

Honouring the lessons of history

Māori nurses are working hard to protect their communities from COVID-19. One nurse draws parallels between her work at the Ministry of Health with that of her aunt a generation ago.

By Cherene Neilson-Hornblow

For most of my career I have worked in forensic, mental health and intellectual disability. In March, as COVID-19 threatened our country, a karanga (call) came from Te Rau Ora for Māori nurses and other health workers to kotahitanga (unite) against COVID-19. Newly established roles of kaitautoko (cultural and clinical leads) and a Māori rōpū were formed as we aligned ourselves with the Ministry of Health's Māori health directorate. Wih registered nurse Carmen Timu-Parata and myself at its head, we supported a diverse Māori rōpū of workers from different hapū and iwi on how to manage COVID-19 for our communities and all of Aotearoa.

As I took up this role, I began thinking about my aunt, pioneering Māori nurse and midwife Charlotte Bradshaw. In her day, she, too, had to work with the challenges of disease and infection.

Auntie Charlotte's work with World War II soldiers, leprosy and tuberculosis patients in the 1940s has, in some ways, given me a tohu, a sense of warning, to be vigilant about the current coronavirus pandemic. Charlotte had many gifts



Charlotte Bradshaw at Whakatāne Hospital, mid-1970s

– ngā taonga tuku iho o ngā tūpuna. I have come to admire greatly the care and responsibility she showed for those populations most at risk. She is a shining example of our tūpuna showing resilience and leadership embedded in our being, tikanga and te ao Māori.

Our whenua has been under a rāhui (lockdown) as a means of controlling the virus. Tikanga has been vital for this work. Through karakia, waiata, whakapapa, whakawātea and whakawhanaungatanga, we established links and made connections. Team rela-

tionships were strengthened so we could focus on resolving problems, providing rapid responses in a time-pressured environment, and ensuring safe realistic solutions.

Auntie Charlotte stood up to the challenges of her time. Now it's our turn and a reminder not to take things for granted, and to care about the things that matter, including our whānau, our community and Papatūānuku.

Given sufficient funding and resources, whānau, hapū, iwi and communities have the answers to improve their own health and wellbeing. If a stronger focus on equity is placed at the heart of health care, then everyone benefits. My moemoea (vision) is that one day a nationwide service will be established to collect and analyse high-quality ethnicity data for whakapapa protection, enabling early detection, rapid response and early intervention. The ultimate goal would be the creation of a First Nations' global indigenous pandemic response plan to protect future generations.

As my parents taught me: *Titiro whakamuri, Kia matarā ki nāianeī, E ora ai ngā uri whakaheke* – Look to our past, be vigilant in our present, so that future generations may thrive. •

Charlotte Bradshaw – a pioneer in her time

Charlotte Bradshaw was a humble Māori registered nurse and midwife who, throughout her 40-year-long national and international career, was meticulous in everything she did. She dedicated her life to helping the most vulnerable in our communities – from those living with leprosy in isolated villages in Fiji to caring for wounded soldiers during World War II. She became a mentor and role model for many.

Charlotte was born in 1921 in Waihou Valley in Northland. She was the third of nine children whose parents, Harata Rameka and William E Alexander, worked

hard to put food on the table. She began working as a nurse aide in 1937 at the newly built Rawene Hospital, enticed there by one of the matrons, her aunt. The hospital was touted as “the best and most up to date in the country”.¹ More women had begun having their babies at the hospital, leading to an increase in live births and a decrease in infant mortality.

Like many rangatahi, she soon felt the urge to leave her whānau and papākainga to work in an urban centre. She moved to Auckland to work at a private hospital, then to Rotorua Hospital where she cared

for soldiers returned from World War II. A hospital matron encouraged her to complete her nurse training, which she did in 1947, followed by her maternity training two years later.

Charlotte began her overseas experience in Fiji where she nursed leprosy patients on Makogai Island. By 1948, there were 700 patients with leprosy living on the island.²

From 1949-1951 she was seconded to the Department of Island Territories in Rarotonga to work at the sanatorium for tuberculosis (Tb). In her history of Tb in the Cook Islands, Debi Futter-Puati found

the following:

*"The frontal attack on Tuberculosis of the 1950s reached 63 percent of the total population, with 93.3 percent of the negative reactors to tuberculin receiving a BCG vaccine. The population coverage achieved by the campaign probably made an impact on the future low TB rates of the Cook Islands."*³

Charlotte was sister in charge at the sanatorium, responsible for administration and training local people. In 1951, the local chief medical officer Thomas Davis wrote that Charlotte carried out her work diligently with intelligence and initiative. He would not hesitate to recommend her for employment as a nurse, he said.³ Charlotte registered as general nurse in the Cook Islands in 1951 and as a midwife the following year.

Experience in Australia

When she was 31, she moved to Australia to maintain training at King George V Memorial Hospital for Mothers and Babies in New South Wales. In 1952, she completed a six-month postgraduate course in nursing of thoracic diseases at Sydney's Royal North Shore Hospital. She gained wide experience in both medical and surgical thoracic nursing. During this time she contracted Tb.

Charlotte's ethnicity often confused people. Some spoke to her in Greek or Italian thinking she was from those cultures. When she was in Rarotonga, some thought she must be Tahitian. Despite this, Charlotte was proud of her of Māori whakapapa.

Back in Aotearoa New Zealand in 1954, Charlotte worked for the Hawkes Bay Hospital Board as a general nurse. Superintendent I.H. Henderson described her in a character reference in 1955 as ". . . reliable, efficient and maintains a high standard for herself professionally including her appearance as immaculate. She has shown particular interest in teaching student nurses and has given them much guidance and encouragement."

In 1957, Charlotte joined Auckland Hospital and worked with infectious diseases, specialising in medical, psychiatric and paediatric nursing. During this time she met her future husband, Warwick Bradshaw, a school teacher, at te reo classes at the University of Auckland.

In 1958, Charlotte returned to Rarotonga where she worked in general nursing. Warwick joined her there and, a few months later, they married. As job prospects were limited for professional couples in 1959, they moved to Whakatāne where Warwick completed a stint of rural teaching. Charlotte nursed at Whakatāne Hospital and tutored as a sister in obstetrics.

Charlotte and Warwick had no children of their own, but Charlotte became very close to many of the children she nursed. One of them was Amohaere



Amohaere Tangitu with Charlotte Bradshaw

Tangitu, who also began her career as a nurse aide. Before retiring in 2018, Amohaere was director of Regional Māori Health Services at the Bay of Plenty District Health Board.

In February this year she told me: "I met Sister Bradshaw in 1961 when I was 13 and spending seven months in Whakatāne Hospital children's ward. Sister Bradshaw was sister in charge and the only Māori nurse and midwife at the hospital."

Amohaere said she knew there was something special about Sister Bradshaw as she had a "beauty within. She would

come onto the ward and hold my hand which reassured me. I never knew she was Māori but I knew she was different. She left a deep impression on me as a child – the way she connected with people.

"Many years later I returned to Whakatāne and we renewed our special bond. She would ask me to call her Charlotte but, out of respect, I continued to call her Sister Bradshaw and she called me Judith. I shared with her the Māori health strategy and initiatives I was involved in."

Amohaere's work bringing cultural perspectives and practices into health care, and making treatments culturally safe for Māori and all patients is described in *Bringing Culture into Care: A Biography of Amohaere Tangitu*.⁴

In the book, Sister Bradshaw is described as getting excited when hearing about the future directives for caring for Māori patients in mainstream hospitals.

Sister Bradshaw was vegetarian and practised Buddhism. She retired from nursing in 1985 and died in 2014, aged 93, at Whakatāne Hospital, survived by her husband Warwick.

In her last days she was comforted by the hospital's kahui kaumātua group, of which she was a member, who provided her with karakia and waia. To the end of her life, Sister Bradshaw remained a role model to many. •

Acknowledgements: I thank the following people for their contributions to this article: Warwick Bradshaw, Amohaere Tangitu, Carmen Timu-Parata (national Māori adviser, Ministry of Health), John Wigglesworth, (chief executive Hokianga Health Enterprise Trust), and Te Kaunihera o Ngā Neehi Māori.

Cherene Neilson-Hornblow, RN, Ngāpuhi and Ngāti Porou, has worked in mental health, forensics and intellectual disability nursing for 25 years. She is currently a kaitautoko for COVID-19 at the Ministry of Health.

References

- 1) Williams, C. (2010). *Hokianga Health – The First Hundred Years Te Rautau Tuatahi*. New Zealand: Hokianga Health Enterprises Trust.
- 2) Austin, C. J. (1949). *Leprosy in Fiji and the South Seas*. Paper presented at the Seventh. Pacific Science Congress, February 1949. <http://ila.iisl.br/pdfs/v17n4a05.pdf>
- 3) Futter-Puati, D. (2010). *Maki Maro Tuberculosis in the Cook Islands. A social history 1896-1975*. Thesis submitted Master of Arts in History, University of Auckland. Retrieved from <https://cdn.auckland.ac.nz/assets/arts/Departments/anthropology/documents/publications/Futter-Puati%202010.pdf>
- 4) Haami, B. (2019). *Bringing Culture into Care. A Biography of Amohaere Tangitu*. Wellington: Huia Publishers.