When nursing sister Gladys Hack gained an interim appointment to Kempsey Baby Health Centre (BHC) in the mid-1950s, she enthusiastically visited the Macleay District Hospital and any ‘outlying places’ to prove her capacity by ‘boost[ing] numbers’.¹ Sister Hack noticed that Aboriginal women who gave birth in the segregated Aboriginal ward of the hospital did not attend the BHC and their children were not vaccinated against common childhood diseases.² Indeed, Aboriginal women refused to attend the BHC service in town for fear that they were not welcome. Kempsey BHC, which had been established and managed by a citizen committee since 1936, also serviced Macksville, Bowraville and Bellingen. This was a ‘comprehensive’ and demanding service, but Sister Hack nevertheless sought permission to include these Aboriginal mothers.³ Her plan was to make a friendly personal visit to all the houses at Burnt Bridge Aboriginal Station, six kilometres south of Kempsey. When she arrived at Burnt Bridge, however, the manager directed her past this ‘conglomeration of old wooden houses, poorly cared for and lacking any pride’ to the station treatment room. The station bell was rung, women emerged from their
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houses and lined up as directed.\(^4\) Government management meant that Aboriginal women at Burnt Bridge had few options or assets other than their pride. As Donna Dotti-Smith recalls:

\[\text{We were still under management and had to ask if we could come off the Mission. We used to get rations; I used to line up for the rations at the time. But they still had their pride, all these old girls. They still walked around very neat and tidy.}\(^5\)

Sister Hack’s decade-long work with Aboriginal mothers had begun, but not under the idealised circumstances she had envisaged.

Sister Hack faced considerable obstacles when she attempted to establish a similar service for Aboriginal mothers at Greenhill, an Aboriginal fringe camp on the western outskirts of Kempsey. This was an illegal settlement, so Sister Hack had no help from authorities to insist on visits and no building to use as a clinic: ‘Although [the] mothers were often in town, they still wouldn’t go to the Baby Health Centre as they were not readily accepted. I would have to try to gain their confidence and encourage them to realise that they were cared about’.\(^6\) Sister Hack attempted to prove her interest in Aboriginal welfare by enlisting the practical aid of a community service club in Kempsey. An enthusiastic member of Quota Club herself, Sister Hack hoped the organisation would help raise funds to assist ‘Aboriginal women who lived in disreputable shacks near the mill just four miles out of town at Greenhill’. She described their plight:

\[\text{The Aboriginal women had to go down a high, steep bank to the river and carry back water in a kerosene tin for washing, cooking, drinking and bathing. [...] My Quotarian friends listened [...] with[out] any enthusiasm, thinking the problem was too big and too difficult. I was so disappointed.}\(^7\)

Born and raised in Kempsey, Sister Hack realised that such reluctance reflected a history of entrenched racial segregation.
By 1960, Kempsey was a hinterland town with 8,000 white residents and a hub for surrounding timber, dairy and cattle industries. Several large Aboriginal communities, seven to eight hundred people in all, were in the district. Kempsey was well-known as a segregated town, with opposition to Aboriginal assimilation ‘widespread, vocal and entrenched’. Racial segregation kept Aboriginal people at a comfortable distance from the white community. Amenities such as the Kempsey picture theatre, swimming pool, hospital, schools and, as Sister Hack had discovered, the baby health centre were officially and unofficially off limits.

Despite this setback, Sister Hack felt that the Greenhill BHC project had potential should the right financial sponsor be found. BHCs were enthusiastically built and managed by the Country Women’s Association in most rural areas. As Sister Hack observed in nearby Smithtown ‘CWA ladies were agitating for a Baby Health Centre. The Department were always impressed by active groups who were willing to help the Centre and keep the Centre in order […] they were mostly in CWA buildings’. Unfortunately, the philanthropic women of Kempsey were reluctant to help Aboriginal women in the same manner. Sister Hack therefore began conducting a clinic from the boot of her car, next to the main road to Armidale. This improvised and precarious roadside clinic soon gained a public profile:

I was weighing the black babies on the side of the road, as there was no room for me to work in. [A young Apex member] came over and said, ‘This would be difficult in the rain wouldn’t it?’ I agreed, but it was so important to keep check of these children. He pointed across to a deserted shed over a small gully, half covered with blackberry bushes. He wondered who owned it […] ‘I’ll investigate and perhaps Apex could make a project of providing a shelter room’. […] He thought an Aboriginal Baby Show might be the way to publicise the needs of this settlement and provide some finance.
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Staging an Aboriginal baby show proved a popular idea and an Apex subcommittee soon received offers of free advertising by Cinesound newsreels and a quality baby stroller as grand prize. Sister Hack was less enthusiastic when Nestlé donated infant milk formula to every entrant as a consolation prize. She had been discouraging the use of expensive and unhygienic bottle feeding in Aboriginal communities. Nevertheless, Nestlé became a major sponsor of the first Aboriginal baby show, held in Kempsey Agricultural Hall on 26 May 1956.

The baby show was a resounding success. Six hundred locals, including 200 Aboriginal people, attended ‘this unique event, the first of its kind ever held in Australia’. The Mayor, Alderman NC Long, who officially opened the show, took the opportunity to admonish the Aboriginal mothers in attendance, despite evidence that their babies were all well fed and neatly clad, ‘I hope mothers will take full advantage of the assistance and advice given by Sister Hack, for I am sure it will be of benefit […] and I hope you will accept the standards that she sets. If you don’t, it will be your own fault’. These words of warning suggest that Aboriginal mothers were held to blame for their poor standard of living and consequential health outcomes. On the contrary, it was the Kempsey colour bar that ensured that Sister Hack weighed Aboriginal babies on the road side for five years while a ‘good quality, comparatively new’ BHC was under-utilised.

Fundraising to refurbish the shack at Greenhill continued under the direction of the Kempsey ‘Apex boys’, who staged another successful Aboriginal baby show in April 1957. The new Aboriginal BHC was finally opened in April 1960. Sister Hack’s attempts to establish a BHC clinic at Greenhill were emblematic of the problems caused by segregation, as she gained her BHC clinic at Greenhill without the help of the local women’s voluntary organisations which were traditionally concerned for the welfare of women and babies. Indeed, the Country Women’s Association was conspicuous by its absence.