballers are having them before they play' because she mistook condoms for Quandong fruit, a fruit tree on Palm Island.

Realising the depth of work that needed to be done in the community, Aunty Gracelyn and her team of health workers went 'everywhere' they could think of in Townsville. They walked up and down the streets gathering community leaders; they knew they needed to 'talk to the Elders first' about whatever health program they were going to run. Aunty Gracelyn's description of the process of the workshops themselves is an insight into the wide cross-section of the community that they had gathered, and the extent to which people felt comfortable contributing to the process:

> In this workshop everything we talked about the graphic artist was sketching – just in pencil. She started off with a blank page and everyone made an input. We had Christians, non-Christians, gays and straights, people from all over the community and the health workers were there helping do this [health] promotion.

It was from these first workshops that Condoman was born. She recalled:

> We talked about the Grim Reaper, which was scary [for the community]. And she [one of the Elders] said 'we can have our own Black hero and call him condom man'. And all of this was being sketched by the artist.[82]

The figure that emerged combined an affirmative image of Indigeneity with a clear safe-sex message. The poster featured an Indigenous man in a superhero costume. His clothing and the background of the poster mirrored the colours of the Aboriginal

[80]Ibid., 77.

[81]Smallwood, interview.

[82]Ibid.

and Torres Strait Islander flag. He told his audience, 'Don't be shame, be game – use condoms!'. The message of the poster was clear, and it used language and dialogue that was familiar to the Indigenous community. Ward et al. note that the poster brought 'a once shameful area of discussion, condom use, to the public fora'.[83] Condoman was embraced by Aboriginal and Torres Strait Islander communities all over the continent. As Graham Willet puts it, Condoman was taken 'into the hearts' of Indigenous communities, with posters and T-shirts bringing the 'issue of safety vibrantly to life'.[84]

Aunty Gracelyn was not only pivotal in the conception of the Condoman campaign, she was on the ground spreading the safe-sex message herself. She was known as 'the condom lady'. A regular at the local pubs and hotels in Townsville, she would bring 'bowls and bowls of condoms' with her, and was unafraid to get up on stage and deliver a speech about safe sex and a song:

> Before I sang a song, I'd say, now when you have a few drinks, you know, you can forget about safe sex. On every table is condoms and please put them in your pocket.[85]

She remembered the locals saying, 'that Gracie's bringing condoms everywhere she goes' and, by 1988, she had taken her show on the road, her team would travel around Queensland visiting local clubs and pubs, always with someone handing out condoms and health promotion packages out the front.[86] The success of Condoman demonstrated that, given the appropriate resources, Aboriginal people could – and indeed should – design and deliver solutions to the health challenges in their communities.

The Condoman campaign paved the way for more iterations of HIV and AIDS messaging targeted at Aboriginal and Torres Strait Islander people. In 1992, the Commonwealth Department of Health, Housing and Community Services commissioned Bundjalung artist Bronwyn Bancroft to design a series of posters encouraging safe needle use and safe sex, and to reassure people that it is safe to care for loved ones with HIV and AIDS.[87] Each design focused on a different aspect of AIDS prevention and care, with a consistent message – that responding to the virus was 'Everybody's Business'. Like Condoman, Bancroft's posters were embraced by Indigenous people across the continent, from the inner-city streets of Redfern and Fitzroy into the bush. As Bancroft herself put it, '[w]e have taken urban imagery to traditional communities. For a long time non-Aboriginal people said we couldn't do that'.[88]

It was internationally acknowledged that Condoman broke new ground in public health campaigning. In 1988, Aunty Gracelyn was asked to be a keynote speaker for a WHO conference in London, and, eager to escape Australia in the year of the

[83]Ward et al., 'So Far, So Good', 269.

[84]Graham Willett, 'How We Saved Our Lives: The Gay Community and the Australian Response to AIDS', *HIV Australia* 12, no. 3 (2014): 3.

[85]Smallwood, interview.

[86]Ibid.

[87]Sendziuk, *Learning to Trust*, 207.

[88]Gillian Minervini, 'Painting a Different Picture: Women Artists Responding to AIDS', *National AIDS Bulletin*, May 1994, 29.

bicentenary, she took up the offer. Following that, she took Condoman 'around the world', and visited Black and Native American communities in the United States:

> I went to the Bronx where I was teaching about sexual infections to mostly poor Black communities and Native Americans. It was an amazing career. And it was always relating to social determinants of health, racism, poverty, lack of land rights, lack of everything through the impact of colonisation.[89]

In 1997, Aunty Gracelyn's contribution to public health was acknowledged by Nelson Mandela when she was invited to attend the twentieth anniversary memorial service to Steve Biko, a leader in South Africa's anti-apartheid struggle who was murdered in police custody.[90] Here, she encountered civil rights activist and Black Panther Kwame Ture (formally Stokely Carmichael), and used the time to meet with activists and lecture in the townships on HIV and AIDS.[91]

Her visit to South Africa, the site of a struggle against racism that had reverberated around the world, was a coming together of the many threads of her life and politics. In her keynote address at the 2017 National Rural Health Conference, Aunty Gracelyn commented, 'I have dealt with almost every disease, both nationally and internationally, however I have never been able to come to terms with the ugly disease of racism'.[92] The Condoman campaign was the result of an approach to public health and health promotion that was interwoven with Aunty Gracelyn's fierce anti-racism – learned through her own experiences of discrimination, the resistance of her family and community to the violence of colonisation, and the struggles of oppressed and colonised people across the globe. Condoman saw Aboriginal and Torres Strait Islander people casting themselves as heroes in the fight against a dangerous disease that threatened their communities, rather than as the hapless victims imaged by many doctors and surgeons. It was a public health campaign that put into practice the politics of community control and self-determination that had long been fought for on Australian soil, but also in the townships of South Africa, the reservations and Black neighbourhoods of the United States, and across the Global South.

Conclusion

In 1981, on the eve of HIV emerging as a global health crisis, Aunty Gracelyn was a keynote speaker at the National Women's Conference in Queensland. Here, she spoke about, in her words, 'my role as a nurse, my work 'inside' the system as an 'outsider', and what I hoped to achieve for my people, both by working within the system and directly amongst my people'.[93] When HIV became a serious health threat, it was this strategy – playing both advocate inside the halls of power while continuing her work

[89]Smallwood, interview.

[90]Sharon Claydon, *Condolences*, House of Representatives, Parliament of Australia, 11 December 2013, https://www.aph.gov.au/Parliamentary_Business/Hansard/Hansard_Display?bid=chamber/hansardr/72de5436-cc84-439a-b82f-89066b3333e9/&sid=0223; Smallwood, interview.

[91]Mark Bousen, 'Interview with Prof. Gracelyn Smallwood – Nelson Mandela', *Australian South Sea Islanders Port Jackson*, 5 February 2015, https://www.assipj.com.au/interview-prof-gracelyn-smallwood-nelson-mandella/, accessed 15 November 2020.

[92]Gracelyn Smallwood, 'Human Rights and Indigenous Well-Being', *14th National Rural Health Conference* (Cairns Convention Centre, Queensland Australia, 2017).

[93]Smallwood, 'Demanding More Than a Great Vocabulary', 75.

as a grassroots activist and nurse – that she used to bring the politics of community control and self-determination to the HIV response in Indigenous communities.

When doctors, epidemiologists and politicians looked at Aboriginal and Torres Strait Islander people, many could only see health problems and the future casualties of an AIDS 'holocaust', but Aunty Gracelyn saw the resilience and strength of her community. In her role on NACAIDS, she articulated a pathway through the complex health challenges faced by Indigenous communities across the continent – a pathway that positioned Indigenous people themselves as the solution to the challenges they were facing. This was an approach that drew on the existing infrastructure of community controlled health services that had spread in the wake of the Aboriginal rights movement in the 1960s and 1970s. The low rate of HIV among Aboriginal and Torres Strait Islander people to this day is an important lesson. It shows that when Indigenous health is in Indigenous hands, the outcomes can be extraordinary.

About the author

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