

Heal country, heal our nation: Talking up racism[☆]

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Heal Country—Heal Our Nation was Australia's 2021 National Aboriginals and Islanders Day of Observance Committee (NAIDOC) theme, involving a week-long celebration that honoured the lives, history, cultures and accomplishments of Aboriginal and Torres Strait Islander peoples (hereafter respectfully referred to as Indigenous).¹ Heal Country called for greater protection of Indigenous Australians' lands, waters, sacred sites and cultural heritage from being misused and abused.² Country, to Indigenous Australians, is not simply a place but is a person that sustains life—spiritually, emotionally, physically, socially and culturally—and is innately about our identity and belonging.²

During NAIDOC week on the 7 July 2021, the Poche Indigenous Health Network (PIHN) held a Key Thinkers Forum (KTF) about racism in health—a major invisible public health issue.³ The virtual event attracted over 800 registrants, with 480 participating on the day. This level of interest is indicative of the need to learn more about racism in health. Talking up racism is imperative if we, as a country, are to heal the national divide. Recognising the health impacts of racism, including the subtleties of racism in the provision of services and during the development of policies and programs, is critical.

The evidence tells us that racism does have a relationship to poor health and reduced emotional wellbeing of marginalised individuals, especially Indigenous peoples.^{4–7} We also know that healthcare providers are perpetrators of racism.^{5–8} Additionally, evidence also tells us that the health inequities experienced by Indigenous Australians are sustained by a health system that is not free of

discrimination and perpetuates institutional structural racism.^{6,9,10} In Australia, however, there is a significant lack of evidence about tackling structural and institutional racism in health and healthcare provision. Further research⁹ is required with safe spaces created to have those hard-courageous conversations when talking up racism.¹¹ The McPherson inquiry defined institutional racism in service delivery as

The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviours which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping, which disadvantages minority ethnic peoples⁹

Australia's National Aboriginal and Torres Strait Islander Health Plan 2021–2023 concurs with such a definition,¹² with all levels of Government in Australia committed to transforming mainstream organisations designed to respond to the unique cultural needs of Indigenous Australians while also tackling systemic and institutional structural racism.¹³

At the PIHN KTF,³ Carmen (the first author) told the following story as one example of her experiences with the realities of racism.

On the weekend, I was invited to a friend's birthday party, attended mostly by non-Indigenous (white) people. It was a very white space!

[☆]As confirmed by the work of Moreton-Robinson, we use the term “native” in an Australian context that infers that Indigenous Australians are an inferior race to those of the white dominating and perceived normal race.

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My visible “blackness” got a perplexed gaze when I entered the room of this beautiful mansion! Such a reaction is a sign that I was about to have some very interesting conversations.

Anyway, I was approached by a tall, lanky, Australian, and obviously, a very privileged white person and white male who clearly was really interested in my heritage.

On approaching, he asked, “are you a ... native?” ... on hearing this question, I was stunned and shivered with silent disgust ... stuttering as I proceeded to tell him of my Aboriginal and South Sea Islander heritage. So shocked that I could not even educate him about the inappropriateness of the term he had just used.

When reference was made to a snake that was co-habiting on the grounds of the property where the party was being held, the conversation got worse and diminished into, ... do you eat snakes?

I remained paralysed from the earlier question and stated abruptly, “No, I personally don’t eat snakes!”, with a smiling assassin’s expression on my face (personal journal entry, 2 June 2020).

So, what just happened? This is racism, white privilege and whiteness in action. As Moreton-Robinson (2015) writes:

Race matters in the lives of all peoples; for some people it confers unearned privileges, and for others it is the mark of inferiority.¹⁴

Whiteness does not relate to the colour of one’s skin and rather is about power, conquest and authority over another, including structural dominance.¹⁴ Bargallie (2020), who reveals racism in the Australian Public Service (APS), explains her use of the term “white”:

[When I use] the term “white,” I am not referring to white people per se, but whiteness as a system of power relations that privileges non-Indigenous peoples over Indigenous Australian peoples. Whiteness is socially constructed through identity and constantly reinforces the power of white identifications and interests disguised as the natural, normal and better way of being in the world.¹⁵

So, Carmen entered the room, dominated by whiteness, and immediately was labelled a native.¹⁴ The encroachment of patriarchal white privilege possessed the space she stood in.¹⁴ When referred to as a native, she was placed in the position of being the inferior “other.”¹⁴ The nativeness was further confirmed when a reference was made to whether she ate snake.

A set of deficit assumptions came with the “native” imagination.¹⁴ These assumptions insinuated that Carmen is primitive, uncivilised, and on the lowest rung of the human race ladder.¹⁴ She is not even humane is filthy, a drunk and a lazy bugger who is uneducated and unemployed.¹⁴ Obviously, she is poor and probably lives mostly on social security benefits with many other “blacks.”¹⁴ These racialised stereotypical assumptions, we call the native assumptions.¹⁶

In Carmen’s encounter at her friend’s birthday party, the white patriarchal knower asserted his white possessiveness and racialized superior knowledge over another.¹⁴ The above stereotypical native assumptions are based on colonialist and imperialist paradigms.^{14,17} They are the ontological realities that Moreton-Robinson (2015) says are the effects of white possession “underpinned by an excessive desire to invest in reproducing and reaffirming the nation-state’s ownership, control, and domination”¹⁴ of the other that is manifested in the encounter that has been described above.

After gathering herself from the onslaught of such racism, the conversation proceeded, and Carmen was asked, what do you do? Her response was:

I am a professor, a FIFO [fly in and fly out] academic ... working at the University of Sydney doing a Doctor of Philosophy (personal journal entry, 2 June 2020).

What reaction did she get?

A stunned mullet bewilderment! A “that cannot be right!” gaze. Why? Because there was no connection between Carmen’s response and what the patriarchal white knower imagined to be her reality.

So, what just happened? Carmen was no longer a native! The white privileged patriarchal racialised knower’s knowledge had been challenged. Being a visibly black Aboriginal and South Sea Islander had diminished Carmen to the status of a “native,” but that classification was no longer applicable.

Carmen’s experience of racism demonstrates the possessiveness of whiteness.¹⁴ We argue that these possessive white native assumptions of the inferior other also play out in making policy and delivering healthcare. These assumptions are inherent in the rules, norms and behaviours of systems, organisations and individuals.^{9,14,18}

The nativeness of the native assumptions has its undertones in the legacy of colonisation that sustains inequity and inequality.^{14,17,19–21} These ingrained mindsets and beliefs play out in systems and their sub-systems like health, including public health’s structures of operation.^{9,22} The “native” mindset is manifested in a way that excludes and marginalises minority cultures²⁰ and especially the knowledges and cultures held by Indigenous Australians.¹¹

The same attitudes embodied in the native assumptions were further revealed by Bargallie’s (2020) study that uncovers racism in the APS. She writes:

Indigenous employees experience racial microaggressions in every aspect of the APS workplace. Racial microaggressions, in the form of hostile, derogatory and insulting behaviours, processes and practices, are often invisible to non-Indigenous people because racism seems normal in a racist environment.¹⁵

These experiences and organisational behaviours are endemic in policy-making and public health in Australia. Such behaviours must be challenged, and we must build the evidence base accordingly. Especially as

“there is a need to ... recognise that there is such a thing as, and then address, institutional racism” (P12, September 2018)¹⁶ including “what is it [institutional racism]? What does it look like? And what are the aspects to institutional racism or institutional biases against individuals – Aboriginal people ... [what] do we have to overcome?” (P14, September 2018).¹⁶

The lived experiences of Indigenous peoples must be central to any systemic anti-racism structural responses. More importantly, adopting systems thinking^{22–25} that enables a focus beyond the limitations of cause and effect is necessary when tackling complex systemic and structural institutional racism.^{26–28}

System thinking for health system strengthening is about “deciphering the complexity of an entire system, and then applying this understanding to design and evaluate interventions that improve health and health equity.”²⁹ As intervening leverage points are identified, they become “places within complex system[s] where a small shift in one thing can produce big changes in everything”.^{22,23} In addition, researching the interconnections within and between systems^{26,27} will enhance our knowledge of the complexities of discrimination and institutional structural racism.¹⁶

Carmen argues that if discrimination and systemic and structural institutional racism are left to their own devices, we will never close the widening health gap between Indigenous and non-Indigenous Australians.³⁰ Knowing how racism performs in the processes and procedures of health systems, their organisations, and the attitudes of individuals are imperative.

As we begin to understand and build the evidence base concerning the realities of racial discrimination and systemic and institutional structural racism, including impacts on health and healthcare services, it is only then that we can heal country and our nation.³

As we strive for a health system free of racism, we must be comfortable with feeling uncomfortable when talking up racism.

So, Get Up! Stand Up! Show Up! Australia's 2022 NAIDOC theme has called out racism, specifically to tackle systemic and structural institutional racism together.³¹

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Conflicts of interest


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