



**HERITAGE
COUNCIL**
OF WESTERN AUSTRALIA

REGISTER OF HERITAGE PLACES ASSESSMENT DOCUMENTATION

11. ASSESSMENT OF CULTURAL HERITAGE SIGNIFICANCE

The criteria adopted by the Heritage Council in November 1996 have been used to determine the cultural heritage significance of the place.

PRINCIPAL AUSTRALIAN HISTORIC THEME(S)

- 2.4.5 Displacing Indigenous people
- 4.1.1 Selecting township sites
- 3.26 Providing health services
- 3.26.1 Providing medical and dental services
- 3.26.2 Providing hospital services
- 3.26.4 Providing care for people with disabilities
- 5.1 Working in harsh conditions
- 7.6.1 Developing local government authorities
- 7.6.3 Policing Australia
- 7.6.4 Dispensing justice
- 7.6.5 Incarcerating people
- 9.1.1 Providing maternity clinics and hospitals

HERITAGE COUNCIL OF WESTERN AUSTRALIA THEME(S)

- 101 Immigration, emigration and refugees
- 102 Aboriginal occupation
- 103 Racial contact and interaction
- 106 Workers (including Aboriginal, convict)
- 107 Settlements
- 108 Government policy
- 401 Government and politics
- 403 Law and order
- 601 Aboriginal people
- 602 Early settlers

11.1 AESTHETIC VALUE*

* For consistency, all references to architectural style are taken from Apperly, R., Irving, R., Reynolds, P. *A Pictorial Guide to Identifying Australian Architecture. Styles and Terms from 1788 to the Present*, Angus and Robertson, North Ryde, 1989.

For consistency, all references to garden and landscape types and styles are taken from Ramsay, J. *Parks, Gardens and Special Trees: A Classification and Assessment Method for the Register of the National Estate*, Australian Government Publishing Service, Canberra, 1991, with additional reference to Richards, O. *Theoretical Framework for Designed Landscapes in WA*, unpublished report, 1997.

11. 2. HISTORIC VALUE

As the site of the Government Residency (1884), *Numbala Nunga, Derby* is representative of the settlement of the Kimberley by colonists from the mid-1880s, and the important first step in establishing a government in the region. (Criterion 2.1)

Numbala Nunga, Derby represents over 120 years of measures undertaken by the Western Australian and Commonwealth governments to provide health care to the Aboriginal population of the State's North West. (Criterion 2.2)

Numbala Nunga, Derby is indicative of the impact that colonial settlement had on the health and wellbeing of the Aboriginal population of Western Australia, and the consequential need to provide health care to treat the diseases the Aboriginal population would have otherwise not encountered. (Criterion 2.1)

Numbala Nunga, Derby is associated with many Aboriginal people from across the State and the Northern Territory who were removed from their families and treated for medical purposes (particularly venereal disease and leprosy) at the facility, who represent those most directly affected by government policy and community attitudes of the day. (Criterion 2.3)

As the site of a lock hospital from 1917 to 1925, *Numbala Nunga, Derby* is representative of the Government policy towards the spread and treatment of venereal diseases in the Aboriginal population from the late 1900s, which focused upon the relocation and complete isolation of sufferers. (Criterion 2.2)

As the site of a leprosy hospital during the 1920s and the 1930s, *Numbala Nunga, Derby* is representative of the Government policy of relocation, detention and isolation of leprosy patients. (Criterion 2.2)

The Native Hospital, which operated at the *Numbala Nunga, Derby* site from 1925 until 1966, is representative of the official government policy of treating Aboriginal and non-Aboriginal patients in separate medical facilities, a policy which remained in place until the 1960s when the Commonwealth policy of assimilation was adopted. (Criterion 2.2)

The establishment of a Native hospital at the *Numbala Nunga, Derby* site in 1925 by the Department of Native Affairs and the subsequent handover of its management to the Department of Public Health in 1948 is representative of the recognition that the Department of Health was better suited to provide for the health and medical needs of the Aboriginal population than the Department of Native Affairs. (Criterion 2.2)

The Nursing Home at *Numbala Nunga, Derby* was established as a consequence of the increase in elderly patients requiring geriatric care in the North West, as a result of the Pastoral Industry Awards of 1968, which instituted equal pay provisions for Aboriginal workers on cattle stations, and consequently did not allow for the maintenance of workers' extended families, as had previously been the custom. (Criterion 2.2)

Numbala Nunga (Nursing Home) was established with funding by the Commonwealth's Aboriginal Advancement Trust Account, an initiative which aimed to help improve Aboriginal health services across Australia, thereby

marking the period following the 1967 referendum when the Commonwealth first became directly engaged in Aboriginal affairs. (Criterion 2.2)

From its opening in May 1969 through until the late 1980s, Numbala Nunga (Nursing Home) operated as the first and only nursing home in the Kimberley, serving predominantly Aboriginal patients. (Criteria 2.1 & 2.2)

Numbala Nunga (Nursing Home) served patients from all over the Kimberley, and some from the Northern Territory. Although open to all, residents were predominantly of Aboriginal descent and staff worked to retain Aboriginal cultural links. (Criterion 2.2)

11.3. SCIENTIFIC VALUE

Numbala Nunga, Derby has the capacity to reveal information about various aspects of Aboriginal history and culture in relation to the impact of colonial settlement on the health and wellbeing of the Aboriginal population of Western Australia, and the subsequent measures undertaken by government to provide health care to Aboriginal population of the State's North West. It has the potential to provide valuable insights into the development of government policy and relationships between Aboriginal and non-Aboriginal people in the North West of the State. (Criterion 3.2)

11.4. SOCIAL VALUE

Numbala Nunga, Derby is valued by the community of Derby, and the wider community of the North West, for the significant role it has played in providing health care since a hospital first operated on the site in the 1890s. (Criterion 4.1)

Numbala Nunga, Derby is valued by the staff, patients, residents, families and ancestors of patients treated at the place during its 120 years of operation as a medical facility, particularly by Aboriginal people for whom it provided a culturally specific environment. (Criterion 4.1)

12. DEGREE OF SIGNIFICANCE

12.1. RARITY

Numbala Nunga, Derby is rare as a place which represents 120 years of measures undertaken by the Western Australian government to provide health care to the Aboriginal population of the State's North West. (Criterion 5.1)

Numbala Nunga, Derby is rare as the site of one of only four lock hospitals established in Western Australia. (Criterion 5.1)

Numbala Nunga, Derby is rare as the site of one of the few leprosy hospitals established in Western Australia. (Criterion 5.1)

12.2 REPRESENTATIVENESS

Numbala Nunga, Derby represents the continuous use of one site, over 120 years, to provide services to the Aboriginal community of Western Australia. The regular erection and demolition of structures to meet the changing needs of the health care provided at the site, demonstrates the evolution of the type of health care and attitudes towards providing health care to Aboriginal people over time. (Criterion 6.2)

Numbala Nunga, Derby is representative of 120 years of measures undertaken by the Western Australian government to provide health care to the Aboriginal population of the State's North West, and the implementation of policies, including the removal, relocation and segregation of Aboriginal people. (Criterion 6.2)

As the site of the Government Residency (1884), *Numbala Nunga, Derby* is representative of the colonial practice of establishing a head of Government in a newly settled region who officiated initially from their place of residence. (Criterion 6.2)

12.3 CONDITION

In September 2017 a fire destroyed the majority of the structures which formerly housed the Numbala Nunga Nursing Home (1968-2008). The site has since been cleared due to the extent of the damage, and concerns regarding asbestos contamination.

The 2008 Numbala Nursing Home facility situated in the south west corner of the site is still in use and is in good condition. The staff housing units constructed in 2018 to the north of the 2008 complex are in good condition.

12.4 INTEGRITY

Numbala Nunga, Derby has moderate integrity as a site which has continuously provided health care services for over 120 years. Although Numbala Nunga closed in 2008 as a nursing home, a new aged care facility was opened west of the facility in the same year on the same reserve, continuing the use of the site for medical and care related purposes.

The continued use of the original site for aged care or Aboriginal community uses would enable the retention of the moderate integrity of the place.

12.5 AUTHENTICITY

Numbala Nunga, Derby has low authenticity as the site of Derby's Government Residency, Derby Hospital (including Leprosy and Lock Hospital facilities), Derby Native Hospital, and Numbala Nunga Nursing Home (1968-2008). No structures or elements from these periods remain extant, and archaeological investigations suggests there to be low potential for material to remain.

13. SUPPORTING EVIDENCE

The documentary evidence is based on a heritage assessment completed by Clare Menck Historian in June 2015.

The physical evidence is based on Hocking Heritage Studios, *Numbala Nunga Nursing Home: GHPDP Referral*, prepared for LandCorp (October 2014), with archaeological information prepared by Karina Williams, State Heritage, in November 2015.

Amendments and/or additions have been carried out by Department of Planning, Lands and Heritage, and the Register Committee.

Numbala Nunga, Derby is a complex place with values associated with its former use as the Government Residency (1884), Derby Hospital (including Leprosy and Lock Hospital facilities) (1890s-), Derby Native Hospital (1925), and Numbala Nunga Nursing Home (1968-2008). The place also comprises a portion of the 2008 nursing home complex, also known as Numbala Nunga, in the southwestern corner of the site, which continues to operate in conjunction with Ngamang Bawoona residential aged care, which is located on an adjacent lot to the west. Staff housing, completed in 2018, has been constructed to the north of the 2008 Numbala Nunga complex.

13.1 DOCUMENTARY EVIDENCE

Numbala Nunga, Derby is located on the outskirts of the Derby townsite and is bounded by Sutherland Street to the south, and an open tidal marshland to the east and north. The 2008 Numbala Nunga Nursing Home is situated in the southwest corner of the site, and staff housing (2018) in the northwest portion. The wider site comprises an understorey of grasses, a mid-storey of woody shrubs, and an upper storey of eucalypts and Boab trees.

Structures previously located at the site include; the Government Residency (1884), Derby Hospital (including Leprosy and Lock Hospital facilities) (1890s-), Derby Native Hospital (1925), and Numbala Nunga Nursing Home (1968-2008). No elements of these places remain extant in 2019.

Establishment of Derby & the Government Residency

Although British explorers surveyed the Kimberley coastline in the early nineteenth century, settlement by colonists did not occur until after Alexander Forrest surveyed the North West interior in 1879. Forrest reported the area to be highly suitable for pastoral purposes, and within the same year pastoralists moved to the region and established sheep runs.¹

Prior to colonial settlement, Aboriginal people inhabited the region. Across the vast North West area, a wide variety of language and cultural groups co-existed. The arrival of colonists rapidly impacted Aboriginal lives, particularly in terms of their health and wellbeing through the introduction of diseases they had not previously been exposed to.²

¹ Heritage and Conservation Professionals, *Shire of Derby/West Kimberley Municipal Inventory* (1995), pp. 5, 6. McLellan, R. C., *A Short History of Derby: 1883 centenary 1983* (1983), pp. 3, 5.

² *Shire of Derby/West Kimberley Municipal Inventory* (1995), pp. 5, 6. 'Our Community. An Overview', Shire of Derby/West Kimberley, sourced from <http://www.sdwk.wa.gov.au/community/aboutourcommunity.html> Accessed on 24 September 2015.

The port of Derby was established in 1880 and three years later, in mid-1883,³ Kimberley's first Government's officials arrived to oversee the establishment of the district. The townsite of Derby was subsequently surveyed and Kimberley's first town was declared in November 1883.⁴

An area was set aside at the north east corner of the townsite for the Government officials.⁵ Occupying and operating from this site was the Government Resident (also referred to as the Resident Magistrate⁶), who was the head of Government in the region, as well as head of the region's police force. This is the current site of *Numbala Nunga, Derby*.

Initially, the Government Resident and his clerk lived in two humble temporary corrugated iron houses on the Government Reserve, and the police officials resided in timber thatched shelters.⁷ By October 1884, a more permanent Government Residency had been constructed.⁸ This was a single storey timber residence with a pitched roof and verandahs.⁹ A police station and quarters (possibly one building) and stables were constructed in 1884 and 1885.¹⁰ It is thought that these structures occupied the south west portion of the Government Reserve.¹¹

From the Government Residency, the Government Resident governed the Kimberley region. His responsibilities included overseeing the law and order of the district and managing judicial matters. The first Government Resident was also known to spend time exploring the district and establishing cordial relationships with the local Aboriginal community.¹²

During this early period, the police were primarily occupied with patrolling pastoral stations and monitoring the activities of local Aboriginal people. It is thought that

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- 3 Fairbairn's party left Perth in April 1883, and had arrived by July 1883. Western Australian Parliamentary Debates, Legislative Council, 13 April 1883, p. 2., and 18 July 1883, p. 44.
- 4 *Shire of Derby/West Kimberley Municipal Inventory* (1995), p. 8. McLellan, *A Short History of Derby* (1983), p. 5.
- 5 'Townsite of Derby No 1, c. 1883', SROWA series 2168 cons 5698 item 0524 Derby No 1 dated 1883-1887, cited and reproduced in Hocking Heritage Studios, *Numbala Nunga Nursing Home: GHPDP Referral*, prepared for LandCorp (October 2014), p. 8; Heritage and Conservation Professionals, *Conservation Plan Derby Police Gaol (Native Shelter Shed)*, prepared for the Building Management Authority (1995), p. 8.
- 6 The terms 'Government Resident' and 'Resident Magistrate' are used interchangeably to describe the senior government official installed in the region to act as the head of government. This position was commonplace in regional districts of the colony. See comparative information for further detail.
- 7 Public Records Office of Western Australia (PROWA), AN 5/6, Police Department, Acc 129, 83/856, Report B and *The Victorian Express*, 13 February 1884., both cited in *Conservation Plan Derby Police Gaol (Native Shelter Shed)*, (1995), p. 8.
- 8 Images of Derby Government Residency: 'Residency at Derby [picture]' c.1900-1910, State Library of Western Australia Pictorial Collection, Call No 5145B Vol. 108; 'The old Residency building in Derby as a lazaret in 1923', in Davidson, W.S., *Havens of refuge: a history of leprosy in Western Australia* (University of Western Australia Press, Nedlands: 1978), pp. 24, 25.
- 9 The Government Residency was constructed by October 1884 in time for a visit from the Governor of Western Australia. 'Country News: Derby, Oct 8', *The West Australian*, 23 October 1884, p. 3.
- 10 PROWA, AN 5, Police Department, Acc 430, 944/84, Report; PROWA, AN 5/3, police Department Acc 430, 809/85, File and PROWA AN 5, Police Department, Acc 430, 736/85 File., both cited in *Conservation Plan Derby Police Gaol (Native Shelter Shed)*, (1995), p. 8.
- 11 'Townsite of Derby No 1, c. 1883', SROWA series 2168 cons 5698 item 0524 Derby No 1 dated 1883-1887, reproduced in *Numbala Nunga Nursing Home* (2014), p. 9.
- 12 *Numbala Nunga Nursing Home* (2014), p. 9; 'Robert Fairbairn I.S.O', in Battye, J.S., *The Cyclopedia of Western Australia* (1913), Vol. 1, pp. 370-372.

prisoners were held in timber and iron cells near the police buildings at the Residency Reserve.¹³

The townsite developed slowly during the mid-1880s, due to the slow uptake of town lots and lack of Government funds for public works. In 1885, a tramline on a raised embankment was constructed across the tidal flats to linked the main town with the port, which significantly improved access.¹⁴

The discovery of Western Australia's first gold at Halls Creek (about 400km south east of Derby) in 1885 initiated the Kimberley gold rush.¹⁵ This led to a brief boom in Derby, during which the Government Resident also became the Warden of the Kimberley Goldfields.¹⁶ The town returned to normality by the end of 1886.¹⁷

By the late-1880s, it had become clear that locating the government reserve on the outskirts of town, so far from the jetty and the commercial centre of the settlement, was ineffective for the governance and policing of the area. As a solution, new public buildings were constructed in the centre of town (at a site halfway between the existing government buildings and the jetty). These included a Post and Telegraph Office in 1889, a Court House in 1890, and a new Police Station (thereby relocating services from the Government Residency site) in 1896.¹⁸

During this period, the Government Resident had also requested several other new buildings, including a Police Quarters, Hospital and Residency. However, none were built.¹⁹

In the late 1890s, after police services had been relocated to the town centre, a hospital started operating from the Residency Reserve.²⁰ By this time, the Government Resident was also a medical practitioner and could attend to the patients on site, a trend that continued almost continuously from 1885 until 1915.²¹ The Government Resident continued to live at the Residency until a new Residency was constructed elsewhere in Derby in 1917.

13 *Conservation Plan Derby Police Gaol (Native Shelter Shed)*, (1995), pp. 8, 9.

14 *Shire of Derby/West Kimberley Municipal Inventory* (1995), pp. 8-10; Heritage Council of Western Australia, State Register of Heritage Places – Assessment Documentation, P4661 *Derby Tramway Woolshed* (2007), p. 4.

15 Heritage Council of Western Australia, State Register of Heritage Places – Assessment Documentation, P1173 *Old Halls Creek Post Office Ruins* (1998), p. 3.

16 Dr Thomas Lovegrove, the Government Resident between 1885 and 1890, became the first Warden in Western Australia, as the Warden of the Kimberley Goldfields in 1885. This position included the added responsibility to oversee judicial matters regarding to mining. 'A Pioneer Doctor. The Late Dr Lovegrove', *The West Australian*, 15 December 1927, p. 18.

17 *Shire of Derby/West Kimberley Municipal Inventory* (1995), p. 11.

18 *Conservation Plan Derby Police Gaol (Native Shelter Shed)*, (1995), pp. 9, 10.

19 File Government Resident Derby - Kimberley District requirements, 1 - Mail Service to Goldfields & Telegraph station Fitzroy crossing. 2 - Police Quarters. 3 - Tram Line. 4 - Crane for Jetty Head. 5 - Hospital. 6 – Residency, item number 1889/2575, Cons 527, SROWA., cited in *Numbala Nunga Nursing Home* (2014), p. 11.

20 Colonial Secretary's Office files (SROWA): 'John Bryan – Attendance Derby Hospital', Cons 527 Item 18889/2136; 'Ah Kee Complains of Dr Black not visiting him at Derby Hospital', Cons 527 Item 1893.0080; 'Admission to Derby Hospital – W.D Jackson', Cons 527 Item 1894/0863

21 *Numbala Nunga Nursing Home* (2014), p. 9.

Between 1885 and 1915, only the period of 1894 to 1901 was the Resident Magistrate not also a Medical Practitioner.

Government Residency & Derby Hospital

Derby's first medical facilities were not established at the Residency Reserve, but elsewhere in town in 1886, in the form of a temporary tent hospital.²² By the early 1890s conditions at the tent hospital had deteriorated such that it was considered 'unsafe and dangerous to life',²³ resulting in the relocation of some medical services to the Residency Reserve in 1893. Records note that part of a building some distance from the Government Residency was used as a hospital.²⁴ It is unclear whether this building was an existing structure onsite or a newly erected structure.

By the late 1890s, a hospital was operating from the Residency Reserve known as 'Derby Hospital'. It is possible that by this time the hospital was occupying the recently vacated police building/s. It is known that Derby Hospital treated both white and Aboriginal patients.²⁵

Medical care for the Aboriginal population in the nineteenth and early twentieth century was minimal and haphazard. Employers of Aboriginal labourers were expected to be responsible for their workers' medical care. Generally Aboriginal workers were treated within 'white' facilities, but as 'paupers', they were often cared for in outbuildings or on verandahs.²⁶ If employers failed to provide the medical care to their Aboriginal workers, medical expenses were covered instead by the Aborigines Department. Government Medical Officers were obligated to provide medical care to 'pauper aboriginals' if requested to by the police.²⁷

By 1904, Derby's Government Resident was also acting as 'Protector of Aborigines' for the Derby area, an *ex officio* role that appears to have involved overseeing any legal proceedings involving local Aboriginal persons, checking for abuses of employment conditions and food relief.²⁸ The high proportion of Aboriginal people in the region coupled with the Government Resident's dual responsibility as the Resident Medical Officer and Protector of Aborigines likely contributed to the admittance of Aboriginal people into Derby Hospital.

In the 1900s, Derby Hospital was described as a single ward with rooms for a store, bathroom and orderly's room, and the kitchen was a separate building. Patients mostly slept on the verandahs, as the ward was unsuitable for treatment of fever patients in the tropics, being hot and not insect-proof. The western end of the building was used by white patients (and presumably the eastern end used by Aboriginal and Asian patients, although this is not specified). The patients at the

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- 22 Colonial Secretary's Office, 'Hospital at Derby' (file), SROWA Cons 527 Item 1891/0647.
23 Colonial Secretary's Office, 'Hospital at Derby' (file), SROWA Cons 527 Item 1891/0647.
24 Colonial Secretary's Office, 'Closing of Hospital, Dismissal hospital Orderly' (file), SROWA Cons 527 Item 1892/0078
25 Colonial Secretary's Department, 'Derby Hospital – repairs – Recommending painting' (file), SROWA Cons 1003 Item 1907/1294, quotes from folio 1.
26 Sue Graham-Taylor, 'Aboriginal Health' in *Public Health 1975-1996*, draft provided to SHO Nov 2014, pp.187-188.
27 Walter E. Roth, 'Royal Commission on the Condition of the Natives: Report', 29 December 1904, pp.24-25
28 Richard Henry Wace, RM&DMO, Derby, evidence quoted in Walter E. Roth, 'Royal Commission on the Condition of the Natives: Report', 29 December 1904, pp.110-115, quote from p.111.

time, all male, were described as 'generally in a semi-nude condition' on account of the heat.²⁹

By 1909, the Government Resident continued to provide medical care and had set up a dispensary in the Residency. By that time, the wider hospital site included a 'shed' that was in use as a lazaret (quarantine station for contagious diseases, particularly leprosy). Three lepers were reported to have died there.³⁰ In 1912, a separate privy for Aboriginal patients was added, as it was recognised that there was 'always a certain number of native patients' at the Hospital and no provision had previously been made for them'.³¹

By 1914, both the Residency and the adjacent hospital buildings were considered ill-sited and in need of replacement. The tramway stopped $\frac{3}{4}$ mile before reaching the site, and the proximity of the marsh made it a haven for mosquitoes. The Government Resident complained bitterly that he could keep neither rain nor mosquitoes out of the house and as a result had contracted bronchial catarrh [sic] and malaria.³²

In 1916, a new hospital and Residency were approved for construction closer to Derby town center.³³

The new Residency was completed in 1917 and the Government Resident subsequently relocated. Thereafter the former Residency building was 'utilised more or less by the Chief Protector of Aborigines as a Hospital for natives'.³⁴

Plans to relocate the existing hospital did not proceed, and it remained use for medical purposes in conjunction with the former Residency.³⁵

By the 1920s, the isolation and treatment of Aboriginal patients suffering from contagious diseases, such as leprosy and venereal diseases, had become a major concern for the State's North West. This resulted in the former Residency Reserve being declared an Aboriginal Reserve (thereby allowing for the detention of patients) and a lock hospital (an isolation hospital for the treatment of venereal diseases) being established within the former Residency building.

Contagious Diseases & the former Government Residency

At the turn of the twentieth century, the State Government became concerned with the spread and treatment of 'granuloma' (typically syphilis) in the Aboriginal

²⁹ Colonial Secretary's Department, 'Derby Hospital – repairs – Recommending painting' (file), SROWA Cons 1003 Item 1907/1294, quotes from folio 1.

³⁰ Public Health Department, 'Derby Hospital – Buildings' (file), SROWA Cons 1003 Item 1920/1388, quote from folio 23.

³¹ Public Health Department, 'Derby Hospital – Buildings' (file), SROWA Cons 1003 Item 1920/1388, quote from folio 49.

³² Department of Native Affairs, 'Derby Native Hospital – Reserve – Lot 451' (file), SROWA Cons 993 Item 1951/0653.

³³ A.O. Neville, 10 November 1917, on Department of Native Affairs, 'Derby Native Hospital – Reserve – Lot 451' (file), SROWA Cons 993 Item 1951/0653 folio 56.

³⁴ Department of the North-West, 'Derby Hospital: Question of removal' (file), SROWA Cons 251 Item 1921/0402, folio 5.

³⁵ Public Health Department, 'Derby Hospital – Buildings' (file), SROWA Cons 1003 Item 1920/1388, quote from folio 95.

population.³⁶ It was believed that the disease was highly infectious and would spread amongst the white population unless infected Aboriginal persons were completely isolated. In 1908, two islands off the coast of Carnarvon, Dorre and Bernier Islands, were established as lock hospitals.³⁷

In Derby, rather than sending the patients to Dorre and Bernier Islands, infected Aboriginal patients were taken to the police station in the centre of town. However, complaints soon led to them being relocated to the Residency Reserve. From there, the Resident Medical Officer (who also continued to be the Resident Magistrate) treated cases of granuloma at the former Residency.³⁸

By 1917, as it had become apparent that granuloma was far less prevalent within Aboriginal communities than originally thought, the Chief Protector of Aborigines proposed establishing two onshore facilities 'for the reception of diseased natives', one at Derby and the other at Port Hedland.³⁹ The proposed facilities were to be managed by the Aborigines Department, and were 'not to be hospitals in the ordinary sense of the word, but reception homes for the diseased natives, who will be allowed to live, as far as possible, their own lives under outdoor conditions'. Treating Aboriginal patients within European medical wards was considered not preferable, as it had 'been proved a mistake, as any doctor who has had experience of them will tell you'.⁴⁰

Dorre and Bernier Island Lock Hospitals were closed in 1918,⁴¹ and the new Lock Hospital in Port Hedland was opened in 1919.⁴² The proposed facility for Derby was not built however, as the number of granuloma cases had declined and the Chief Protector stated that it was no longer warranted.⁴³

During the 1920s, another contagious disease became a significant issue in Derby – Hansen's Disease, more commonly known as Leprosy. Leprosy has been in Australia since 1850 but was only identified in the Kimberley in 1908. Treatment was rudimentary with sufferers being detained, at that time, in such places as Bezout Island (north of Cape Lambert, near Cossack) and, from 1913, on a piece of land where the incoming tide created an island off Cossack.⁴⁴

36 'Granuloma' is a fairly general medical term referring to a small area of inflammation of tissue. Granuloma inguinale is a venereal disease characterised by genital ulcers.

37 Chief Protector of Aborigines, extensive letter to Under Secretary, 25 October 1917, Chief Secretary's Department: Aborigines, 'Derby Native Hospital', (file), SROWA Cons 653 Item 1925/0544.

38 Chief Protector of Aborigines, extensive letter to Under Secretary, 25 October 1917, Chief Secretary's Department: Aborigines, 'Derby Native Hospital', (file), SROWA Cons 653 Item 1925/0544.

39 Chief Protector of Aborigines, extensive letter to Under Secretary, 25 October 1917, Chief Secretary's Department: Aborigines, 'Derby Native Hospital', (file), SROWA Cons 653 Item 1925/0544.

40 Chief Protector of Aborigines, extensive letter to Under Secretary, 25 October 1917, Chief Secretary's Department: Aborigines, 'Derby Native Hospital', (file), SROWA Cons 653 Item 1925/0544.

41 Chief Protector of Aborigines, extensive letter to Under Secretary, 25 October 1917, Chief Secretary's Department: Aborigines, 'Derby Native Hospital', (file), SROWA Cons 653 Item 1925/0544.

42 P5948 Lock Hospital and Burial Ground, Port Hedland (Assessment Program) Heritage Council of Western Australia, Preliminary Review for P5948 Port Hedland Lock Hospital and Burial Group (July 2012).

43 Chief Secretary's Department: Aborigines, 'Derby Native Hospital', (file), SROWA Cons 653 Item 1925/0544.

44 W S Davidson, *Havens of Refuge: A History of Leprosy in Western Australia* (University of Western Australia Press, Nedlands: 1978) pp. 4, 6, 9, 18–19 and 152–3., cited in Heritage Council of Western Australia, State Register of Heritage Places – Assessment Documentation, P2980 *Bungarun (Leprosarium), Derby* (2000), p. 3.

The number of leprosy cases in the Derby area was increasing in the 1920s, with as many as seven suspected cases identified by April 1922. By the following year, five leprosy patients were living at the former Residency site.⁴⁵

By mid-1923 the Derby residents were verbalising their concern about the situation with leprosy and submitted a petition to the Minister for the North West to remove the four lepers living at the former Residency to a more remote location. There were fears that the disease would spread as the former Residency was not guarded.⁴⁶

As a solution, the former Residency Reserve was declared an Aboriginal Reserve in July 1923. This both allowed Aboriginal patients to be detained, and also kept out people not specifically associated with the hospital. A Superintendent was appointed, initially the local police sergeant, to ensure Reserve regulations could be enforced.⁴⁷

In 1924, it was suggested 'that the whole of the Lazaret accommodation at Derby be condemned and site abandoned'.⁴⁸ The Lazaret (the former Residency) was described as being in great disrepair, comprising 'eight rooms and a hall very irregularly arranged'.⁴⁹ The following year, in 1925, a new Lazaret was constructed in Cossack and Derby's Leper patients were transferred there.⁵⁰

In 1925, after Derby's leper population had been relocated to Cossack, the former Government Residency building was destroyed by fire.

Evidence suggests this was a purposeful act that was 'the usual custom' at the time for vacated contagious diseases facilities.⁵¹

Derby Hospital

During the entire period when the former Residency was being utilised as a Lock Hospital and Lazaret, Derby Hospital also continued to function from the site.

It continued to be the only hospital in Derby, and catered to both white and Aboriginal patients. By the 1920s, however, it seems unlikely that white patients were treated at the hospital. In 1922, the Commissioner for the North West noted that Derby Hospital could 'hardly be considered a hospital for white people. No

45 Chief Secretary's Department: Aborigines, 'Derby Native Hospital', (file), SROWA Cons 653 Item 1925/0544.

46 Department of Native Affairs, 'Derby Native Hospital – Reserve – Lot 451' (file), SROWA Cons 993 Item 1951/0653.

47 Department of Native Affairs, 'Derby Native Hospital – Reserve – Lot 451' (file), SROWA Cons 993 Item 1951/0653.

48 W S Davidson, *Havens of Refuge: A History of Leprosy in Western Australia* (University of Western Australia Press, Nedlands: 1978), prologue., cited in Heritage Council of Western Australia, State Register of Heritage Places – Assessment Documentation, P2980 *Bungarun (Leprosarium), Derby* (2000), p. 4.

49 W.S. Davidson, *Havens of Refuge: A History of Leprosy in Western Australia* (University of Western Australia Press, Nedlands: 1978), pp.23-25.

50 W S Davidson, *Havens of Refuge: A History of Leprosy in Western Australia* (University of Western Australia Press, Nedlands: 1978), pp. 27-33; Australian Heritage Commission, RNEDB, Location of Channel Island Leprosarium, Darwin NT, report from URL <http://www.ahc.gov.au/net/rnedb.html> printed on 18 January 1998., cited in Heritage Council of Western Australia, State Register of Heritage Places – Assessment Documentation, P2980 *Bungarun (Leprosarium), Derby* (2000), p. 4.

51 Chief Secretary's Department: Aborigines, 'Derby Native Hospital', (file), SROWA Cons 653 Item 1925/0544; *Sunday Times*, Sunday 1 November 1925, p. 8S, <http://trove.nla.gov.au/ndp/del/article/58229387> W.S. Davidson, *Havens of Refuge: A History of Leprosy in Western Australia*, UWA Press, Nedlands, 1978, pp.23, 35

whites would go there if they could possibly avoid it'.⁵² It is therefore probable that 'white' patients were cared for in their homes.

In 1923, the same year that the former Residency Reserve became an Aboriginal Reserve, the PWD prepared plans for the construction of a new Derby Hospital, intended for 'white' patients only.⁵³ The new hospital, located centrally within town, was opened in 1924.⁵⁴

After 'white' services were relocated to the new hospital, the Derby Hospital at the former Residency Reserve was transferred to the Department of Native Affairs.⁵⁵

Derby Native Hospital

In 1925, the Department of Native Affairs took over control of the former Residency site. With the Government Residency now demolished, and a 'white' hospital operating in the centre of town, the existing hospital became officially an Aboriginal-only native hospital. This facility was proposed to serve the whole of the Kimberley.⁵⁶

Derby Native Hospital operated from the hospital buildings on the site, as well as a new hospital building, constructed in 1926.⁵⁷ The new building likely replaced the accommodation lost with the destruction of the former Residency. When complete, the new structure proved inadequate to keep out rain and the dirt floors were unsatisfactory. Requests for a verandah and concrete floors were rejected several times before a verandah was added in 1929.⁵⁸

By the early 1930s, lepers were again being treated in Derby. After the closure of the Cossack leprosarium in 1931, leprosy patients started being cared for at Derby Native Hospital, despite official policy to remove them to Darwin. By the mid-1930s, the number of leprosy cases in the North West had escalated to epidemic proportions, with almost all patients being Aboriginal.⁵⁹ By the end of 1933, 'some thirty or forty leprosy cases [were recorded] squatting in the vicinity of the native isolation hospital'.⁶⁰ By January 1935, this number had reached 80, accommodated in 'wretched huts' less than 100 yards from the hospital, with no fence or other barrier to separate the hospital.⁶¹

52 Public Health Department, 'Derby Hospital – Buildings' (file), SROWA Cons 1003 Item 1920/1388, quote from folio 129.

53 Public Health Department, 'Derby Hospital – Buildings' (file), SROWA Cons 1003 Item 1920/1388.

54 Chief Secretary's Department: Aborigines, 'Derby Native Hospital', (file), SROWA Cons 653 Item 1925/0544.

55 Chief Secretary's Department: Aborigines, 'Derby Native Hospital', (file), SROWA Cons 653 Item 1925/0544.

56 Chief Protector of Aborigines to Minister for the Northwest, 17 August 1925, on Chief Secretary's Department: Aborigines, 'Derby Native Hospital', (file), SROWA Cons 653 Item 1925/0544.

57 Chief Secretary's Department: Aborigines, 'Derby Native Hospital', (file), SROWA Cons 653 Item 1925/0544.

58 Chief Secretary's Department: Aborigines, 'Derby Native Hospital', (file), SROWA Cons 653 Item 1925/0544.

59 W.S. Davidson, *Havens of Refuge: A History of Leprosy in Western Australia*, UWA Press, Nedlands, 1978, p.40.

60 Cathie Clement, SHO Register documentation for P02980 *Bungarun (Leprosarium)*, Derby, 2000, p.5.

61 H.D. Moseley, 'Report of the Royal Commissioner Appointed to Investigate, Report, and Advise upon matters in relation to the Condition and Treatment of Aborigines', Perth, 1935, quotes from p.10.

In 1930, the Commonwealth Government had established a leprosarium on Channel Island in Darwin harbour (Northern Territory), which was set up to cater to leprosy patients in North, Central and North West Australia.⁶² However, transferring patients from Western Australia to Darwin was an expensive and difficult process,⁶³ and as a consequence, in 1935 a Royal Commission recommended that Western Australia withdraw from Darwin scheme and a leprosarium be constructed outside of Derby. This new facility, known as *Bungarun (Leprosarium) Derby*, was completed in 1936⁶⁴ and ninety patients were transferred there from Derby Native Hospital. This brought an end to leprosy patients being treated at Derby Native Hospital.⁶⁵

Towards the end of the 1930s, conditions started to improve at Derby Native Hospital. Considerable maintenance was carried out by the then manager, who had previously been a carpenter. The hospital's dirt floors were finally concreted, beds were provided for urgent cases, and a new 'half-caste' ward of bush timber and flattened kerosene cases was erected. During the day, patients who were well enough and preferred to be outside were provided 'two large bush shelters, well protected from the weather by good wind breaks'.⁶⁶

In addition, efforts were made to forge better relationships with the Aboriginal community. The management operated the hospital as both a medical facility and an Aboriginal reserve. Tents were provided in the wet season as temporary accommodation for Aboriginal 'visitors and relatives' who were camping at the hospital. Children were allowed to stay at the hospital and were provided an education.⁶⁷

In the 1940s, when management changed, Derby Native Hospital returned to being purely a medical facility.⁶⁸

The onset of WWII and the Japanese air-raids on northern towns in 1941 and 1942 impacted on the operation of Derby Native Hospital. Both 'white' and female staff were evacuated from Derby. Medical orderlies and staff from the 'white' hospital continued serving patients at the native hospital as best they could, but the lack of medical staff resulted in some urgent Aboriginal patients being seen in the 'white' hospital.⁶⁹

62 Letter from the Prime Minister to Premier of Western Australia, August 1927, cited in W S Davidson, *Havens of Refuge: A History of Leprosy in Western Australia* (University of Western Australia Press, Nedlands: 1978), p. 27.

63 Cathie Clement, SHO Register documentation for P02980 *Bungarun (Leprosarium), Derby*, 2000, pp.5-7.

64 Cathie Clement, SHO Register documentation for P02980 *Bungarun (Leprosarium), Derby*, 2000, pp.5-7.

65 More information about *Bungarun (Leprosarium) Derby* can be downloaded from the State Heritage Office's InHerit database at <http://inherit.stateheritage.wa.gov.au/Public/Inventory/Details/4ffd7545-d250-43a8-95e7-f09a181dd508>

66 Mr H. Ulrich, Officer in Charge, Derby Native Hospital, to Commissioner of Native Affairs, 14 July 1938, on Department of Native Affairs, 'Derby Native Hospital: Buildings and Equipment' (file) SROWA Cons 993 Item 1936/0273.; m Department of Native Affairs, 'Derby Native Hospital: Buildings and Equipment' (file) SROWA Cons 993 Item 1936/0273.

67 Department of Native Affairs, 'Derby Native Hospital: Buildings and Equipment' (file) SROWA Cons 993 Item 1936/0273.

68 Department of Native Affairs, 'Derby Native Hospital: Buildings and Equipment' (file) SROWA Cons 993 Item 1936/0273.

69 Department of Native Affairs, 'Derby Native Hospital: Re-establishment of after Evacuation', SROWA Cons 993 Item 1943/0471.

Despite restrictions on building during the war, the condition of Derby Native Hospital was considered so dire that in 1943 a new accommodation building to house 'half-caste' Aboriginal girls employed at the hospital was erected, and 18 additional beds were sent for use at the hospital.⁷⁰

During the 1940s and early 1950s, the condition of Derby Native Hospital declined dramatically. The extreme weather resulted in the destruction of a number of buildings on site, and some substandard temporary structures were erected as an interim measure.⁷¹ In 1947 the hospital failed its health inspection and the Health Department began pressuring the Department of Native Affairs for improvements.⁷²

In 1948, the management of Derby Native Hospital was transferred from the Department of Native Affairs to the Department of Public Health. This move recognised that the Department of Health was better suited to provide for the health and medical needs of the Aboriginal population. All native hospitals in the State were transferred to the Department of Public Health at this time.⁷³

In the early 1950s, the staffing of Derby Native Hospital was supplemented by the Sisters of St John of God, who were in the region managing the *Bungarun (Leprosarium) Derby*. By 1954, the Sisters were also managing Derby Native Hospital.⁷⁴

Like the Department of Native Affairs before them, the Sisters of St John of God continued to struggle to keep Derby Native Hospital in adequate condition. There were long delays organising building and maintenance works: materials took a long time to arrive from the south, work was often delayed for long periods waiting for qualified trades-people to become available, and laborers, once they began, often worked very slowly, as the buildings could not be completely vacated during works and they had to work in increments around patients and staff. As a result, even simple or extremely urgent works generally took years to complete.⁷⁵

Some improvements were made to the site, however, including the addition of a small pre-fab cottage, a new dormitory, and the grading, levelling and replanting of lawns.⁷⁶

By the end of the 1950s, the number of patients presenting at Derby Native Hospital increased markedly due to the opening of Mowanjum Mission located 10km south east of Derby, which did not provide hospital facilities.⁷⁷ In 1959, all seventy patients at the native hospital had reportedly caught chickenpox and

70 Department of Native Affairs, 'Derby Native Hospital: Buildings and Equipment' (file) SROWA Cons 993 Item 1936/0273.

71 Department of Native Affairs, 'Derby Native Hospital: Buildings and Equipment' (file) SROWA Cons 993 Item 1943/1147.

72 Department of Native Affairs, 'Derby Native Hospital: Buildings and Equipment' (file) SROWA Cons 993 Item 1943/1147.

73 Medical Department, 'Derby Native Hospital: Buildings' (file), SROWA Cons 1003 Item 1949/0672.

74 Medical Department, 'Derby Native Hospital: Buildings' (file), SROWA Cons 1003 Item 1949/0672.

75 Medical Department, 'Derby Native Hospital: Buildings' (file), SROWA Cons 1003 Item 1956/5404; Medical Department, 'Derby Native Hospital: Buildings' (file), SROWA Cons 1003 Item 1949/0672.

76 Medical Department, 'Derby Native Hospital: Buildings' (file), SROWA Cons 1003 Item 1949/0672; Medical Department, 'Derby Native Hospital: Buildings' (file), SROWA Cons 1003 Item 1956/5404.

77 Medical Department, 'Derby Native Hospital: Buildings' (file), SROWA Cons 1003 Item 1956/5404.

influenza, however the Medical Department refused to believe there were so many patients at the hospital.⁷⁸

In the early 1960s, the admittance to the hospital fluctuated dramatically, from 68 patients in 1960 to just 8 patients in 1962. This, combined with the 'dilapidated and inadequate' state of the hospital, led to the conclusion that Derby Native Hospital should be shut down and a new 'Native' wing built at the Derby District Hospital (the 'white' hospital in town).⁷⁹

Plans for a new 'Native Hospital' at Derby were drawn by the PWD in 1963. The new building was on site at the main Derby Hospital, but at the rear of the block, accessed by an uncovered pathway. Accommodation for the Sisters of St John of God was also constructed, as they were to continue staffing the Native Hospital at its new site. The new premises was far superior to the facilities at the old site. Construction was largely completed through 1965. In November 1966, a site visit noted that although intended as a 'native ward', the new facilities were being used by general maternity and medical patients, and some alterations were subsequently made so that one ward could be a children's ward.⁸⁰

Construction of a new 'Native Hospital' in this period is somewhat surprising, as the express Commonwealth policy through the 1960s was assimilation, and a State Government Special Committee on Native Matters had recommended as early as 1958 that Native Hospitals should be abolished and Aboriginal patients treated at District and other general hospitals. The Public Health Department undertook a major campaign from the 1960s to improve health care for Aboriginal people, including moving to close all the former Native Hospitals.⁸¹

All patients from Derby Native Hospital were transferred to the new District Hospital wing by August 1966.⁸²

By 1968, Derby Native Hospital had been demolished and a nursing home, named 'Numbala Nunga', was being erected in its place.

Numbala Nunga Nursing Home

From its opening in May 1969 through until the late 1980s, Numbala Nunga Nursing Home operated as the only nursing home in the Kimberley, serving predominantly Aboriginal patients.⁸³

78 Medical Department, 'Derby Native Hospital: Buildings' (file), SROWA Cons 1003 Item 1956/5404.

79 Extract from letter from Dr Davidson, Derby, on Medical Department, 'Derby: Numbala Nunga Nursing Home (Project) vol 2' (file) SROWA Cons 1556 item 1969/7315 .

80 PWD, 'Derby Native Hospital (New) – Erection' (file) SROWA Cons 2571 Item 1962/1943.

81 Sue Graham-Taylor, 'Aboriginal Health' in *Public Health 1975-1996*, draft provided to SHO Nov 2014, pp.198, 201.

82 Medical Department, 'Derby: Numbala Nunga Nursing Home (Project) vol 2' (file) SROWA Cons 1556 item 1969/7315.

83 Numbala Nunga: Derby Nursing Home and Hospital, *Annual Report*, 1987-88.

In Port Hedland a ward in the former Lock Hospital (P5948 *Lock Hospital and Burial Ground, Port Hedland*) had briefly been used as an Aboriginal Nursing Home for some time in the 1970s, although the patients were soon moved to another that also catered for non-Aboriginal patients in the town in 1972. It is possible that this was not an official nursing home, but rather catered for recovering and or elderly patients from the Aboriginal Hospital that had no other place to go to convalesce.

Palassis Architects in association with Dr Robyn Taylor, October 2014, Heritage Report of P5948 *Lock Hospital and Burial Ground* prepared for the Department for Child Protection and Family Services.

One of the main reasons behind establishing a nursing home in Derby was that Derby District Hospital had been experiencing a notable increase in elderly patients requiring geriatric care. The implementation of the Pastoral Industry Awards of 1968, instituted equal pay provisions for Aboriginal workers on cattle stations. However, it also had ramifications on the families of Aboriginal workers who had previously also lived on the stations. Required to pay higher wages for their workers, pastoralists were unwilling (or unable) to support the worker's extended families, which resulted in many Aboriginal people and their elderly family members moving into North West towns or reserves.⁸⁴

Construction of the Numbala Nunga Nursing Home was funded by the Commonwealth's Aboriginal Advancement Trust Account, a fund which aimed to help improve Aboriginal health services across Australia. This marks the period, following the 1967 referendum⁸⁵, when the Commonwealth first became directly engaged in Aboriginal affairs, a matter that had previously fallen exclusively within State jurisdiction.⁸⁶ A total of \$160,000 was granted for the construction of Numbala Nunga Nursing Home as well as a school for Aboriginal nursing aides, also in Derby.⁸⁷

Numbala Nunga Nursing Home took just under a year to complete (from July 1968 to May 1969). It was initially planned to include a ward to house 32 residents, a central kitchen and dining room, stores, offices, and three houses for staff. However, shortly after construction started, the Medical Department altered plans to include an additional 32-bed wing, which was then altered to 28-beds to incorporate maternity facilities.⁸⁸

During construction, the word 'geriatric' was removed from the name of the new facility to recognise that residents of all ages would be admitted.⁸⁹ Although it was not initially planned to be an Aboriginal-only facility, but by the time it opened in 1969 records referred to the place as 'Derby Native Nursing Home'.⁹⁰ The Minister for Health noted that 'although it has always been envisaged that the nursing home would accommodate natives there is nothing to prevent others from being admitted'.⁹¹

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- 84 Medical Department, 'Derby: Numbala Nunga Nursing Home (Project)' (file) SROWA Cons 1556 item 1968/7305; Wyndham-East Kimberley Local Government Heritage Inventory 2007, p. 15
- 85 The Australian referendum of 27 May 1967 approved two amendments to the Australian constitution recognising the inclusion of Indigenous Australians as members of the Commonwealth of Australia.
- 86 Sue Graham-Taylor, 'Aboriginal Health' in *Public Health 1975-1996*, draft provided to SHO Nov 2014, p.199.
- 87 Sue Graham-Taylor, 'Aboriginal Health' in *Public Health 1975-1996*, draft provided to SHO Nov 2014, p.200.
- 88 Medical Department, 'Derby: Numbala Nunga Nursing Home (Project)' (file) SROWA Cons 1556 item 1968/7305 folio 112.
- 89 Medical Department, 'Derby: Numbala Nunga Nursing Home (Project)' (file) SROWA Cons 1556 item 1968/7305 .
- 90 PWD, 'Derby Native Hospital (New) – Erection' (file) SROWA Cons 2571 Item 1962/1943.
- 91 Medical Department, 'Derby: Numbala Nunga Nursing Home (Project)' (file) SROWA Cons 1556 item 1968/7305 folio 202.

The name 'Numbala Nunga' was chosen for the facility. Meaning 'a place for taking care', 'Numbala Nunga' was a Mowanjum phrase suggested by David Mowgarri [sic].⁹²

The Presbyterian Church managed the operation of Numbala Nunga Nursing Home when it first opened, however, within months the Health Department had taken over management of the facility due to staffing issues, to save costs and to simplify the transfer of patients between this and the District Hospital.⁹³

Although the majority of patients were from the Derby area, patients came from all over the Kimberley, with 35% of patients drawn from areas over 250km from Derby, including some communities inside the Northern Territory.⁹⁴

Admittance steadily grew over the years, from eight in 1969 when Numbala Nunga Nursing Home first opened, to 45 in 1970, 50 in 1987 and 60 in 1989.⁹⁵ To accommodate the growing numbers, a major redevelopment program took place in the mid to late 1980s. This included the construction of the dining rooms, new staff change facility, office alterations, renovations to the wards, and a new therapies building.⁹⁶

Additionally, the type of care provided at Numbala Nunga Nursing Home changed and adapted over time. In 1970 it provided 'a permanent home for elderly native and 'white' people towards the end of their lives' as well as maternity and antenatal care.⁹⁷ By 1987 it provided geriatric, disabled and extended care, care for younger residents with permanent disabilities, outpatient physiotherapy and occupational therapy, and offered respite care to allow home-carers a short-term break.⁹⁸

Annual reports for Numbala Nunga Nursing Home state that it provided 'holistic care' regardless of 'age, sex, race or creed'.⁹⁹ Although technically open to all, residents were predominantly of Aboriginal descent and staff worked to retain Aboriginal cultural links. Older residents of the local Aboriginal communities were brought on site to spend time with residents of Numbala Nunga Nursing Home, including sharing both men's and women's traditional crafts and music. Outings by the river were organised, a weekly day with families was supported, and the nursing home had several pets living on site.¹⁰⁰

In 2017 the Numbala Nunga Nursing Home (1968-2008) comprised a range of buildings sited around the central southern portion of the site. The original

92 Numbala Nunga: Derby Nursing Home and Hospital, *Annual Report*, 1986-87, p.2. This likely refers to prominent Mowanjum (Ngarinyin) elder David Mowaljarlai.

93 Medical Department, 'Derby: Numbala Nunga Nursing Home (Project) vol 2' (file) SROWA Cons 1556 item 1969/7315.

94 Numbala Nunga: Derby Nursing Home and Hospital, *Annual Report*, 1988-89.

95 Medical Department, 'Derby: Numbala Nunga Nursing Home (Project) vol 2' (file) SROWA Cons 1556 item 1969/7315; Medical Department, 'Derby: Numbala Nunga Nursing Home (Project) vol 2' (file) SROWA Cons 1556 item 1969/7315; Numbala Nunga: Derby Nursing Home and Hospital, *Annual Report*, 1986-87; Numbala Nunga: Derby Nursing Home and Hospital, *Annual Report*, 1988-89

96 Numbala Nunga: Derby Nursing Home and Hospital, *Annual Report*, 1986-87, pp.3, 9.

97 Lillian Worsdell, 'A Place where People are Cared for – Numbala Nunga Nursing Home', *Nursing Times*, Vol 66, Issue 37, 10 September 1970, p.1182.

98 Numbala Nunga: Derby Nursing Home and Hospital, *Annual Report*, 1986-87. 'Numbala Nunga offers service to the Kimberley', *Boab Babblers*, 24 June 1988.

99 Numbala Nunga: Derby Nursing Home and Hospital, *Annual Report*, 1989-90, no page numbers.

100 'Numbala Nunga offers service to the Kimberley', *Boab Babblers*, 24 June 1988.

Numbala Nunga complex and two associated residences (House Units A & B) were separated from the 2008 nursing home by a central driveway.

Buildings located on site included:

- Original Numbala Nunga complex – several buildings linked together via covered walkways, comprising:
 - Ward Block A (1968)
 - Ward Block B (1969) including Administration addition (1987)
 - Kitchen & stores (1968) - originally kitchen/dining room.
 - Therapy & Dining Block (1986 & 85)
 - Arts and Craft building (by 1986)
 - Workshop (1992)
- House Units A & B (1987) – possibly relocated from *Bungarun (Leprosarium) Derby*

A variety of artwork was scattered across the Numbala Nunga complex, painted on the interior and exterior of the buildings, and included depictions of West Kimberley landscape of mountains, rivers, red soil and indigenous plantings as well as various traditional Aboriginal symbols. Some of the images were simple renditions of motifs commonly used by Mowanjum Artists, a collective initiated in the 1970s by David Mowaljarlai. A distinctive Wandjina figure in particular is uniquely significant to the three language groups that together form Mowanjum.¹⁰¹ It is not known when the Aboriginal artwork was added.

In addition to the main Nursing Home buildings the following structures also remained on-site in 2017:

- Staff House 1 (1968) – former married couples residence
- Staff House 2 (1968)
- Staff House 3 (1968) – former residence for Presbyterian Sisters
- Staff House 4 (1968) – former residence for native nursing aides
- Garage (1968) – a simple structure of metal frame with pre-painted corrugated galvanized steel V-crimp cladding, with a garage/shed lean-to on its western side.

Staff Houses 1 to 4 were constructed of similar materials to the original Numbala Nunga complex buildings being timber framed with fibre cement sheet cladding and a shallow pitched standing seam sheet metal clad roof set on metal stumped footings. Staff Houses 1 to 3 were on the northern portion of the site, and each had three bedrooms. Staff House 4 was located to the south of houses 1 to 3, and was the largest of the four residences, being six-bedrooms.

In the early 1990s, planning began for the establishment of a frail aged hostel within the same reserve as Numbala Nunga Nursing Home,¹⁰² indicating the continued demand for aged care in the region.

¹⁰¹ Mowanjum Art and Cultural Centre, archived webpages at Pandora, <http://pandora.nla.gov.au/tep/99905> accessed 6 June 2015

¹⁰² Numbala Nunga: Derby Nursing Home and Hospital, *Annual Report*, 1990-91, p.2.

The new aged care facility was opened in the south west corner of the *Numbala Nunga, Derby* reserve in 2008. In 2019, this facility is operated by the Uniting Church (under the name Juniper), and provides 26 places for respite services and secure dementia care.¹⁰³

After the opening of the new facility in 2008, Numbala Nunga Nursing Home (1968) was closed. The main buildings of the complex remained vacant until they were destroyed by fire in September 2017. The site has now been cleared.

An application to demolish the c.1968 staff housing and garage, and replace this with new staff housing, was approved by the Shire of Derby-West Kimberley in May 2017. This new staff housing, which has approximately 10 accommodation units, has now been completed to the north of the 2008 facility.

13.2 PHYSICAL EVIDENCE

Numbala Nunga, Derby comprises a triangular reserve with a scattered understorey of grasses, a mid-storey of woody shrubs, and an upper storey of eucalypts and Boab trees. The 2008 Numbala Nunga Nursing Home is situated in the southwest corner of the site, and operates in conjunction with Ngamang Bawoona residential aged care, which is located on an adjacent lot to the west.¹⁰⁴ In 2018 new staff housing was constructed just north of the 2008 complex.

Structures previously located at the site include; the Government Residency (1884), Derby Hospital (including Leprosy and Lock Hospital facilities) (1890s-), Derby Native Hospital (1925), and the first Numbala Nunga Nursing Home (1968-2008). No elements of these places remain extant in 2019.

Siting

Numbala Nunga, Derby is located on the outskirts of the Derby townsite, to the east of the main area of settlement. The site is bounded to the south by Sutherland Street, and is surrounded by open tidal marshland to the east and north.

The surrounding area is characterised by low density single-storey residences set back from the street behind substantial open gardens. The soil is predominantly 'pindan' – red/brown sand/clay.¹⁰⁵

Buildings on site

New Numbala Nunga Complex (2008)

The new Numbala Nunga Complex comprises a series of shallow pitched buildings with wide veradachs, connected by covered walkways.

New Numbala Nunga Staff Housing (2018)

In 2018 new staff housing, with approximately 10 accommodation units, was completed to the north of the 2008 complex.

¹⁰³ 'Juniper Numbala Nunga', sourced from <http://www.juniper.org.au/locations/juniper-numbala-nunga> Accessed on 19 October 2015.

¹⁰⁴ 'Juniper Numbala Nunga', sourced from <http://www.juniper.org.au/locations/juniper-numbala-nunga> and 'Junpier Ngamang Bawoona', sourced from <http://www.juniper.org.au/locations/juniper-ngamang-bawoona> Accessed on 21 October 2015.

¹⁰⁵ Shire of Derby West Kimberley <http://www.sdwk.wa.gov.au/community/aboutourcommunity.html>

Pre-contact

The degree of disturbance to the site during the various stages of construction and the later clearances indicates that there is low potential for archaeological artefacts or deposits associated with the pre-contact period to be present at *Numbala Nunga, Derby*.

Government Residency

The early timber buildings constructed during the Government Resident phase include the Government Residency, Police Station and Quarters, stables and prison cells. When police services were relocated to the town centre in the 1890s, the Government Resident, at that time a medical practitioner, continued to live at the Residency and treat patients on the site. The 'Derby Hospital' established at the Residency Reserve at this time may have been established in the former police buildings or in an additional structure built some distance from the Residency.

By 1917 when the Government Resident moved from the site, the former Residency and Derby Hospital building, a kitchen, lazaret 'shed', and at least two privies were present on the reserve. From 1920 the former Residency was utilised as the Lock Hospital (isolation ward) on the site—by then an Aboriginal Reserve—until its 1925 destruction by fire. The fire, thought to have been a deliberate act to destroy the facility, is likely to have removed all traces of the former timber building.

Analysis of the early plans suggests that the Residency and associated buildings were located in the southwest of the Residency Reserve, between the 1960s complex and the new 2008 complex. The area was reportedly comprehensively levelled and graded on two separate occasions. A 2015 inspection of the site by then State Heritage officers, including an archaeologist, also concluded that the area had been levelled prior to the construction of the current buildings. The area between the main complex and the new 2008 complex comprised a bituminised thoroughfare providing access to the buildings at the rear of the site. Large boab trees and other native vegetation were contained by concrete kerbs.

It is unlikely that subsurface remnants of timber buildings are present in this location. The potential for archaeology associated with the Government Residency phase, including the use of the building as a lazaret to be present is low.

Derby Native Hospital

The Derby Native Hospital phase utilised the earlier hospital buildings on site, including the Derby Hospital building dating from at least the 1890s but which may have been formerly used as a police facility (station, quarters or cells). Additional buildings were also built to replace the destroyed Lock Hospital (former Residency).

The majority of buildings constructed during the operation of the Derby Native Hospital were constructed with timber frames, asbestos sheeting and iron roofs. Additional structures were constructed with bush timber and flattened kerosene cases. Concrete floors were not added until the late 1930s. Gravel was also used as flooring in the tents and marquees from the late 1940s. Additional buildings were constructed to the east of the site.

In 1968 the Derby Native Hospital had been demolished to allow for the construction of the first Numbala Nunga Nursing Home facility. The complex comprising the Kitchen, Dining and Ward Blocks A and B was constructed in the vicinity of the 1940s and 1960 buildings, and later buildings were constructed to the north and northwest. The new facility constructed in 2008 was sited directly west of the original complex.

There is little potential for intact artefacts or building remains associated with the operation of the Derby Native Hospital to be present. Although it is highly likely that artefacts were lost, swept or trampled underfoot on the dirt floors and swept from verandas and tents, the demolition and clearance of the area by machinery and subsequent construction of later buildings over the original footprints would have obliterated any archaeological deposits. Although likely to be of high significance if intact, the potential for archaeology associated with the Derby Native Hospital is low.

Numbala Nunga

The 2015 inspection of the site by then State Heritage staff did not identify any areas of high archaeological potential associated with the 1960s Numbala Nunga complex. Many of the buildings were supported on concrete and steel stumps, with some potential for artefacts or deposits to be present beneath the buildings. However, the soil is very fine and the location of the site adjacent to the flood plain suggests that there is considerable movement of water and soil across the site during the wet season. It is also unlikely that archaeological artefacts or deposits associated with this phase of occupation would provide any additional information not available from historical sources. Although there is low potential for archaeology associated with the operation of 1968 Numbala Nunga Nursing Home, it is unlikely to be of high significance.

The demolition of the c.1968 elements, and the subsequent clearing of the site due to asbestos contamination, has likely reduced the archaeological potential of these portions of the site to nil.

13.3 COMPARATIVE INFORMATION

Numbala Nunga, Derby represents over 120 years of measures undertaken by the Western Australian government to provide health care to the Aboriginal population of the State's North West.

From 1884 until 2008, the place was the site where the government and others provided medical care to the Aboriginal community. The history of the place touches upon several important periods in the history Aboriginal health care in Western Australia. This includes:

- Treatment of Aboriginal patients by colonial officials (Government Resident/Resident Medical Officers) at Government residential facilities
 - Government Residency (1884)
- Establishment of the region's first hospital, providing treatment to both white and Aboriginal patients
 - Derby Hospital (from 1890)
- Government Resident also acting as 'Protector of Aborigines' for the area

- Government Residency & Derby Hospital (1904)
- Treatment of ‘granuloma’ (venereal diseases) in Aboriginal population
 - Lock Hospital (from 1917)
- Treatment of Leprosy (inc burning down of building)
 - 1920s, 1930s
- Declaration of the area as an Aboriginal Reserve, allowing for the detention of patients and keeping out people not specifically associated with the hospital
 - 1920s
- Native Hospital, managed by Department of Native Affairs, officially an Aboriginals-only native hospital, serving the whole of the Kimberley.
 - Derby Native Hospital (from 1925)
- Native Hospital, managed by Department of Public Health, recognising that the Department of Health was better suited to provide for the health and medical needs of the Aboriginal population.
 - Derby Native Hospital (from 1948)
- Commonwealth funded Aboriginal health services, when the Commonwealth became directly engaged in Aboriginal affairs for the first time.
 - *Numbala Nunga, Derby* (1968)
- Nursing Home, patients from all over the Kimberley, and some from the Northern Territory. Although open to all, residents were predominantly of Aboriginal descent and staff worked to retain Aboriginal cultural links.
 - *Numbala Nunga, Derby* (1968-2008).

Government Residency

The role of the Government Resident, or Resident Magistrate as it is often known, was introduced by Captain Stirling in the early years of the Swan River Colony. Stirling argued that because of the vast size of the colony it was necessary to have a representative of Government in regional areas to communicate and manage the law and order of the district.¹⁰⁶

Within his district, the Government Resident enjoyed the same elevated status as the Governor. Although the position was not full time, the Government Resident was required to oversee a wide range of government duties, from registering marriages and births, to protecting Aboriginal people, to supervising all other Government officers in the district.¹⁰⁷

When settling a new district, one of the first priorities was to establish a Government Residency, which would be the official residence of the Government

¹⁰⁶ B. K. de Garis, ‘Political Tutelage 1829-1870’, in C. T. Stannage (ed.), *A New History of Western Australia* (University of Western Australia Press, Nedlands: 1981), p. 307.

¹⁰⁷ B. K. de Garis, ‘Political Tutelage 1829-1870’, in C. T. Stannage (ed.), *A New History of Western Australia* (University of Western Australia Press, Nedlands: 1981), pp. 307, 308..

Resident and from where he would conduct his official duties. The building acts as an important representation of the early governance of a regional area.

A search of the Historic Heritage database for Government Residencies produces six results, five of which are entered on the State Register, including examples at York (c.1850), Albany (1852), Bunbury (c.1896), Geraldton (1862) and Northam (1909).¹⁰⁸ All five of the State Registered Government Residencies are extant.

The above analysis demonstrates that there are already a number of Government Residencies, all of which are extant, entered in the State Register of Heritage Places.

Hospital (original)

As the first official hospital in the Derby region was located at the *Numbala Nunga, Derby* site, it is comparable to other first hospitals around the State.

It should be noted however, that many of the first medical facilities established across the State were not official, purpose-built hospitals, but were originally constructed for another purpose (i.e. residence, convict depot), and were later converted for use as a medical facility.

Documentary research has been unable to confirm whether Derby Hospital operated from an existing building on site, or a relocated building, or a newly constructed building. Therefore, it is difficult to accurately compare the establishment of the Derby hospital to other similar places. Some places which may be comparable as first hospitals around the State include:

- P3226 *The Knowle*, Fremantle – Constructed in 1853 as the residence for Captain Henderson, the Comptroller General of Convicts in Western Australia, the building was used as Fremantle's first hospital from 1867.
- The Colonial Hospital (1855) (part of P4289 *Royal Perth Hospital Heritage Precinct*) was Western Australia's first purpose-built public hospital.
- P2339 *Roebourne Hospital Group* – Constructed from 1874, the hospital was the first purpose-built government hospital in the North West. It was largely used as a hospital for non-Aboriginal people, although formal segregation did not occur until the early 1950s when a Nissen Hut was erected and used as a native isolation ward.

While *Numbala Nunga, Derby* is important as the site of the region's first hospital, there are a number of other first hospitals with existing fabric entered in the State Register.

The issue of the treatment of both Aboriginal and non-Aboriginal patients in the same hospital appears to have varied depending on the location of the hospital, although the treatment of both appears to have been a fairly common feature of the early colonial hospitals, the majority of which are no longer extant. The Colonial Hospital at Royal Perth Hospital was an exception to this rule and did not admit Aboriginal patients.¹⁰⁹

¹⁰⁸ P39 *Residency Museum* in Albany (1852); P355 *The Residency, Bunbury* (c.1896); P1880 *The Residency* in Northam (1909); P2870 *Residency Museum* in York (c.1850); P3715 *Geraldton Residency* (1862).

¹⁰⁹ P4289 *Royal Perth Hospital Heritage Precinct* — Assessment Documentation, p. 5.

Although they were not specifically refused treatment, it is unclear whether many Aboriginal patients were treated and in what manner, up to the 1950s, after which point the Roebourne Hospital is known to have treated segregated Aboriginal patients.¹¹⁰ Roebourne Native Hospital had been operating from at least 1948 and it is likely Aboriginal patients were more often treated there. However, there was only the single 'ward' room so if men and women were admitted at the same time, women were housed in the main hospital.¹¹¹

Lock Hospital

From 1917 to 1925, the building that was formerly occupied by the Government Resident was used as a Lock Hospital – an isolation hospital for the treatment of venereal diseases. The spread and treatment of venereal diseases in the Aboriginal population was a concern for the State Government from the late 1900s, one which was combatted with the relocation and complete isolation of Aboriginal sufferers.

In addition to *Numbala Nunga, Derby* there are two other significant former Lock Hospital sites established in Western Australia, both of which are on the State Heritage database:

- P25544 Lock Hospital Ruins, Dorre and Bernier Islands, Shark Bay – Established in 1907, the Lock Hospitals on Dorre and Bernier Islands were the first to provide care to Aboriginal people suffering from venereal disease in the North West. By 1912 it was found that the scheme had been successful in reducing the occurrence of 'syphilis', however it was criticised for being too costly. The hospitals were abandoned in 1919 and the patients moved Lock Hospital and Burial Ground, Port Hedland. No extant buildings remain on the sites, although both are considered to comprise highly significant archaeological deposits and artefacts. In 1986, Bernier and Dorre Islands were registered as protected areas under the *Aboriginal Heritage Act* for the skeletal remains and burials on the islands associated with the operation of the Lock hospitals.¹¹²
- P5948 Lock Hospital and Burial Ground, Port Hedland (Assessment Program) – Established in 1919 after the closure of Bernier and Dorre Islands, the hospital later operated as a general 'Native Hospital' for Aboriginal people from the 1930s, and a nursing home from the 1960s. The facility has also accommodated other non-medical functions, including a hostel and dormitory for Aboriginal children attending a local school from the 1960s, an Aboriginal pre-school in the 1970s, a drop-in youth centre, a gym, and a community radio station. Extant structures remain on the site dating from the Lock Hospital, Native Hospital and Hostel phases.

Another example of a recognised significant Lock Hospital is located off the coast of Queensland.

110 P2339 *Roebourne Hospital Group* — Assessment Documentation, pp. 7-8.

111 Sue Graham-Taylor, 'Aboriginal Health' in *Public Health 1975-1996*, draft provided to SHO Nov 2014, p.198

112 The Islands are World Heritage listed (for natural values) as part of P12412 Shark Bay Area, protected under the *Aboriginal Heritage Act* (for the skeletal remains and burials), and recognised on the Register of the National Estate.

- *Fantome Island Lock Hospital and Lazaret Sites (former)*, Palm Island, Queensland (Queensland Heritage Register) — The place was the site of a lock hospital between 1928 and 1945 and a lazaret (or leprosarium) between 1939 and 1973. Both facilities were used for the isolation of Aboriginal, Torres Strait Islander and South Sea Islander patients or inmates. The place comprises extensive archaeological remains of the former lock hospital and lazaret.

Leprosy Hospital

Places where leprosy patients are treated are known by several different terms, including 'leprosarium', 'leper station', 'lazarette', and 'lazaret'.

When leprosy became a significant issue in Western Australia in the 1910s, the Government saw that isolation was the only means of controlling the disease. Leprosy sufferers were initially taken to existing facilities such as the *Quarantine Station (fmr)*, *Woodman Point* and *Wooroloo Sanatorium*, but later, purpose-built facilities were constructed for treatment, isolation and detention.¹¹³

From the early 1920s, leprosy patients were being treated at the *Numbala Nunga, Derby* site in the former Government Residency building. This continued until 1925, when a leprosarium was constructed in Cossack, and the Government Residency building was destroyed. Leprosy patients were treated at the Derby site again in the 1930s until *Bungarun (Leprosarium) Derby* was completed in 1936.

Leprosy facilities listed in the Historic Heritage database include:

- P2980 *Bungarun (Leprosarium), Derby* – Operating from 1936 until 1986, the substantial facility provided long-term medical treatment for leprosy patients.
- P8661 *Bezout Island Lazarette, off Point Samson* – Operating from 1911, the small facility was closed within a few years.
- P8665 *Cossack Lazarette, Site of* – Operating from 1913 until 1931, the main facility was burnt following its closure and other buildings were dismantled and reused elsewhere in Cossack.¹¹⁴

Leprosy facilities are also known to have operated at:

- P3630 *Beagle Bay Mission Church, Dampier Peninsula*
- P8566 *Wooroloo Sanatorium, Mundaring*
- P499 *Quarantine Station (fmr), Woodman Point*

Cases of leprosy in Western Australia were the most prevalent in the North West of the State, and particularly within the Aboriginal population, with few cases being reported in the metropolitan area. Because of the location of leprosy cases, most leprosy treatment facilities were also located in the North West, the most significant of these being the State Registered *Bungarun (Leprosarium), Derby*.

¹¹³ W S Davidson, *Havens of Refuge: A History of Leprosy in Western Australia* (University of Western Australia Press, Nedlands: 1978) pp. 15, 17, 23.

¹¹⁴ City of Karratha, inherit database entry for 'P8665 Cossack Lazarette – Site of', sourced from <http://inherit.stateheritage.wa.gov.au/Public/Inventory/Details/6f71b8fa-05b3-49b8-8149-ae5045b50868> Accessed on 28 October 2015.

The other leprosy facilities, including those sited at *Numbala Nunga, Derby* each represent a stage in the history and development of leprosy in Western Australia. Starting with complete off-shore isolation on Bezout Island, to the more successful but still isolated Cossack Lazarette, to the treatment in settled areas at the *Numbala Nunga, Derby* site and then more permanently at *Bungarun (Leprosarium), Derby*.

Although no structures remain on site at *Numbala Nunga, Derby* from this phase in its history, the use of the site for the treatment of leprosy patients, both in the 1920s and again in the 1930s, is an important part of the history of the treatment of leprosy in Western Australia.

As so few of these facilities ever existed in Western Australia, the role of *Numbala Nunga, Derby* in the treatment of these diseases is significant. The place represents over 120 years of the development and change of Aboriginal health care in Western Australia, both in terms of treatment, facilities, and changing attitudes.

Native/Aboriginal Hospitals

Aboriginal Hospitals

A 1952 Department of Health letter noted 'native' hospitals present at Broome, Derby, Port Hedland and Wyndham. It is not clear whether these were the only hospitals of this type at the time, however the purpose of the list was to note hospitals that were not eligible for private health cover, which was intended to be all public hospitals. This suggests that Broome, Derby, Wyndham and Port Hedland were the locations of the only public 'Native Hospitals' remaining in 1952.

The Department of Health administered the hospitals rather than the Department of Native Affairs. After some negotiation, Derby Leprosarium was also added to the benefits list for some patients. Presumably it had also been omitted as it was for Aboriginal patients. Patients were admitted to the leprosarium 'hospital block' with illnesses other than leprosy (eg, August 1952: conjunctivitis, hemiplegia, anaemia, dermatitis, German measles, paraplegia, burns). The Leprosarium also functioned as nursing home. However, it appears that both acute hospital cases and residential 'nursing home' cases all also had leprosy and therefore could not be admitted to other hospitals.¹¹⁵

In 1954, the Medical Department moved to license 'as many mission hospitals in this State as possible for benefit under the National Health Act, 1953'. Hospitals at Kalumburu, Drysdale River, Forrest River Mission and Beagle Bay were considered. The Forrest River hospital had been established in the early 1950s, but had no trained staff. There were trained staff at Kalumburu, but no direct radio link. Beagle Bay had no sanitary system, either pan or septic. There were also problems at some missions of all-year access for the Flying Doctor service. A medical post at La Grange Mission was not considered a hospital, partly because

¹¹⁵ Medical Department, 'Federal Hospitals Benefit Act: Native Hospitals & Derby Leprosarium' (file), SROWA Cons 1003 Item 1962/6940

the staff had no medical knowledge.¹¹⁶ 'Native wards' were also operating at Onslow and Roebourne, presumably attached to 'white' hospitals.¹¹⁷

In 1948, Broome Native Hospital comprised three small buildings, two without windows or verandahs, containing about eight beds.¹¹⁸ The Broome Native Hospital was vacated in the mid-1960s as an extra wing was built at Broome Hospital. As at Derby, there were plans for possible use of the vacated hospital by the Catholic Bishop of Broome as an Aboriginal social centre, then a nursing home, then as a private 'C-class' hospital for Aboriginal patients. Private C-class hospitals did not receive government funding and were not old people's homes.¹¹⁹ Research for this assessment has not determined whether this plan went ahead at Broome.

In 1948, Roebourne Native Hospital comprised a corrugated iron enclosure with rough concrete floors and two small corrugated iron compartments, and an open shower. There was only the single 'ward' room so if men and women were admitted at the same time, women were housed in the 'white' hospital.¹²⁰

As early as 1958 a State Government Special Committee on Native Matters had recommended that Native Hospitals be abolished and Aboriginal patients treated at District and other general hospitals. Similarly, the Commonwealth policy of assimilation was clearly pursued through the 1960s, during which the Public Health Department undertook a major campaign to improve health care for Aboriginal people, including closing the majority of the former Native Hospitals.¹²¹

Construction of a new 'Native Hospital' in Derby in this period is somewhat surprising, as the express Commonwealth policy through the 1960s was assimilation, and a State Government Special Committee on Native Matters had recommended as early as 1958 that Native Hospitals should be abolished and Aboriginal patients treated at District and other general hospitals.

A search of the Historic Heritage database for hospitals returns 215 entries, 19 of which also include the keyword 'Aboriginal'. Of those, 11 places are on the State Register of Heritage Places, and one is on the Assessment Program. The most relevant examples are listed below.

- P02339 *Roebourne Hospital Group* (RHP): Roebourne Hospital Group was the second purpose-built public hospital and the first Bungalow Hospital to be constructed in Western Australia in 1874. It was largely used as a hospital for non-Aboriginal people, although formal segregation did not occur until the early 1950s when a Nissen Hut was erected and used as a native isolation ward.

116 Medical Department, 'Federal Hospitals Benefit Act: Native Hospitals & Derby Leprosarium' (file), SROWA Cons 1003 Item 1962/6940

117 Medical Department, 'Derby Native Hospital: Buildings' (file), SROWA Cons 1003 Item 1949/0672

118 Sue Graham-Taylor, 'Aboriginal Health' in *Public Health 1975-1996*, draft provided to SHO Nov 2014, p.195

119 Medical Department, 'Derby: Numbala Nunga Nursing Home (Project) vol 2' (file) SROWA Cons 1556 item 1969/7315

120 Sue Graham-Taylor, 'Aboriginal Health' in *Public Health 1975-1996*, draft provided to SHO Nov 2014, p.196

121 Sue Graham-Taylor, 'Aboriginal Health' in *Public Health 1975-1996*, draft provided to SHO Nov 2014, pp.198, 201.

- P03130 *Mt Margaret Mission Hospital (ruin) (RHP)*: Mt Margaret Mission was a United Aborigines Mission relocated from Mt Morgans in the 1930s. It was the first hospital to care for all Aboriginal groups on the goldfields and particularly notable for the establishment of maternity wards. The place is important to the local Wongi people as many were born there in the first western style maternity ward available to Aboriginal people. This was influential in reducing the extreme high rates of infant mortality in the area.
- P03635 *Wiluna District Hospital Group (fmr) (RHP)*: Constructed in 1934 to cater for the influx of people that arrived to work on the Wiluna Gold Mine. In the mid-1950s the hospital had almost double the amount of Aboriginal patients to 'white' patients. Wiluna District Hospital Group illustrates changing hospital and medical practices as well as the institutionalised racism through separate wards for 'Natives'. It is a good example of a highly intact inter-war period hospital facility in the State and is significant to the former staff, patients and Wiluna Community.
- P13516 *2/1 Australian General Hospital (ruins), Merredin (RHP)*: During World War II the 2/1 Australian General Hospital was established in Merredin for military use. It was used quite extensively from 1942 to 1944 for war related injuries. In 1948 part of the reserve where the hospital was located was used as an Aboriginal camping reserve and the hospital was a government run facility. It was the only medical facility between Northam and Kalgoorlie to accept Aboriginal patients. The place is significant in being a rare remnant of a World War II mobile hospital installation on Australia soil.

Nursing Home

Aboriginal Nursing Homes

The State Library catalogue holds annual reports and registration inspection reports suggesting that in more recent years there have been Aboriginal nursing homes functioning at *Spencer Lodge Albany* and *Ngurra Kampi* or *Ngurra Karnpi, Kalgoorlie*.

In 2015, the website 'DPS Guide' lists 286 Aged Care Homes in Western Australia, of which 185 are nursing homes.¹²² The majority are in the Metropolitan area. Besides Numbala Nunga, three other nursing homes are listed in the Kimberley region:

- Halls Creek People's Church Aged Care Facility, Halls Creek (28 Beds)
- Kununurra Aged Care Facility, Kununurra (10 Beds)
- Germanus Kent House, Broome (55 Beds)

Background information is provided only for Germanus Kent House, which is named for a St John of God nun who worked with Kimberley Aboriginal people for around 40 years and advocated for aged care facilities for them, with the Broome home opening in September 1991.¹²³

¹²² DPS Guide, <https://www.agedcareguide.com.au/> accessed 3 June 2015

¹²³ DPS Guide, 'Germanus Kent House', https://www.agedcareguide.com.au/facility_details.asp?facilityid=17030 accessed 3 June 2015

The new facility at Numbala Nunga, with 60 beds, is the largest of the Kimberley Nursing homes listed. A further three places are listed as other forms of Aged Care Homes in the region:

- Ngamang Bawoona, Derby (18 Beds)
- Guwardi Ngadu Frail Aged Hostel, Fitzroy Crossing (22 Beds)
- Marlgu Village, Wyndham (9 Beds)

All of these facilities are listed as 'Cultural Environment: ATSI (Aboriginal & Torres Strait Islander)', which the website explains 'indicates the majority of the facility's residences are from one or more ethnic groups or the facility caters specifically for people who are from one or more ethnic groups. Particular dietary requirements may be met, and ethnic traditions observed'. The website lists the following additional homes noted as ATSI-specific facilities:

- Amana Living Edward Collick Home, Kalgoorlie (89 Beds)
- Hall & Prior Windsor Park Aged Care Home, Carlisle (114 Beds)
- Kungkarrangkalpa Aged Care Facility, Wanarn (Ngaanyatjarra Shire) (18 Beds)

In Port Hedland a ward in the former Lock Hospital (P5948 Lock Hospital and Burial Ground, Port Hedland) was used as an Aboriginal Nursing Home for some time in the 1970s, although the patients were soon moved to another home that also catered for non-Aboriginal patients in the town in 1972. It is possible that this was not an official nursing home, but rather catered for recovering and or elderly patients from the Aboriginal Hospital that had no other place to go to convalesce. It is possible that other North West had similar facilities prior to the establishment of specific aged care facilities.

Conclusion

Research has found that it is difficult to identify places that provided health care services to Aboriginal patients. Very few of these places have been identified in the Historic Heritage database. Others have been identified through reference documents, such as State Solicitors Office, 'Guide to Institutions Attended by Aboriginal People in Western Australia' (November 2005), and Sue Graham-Taylor, 'Aboriginal Health' in *Public Health 1975-1996* (draft provided to then State Heritage November 2014).

Of those places identified, research suggests that no other place provided health care to Aboriginal people so continuously, and in so many different varieties, as *Numbala Nunga, Derby*. Many places with some comparable historical element – i.e. were used for some time as a Lock Hospital or Native Hospital – were not later utilised for another form of Aboriginal medical facility.

Only one place with a comparatively similar varied history of use has been found, which is Lock Hospital and Burial Ground, Port Hedland (P5948, Assessment Program). This place operated as a Lock Hospital from 1919, a native hospital from the 1930s, and a nursing home from the 1960s. However, unlike *Numbala Nunga, Derby*, the Port Hedland facility also accommodated other non-medical functions, including a hostel and dormitory for Aboriginal children attending a local school from the 1960s, an Aboriginal pre-school in the 1970s, a drop-in youth

centre, a gym, and a community radio station. In addition, in difference to *Numbala Nunga, Derby*, extant structures remain at Port Hedland, from its time as a Lock Hospital (former quarters 1919) as a hospital (former isolation ward, 1950s; former matron's quarters, 1950s), and as a hostel (former hostel, 1967; former dormitory, 1967).¹²⁴

Royal Perth Hospital was Western Australia's first purpose-built public hospital. Although Aboriginal patients were not originally treated at the hospital, it is noted that *Royal Perth Hospital Heritage Precinct* has a similar long history of providing medical care over a long period of time. Constructed in 1855, the place has continuously evolved, adapted and grew to meet the changing medical needs of the population in the Perth metropolitan area.

Important sites (with no fabric)

Numbala Nunga, Derby is important for representing several important periods in the history of Aboriginal health care in Western Australia, however these periods are not physically represented at the site as the buildings have been demolished. These structures include Government Residency (1884), Derby Hospital (including Leprosy and Lock Hospital facilities) (1890s-), Derby Native Hospital (1925), and Numbala Nunga Nursing Home (1968-2008).

Although no built fabric remains, the place is still significant for being the site where these facilities were located. The continuous and evolutionary use of the place as a site for the provision of health care, and its intangible values as such, are the significant element.

Places with intangible values are recognised on the National Heritage List. Under the *Environment Protection and Biodiversity Conservation Act 1999* (EPBC Act), it is the National Heritage values, including intangible values, of a National Heritage place that are protected, rather than the place itself. Aboriginal places are often recognised to have intangible value to specific groups, and may or may not also include other physical evidence of their significance. The United Nations Educational, Scientific and Cultural Organisation (UNESCO) also monitor a list of National lists of Intangible Cultural Heritage.

The entry of places on the State Register solely for their intangible values is not yet common. However, there are some examples where places of importance have been listed or considered without identifying significant physical elements.

- P3957 *Pinjarra Massacre Site* (RHP) is a memorial site comprising an area of vacant land with a number of large trees and natural bush on the west bank of the Murray River, including Polly Island, and a monument commemorating an event in which the Bindjareb Nyungars were killed in an attack by a group of Wadjellas (white Europeans) on 28 October 1834.
- P17420 *Eucla Police Complex* (Assessment Program) is a complex of single-storey metal-roofed asbestos-clad transportable buildings comprising a Police Station (1976-2010), Custodial Buildings (1976-2002), Desalination Plant (1981), various outbuildings (1976-1990s) situated in sandy coastal mallee scrub on what was formerly Eyre Highway (now

¹²⁴ Palassis Architects and Dr Robyn Taylor, 'Lock Hospital and Burial Ground' (draft report for client comment: October 2014 – provided to the State Heritage Office by the Department of Lands), n.p.

known as Patupis Street). The place is considered significant, however the extant buildings, which are generally replaceable, are not.

Other examples of the former sites of primary schools, churches and other community places are often listed on their local municipal inventories. Although in some cases, some archaeological artefacts or sub-surface deposits might be expected to be present, it is the recognition of the site as the location of a community building, or event that is commemorated by the listing.

Similarly, the site of *Numbala Nunga, Derby* is important as the locale of several important phases in the history of Aboriginal health care in Western Australia. The place would retain its significance to the Aboriginal people whose family members were treated there, regardless of the presence of extant fabric on the site.

13.4 KEY REFERENCES

13.5 FURTHER RESEARCH

Additional research into the field of Aboriginal health and medical services may identify other sites that demonstrate the longevity of management and care of Aboriginal people in Western Australia.