Dreaming up the future of Aboriginal and Torres Strait Islander Public Health

Racism as a Public Health Issue

by

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Good morning, ladies and gentlemen, brothers and sisters, friends.

Let me begin by acknowledging the traditional owners of the land upon which we are meeting today, and to thank them for their kind welcome to country.

Thank you for the opportunity to speak at this fifth Annual Symposium on "Dreaming up the future of Aboriginal and Torres Strait Islander Public Health”.

I look forward to taking part in some exciting and stimulating discussions today.

This morning, I’d like to reflect on the long, and often difficult, relationship between the Aboriginal world and the mainstream health system in Australia.

I want to make the case that if we have a genuine interest in the public health of Australia’s First peoples, we need to be aware of this difficult history, and how it continues to affect us today.

And I also want to suggest that ongoing racism should be considered as a public health issue in its own right, and that to deal with it we need to be prepared to have some difficult but necessary conversations about the subject.

Let me start with the concept of ‘public health’.

In its broadest sense, what could be more positive as a concept than the notion of ‘public health’ – a system for supporting and bettering the health of the public?

And yet, as is now well known, when it came to the ‘public health’ of the Aboriginal peoples of Australia, the mainstream health system has had a difficult history.

For many decades, the health system in Australia went hand-in-hand with other government processes designed to control the lives of Aboriginal peoples.

When health services were provided to our peoples, it was often more for the benefit of the non-Aboriginal population.

Indeed, Aboriginal ill-health was explicitly used to justify the need to control the Aboriginal population.

A famous – or infamous – example is Dr C E Cook, who was both Chief Medical Officer and Chief Protector of Aborigines in the Northern Territory in the 1920s and 30s.

He wrote that the Aboriginal population at that time:

[Quote] ...had become the natural host of endemic disease by which successful white settlement is gravely menaced, and it is manifestly impossible for the hygienist, with any pretence to bona fides, to undertake the safeguarding of the health of the white community and its future unless he has full powers over the native population, not only in regard to treatment for apparent ailment, but also in relation to hygiene, community life, migration and dispersion through the white community [unquote].
This is, quite explicitly, public health used as a justification for state control of Aboriginal people’s lives.

As it happens, one of those profoundly affected by Dr Cook’s policies was my mother, taken as a young girl by white men on horseback from her Alywarre family in the country north-east of Alice Springs, sometime in the early 1920s.

By the time I was growing up in Darwin in the 1950s, the explicit focus on the health system as a tool to support “successful white settlement” had passed.

But it remained a non-Aboriginal institution in its structure, its aims, and its methods.

For Aboriginal people, it was an alien and often hostile world, incomprehensible because it rarely made any serious attempts to make itself comprehensible.

And if the view that the health system was only for white people was no longer explicitly made, it was often implicit in the way we Aboriginal people were treated.

A minor example, from my own memory:

I am seven or eight years old, and really quite sick.

My non-Aboriginal father took me up to the hospital (because if we ever had to deal with institutions like the hospital, it was always he, rather than my mother, who would take the lead).

Anyway, I was waiting a long time to be seen ... until eventually my father went up to the counter to complain.

The nurse there, looked at my father and then me in surprise: “Oh, is she with you, Mr Anderson? I’m sorry I didn’t realise ...”.

And we were seen straight away.

I don’t recount this minor incident because it was unusual – quite the opposite – every Aboriginal family would be able to tell you many similar stories.

But it illustrates the casual, unthinking racism that was structured into the way the system worked.

The health system was deeply structured to be run by non-Aboriginal people, and for non-Aboriginal people.

So, what have Aboriginal communities done – how have we managed this difficult, almost at times dangerous, relationship?

Well, initially we did what Aboriginal people have always been good at – we adapted.

If we could not control the health system, we could adapt to it.

Another example, from Darwin in the 1950s.
The hospital then was one of the biggest employers of Aboriginal people in the town – as gardeners, laundry workers, cooks and as wards maids.

While there were at that time no Aboriginal nurses, these wards-maids were local Aboriginal women employed to do basic care and cleaning throughout the hospital.

And it was these wards maids, who despite their lowly status in the formal hierarchy of the hospital, played a key role in health care for Aboriginal people within that institution.

Often unacknowledged in their role, they would act as a link between the Aboriginal community and the non-Aboriginal health system.

During consultations, they would hover in the background and pass on information to the non-Aboriginal doctors and nurses, information that the non-Aboriginal system would otherwise have no way of gaining but which could be vital to the health of the patient.

“Oh, doctor,” the wards maid might say, “I don’t know if you know, but this patient doesn’t have anywhere to stay if they are discharged because their family are out of town till next week.”

As well, they carried messages to the family and the community: “You mob should know that Auntie hasn’t been eating properly, you should go and visit her.”

Little was expected of wards maids by the system – in terms of the hospital’s hierarchy of power, their core business as cleaners or maids put them at the bottom of the pyramid.

But nevertheless, these Aboriginal women were the key to making a bad system work better.

They were our way of adapting, making the best of a poor system.

The second Aboriginal response to the challenge of an alien health system has been more recent.

And possibly more profound.

This has been the attempt, from the 1970s onwards, to confront the relationships of power head-on, as it were, and to establish our own health organisations.

Aboriginal Medical Services, under local community control, have played an increasingly important role in addressing Aboriginal health for over forty years.

The first such service was established by the community in Redfern in July 1971 to address the continuing ill health they experienced, and the need for culturally appropriate and accessible health services.

Redfern and the many other AMSs that followed it, grew out of the political struggles for Aboriginal rights of the 1960s and 1970s.

They were informed, from the start, by a far-reaching analysis about how to address the health needs of our communities.
Under the label of what were then called the “underlying causes of ill health”, land rights, access to quality education, freedom from discrimination and racism, and self-determination were all explicitly linked to achieving better health for our peoples.

Much later, the theory of ‘the social determinants of health’ came along, and provided the scientific evidence that these “underlying causes of ill health” were indeed critical to our health.

But for us, the idea that poor health was linked to these broad social, political and economic issues grew out of our lived experience.

We could see in our own communities and our own families the effects of poor housing, unemployment, racism, and the day-to-day stress of worrying about where the money was going to come from for the rent or for the kid’s clothes, let alone school books.

Issues of power (both within the health system and beyond) were therefore at the heart of this analysis.

With this as a background, an approach that was based on a critical analysis of the mainstream health system made sense to us on an intuitive, experiential level.

So today, the network of almost 150 Aboriginal community controlled health services represent not just a vital link in providing comprehensive primary health care services to Aboriginal and Torres Strait Islander communities.

They also represent an Aboriginal response to mainstream systems that excluded – or simply failed to hear – Aboriginal voices and experience.

They are an attempt to build a more equal relationship between the mainstream health system and the Aboriginal community.

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Why is this history so important?

Because it reveals the difficult, troubled relationship between Aboriginal people and the health system – a relationship often marked by a huge disparity in power.

And also because this history is not “over”.

Its effects continue in the present day.

And I believe that those of us committed to genuine public health approaches for Aboriginal and Torres Strait Islander people need to be aware of this history and on the alert for the ways that power relationships within health systems continue.

We should recognise that the attitudes of many Aboriginal families to the mainstream health system have been shaped by the kind of experiences I have described.

We should be aware that, as a result, for many of our people, their default setting when it comes to the mainstream health system is “avoid if possible!”
And we should also be very much aware that while much has improved, the health system itself has not been able to leave this legacy behind.

Racism – especially the racism of systems structured in a way that does not take account of Aboriginal ways of being – is still with us.

In fact, there is enough evidence now to consider racism in itself – whether structural or personal – a serious public health issue in its own right.

A few months back, the Australian Government launched its new national Aboriginal and Torres Strait Islander Health Plan.

As with all such Plans, much depends on how it is implemented.

With its details yet to be worked out, many Aboriginal and Torres Strait Islander people, communities and organisations and others will be reserving their judgement.

Nevertheless, there is one area in which this Plan breaks new ground, and that is its identification of racism as a key driver of ill health.

This is based on good evidence.

The first key piece of evidence is that racism directed at Aboriginal people is not a thing of the past.

For example, a key study in Victoria in 2010-11, funded by the Lowitja Institute, found that of those Aboriginal Victorians surveyed, almost all reported experiencing racism in the previous year.

This included a range of behaviours, from being called racist names, teased or hearing jokes or comments that stereotyped Aboriginal people; being sworn at, verbally abused or subjected to offensive gestures because of their race; being spat at, hit or threatened because of their race; to having their property vandalised because of their race.

Significantly, over 70% of those surveyed experienced eight or more such incidents in the previous twelve months.

Other studies in Australia have also found high levels of exposure to racist behaviours and language.

Such statistics describe the reality of the lived experience of Aboriginal and Torres Strait Islander people.

I think the widespread nature of this might surprise many non-Aboriginal people, who might see such incidents as one-off isolated events.

You may recall six months ago, when racial abuse was directed at AFL player Adam Goodes, abuse which was then followed by racially inappropriate remarks about the player by the President of the Collingwood Football Club.
There was national attention and widespread criticism of both incidents – and the appropriate apologies were made to Goodes.

But online in comments pages, many members of the public were tempted to dismiss the incidents as trivial – “it’s just name calling”; “it’s just a joke”; “get over it!”

But the second key piece of evidence is that racism is not harmless – it can have profound health effects.

Studies in Australia echo findings from around the world that show that the experience of racism is significantly related to poor physical and mental health.

There are a number of ways in which racism has a negative effect on Aboriginal and Torres Strait Islander people’s health.

First, for individuals, exposure to racism is associated with psychological distress, depression, poor quality of life, and substance misuse, all of which contribute significantly to the overall ill health experienced by Aboriginal and Torres Strait Islander people.

Prolonged experience of stress can also have physical health effects such as on the immune, endocrine and cardiovascular systems.

Second, Aboriginal and Torres Strait Islander people may be reluctant to seek much-needed health, housing, welfare or other services from providers whom they perceive to be unwelcoming or who they feel may hold negative stereotypes about them.

This feeds in to the culture of ‘avoidance’ that some Aboriginal families or communities develop when it comes to health services.

Last, there is a growing body of evidence that the health system itself does not provide the same level of care to Indigenous people as to other Australians.

For example, we know that Aboriginal and Torres Strait Islander patients admitted to hospital at the beginning of the twenty-first century still have a significantly lower chance of receiving treatment for their conditions than non-Aboriginal people.

This ‘systemic racism’ is not necessarily the result of individual ill-will by health practitioners, but a reflection of how systems for health care are designed and implemented.

It is the result of inappropriate assumptions made about the health or behaviour of people belonging to a particular group being embedded in those systems.

What the research tells us, then, is that racism is not rare and it is not harmless.

It is not safely in the past.

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Of course, this is not to say that nothing has changed.

No one – certainly no one in the health system – would endorse Dr Cook’s views on race and health today.

And for the health system, the particular needs of Australia’s First Peoples have been openly on the table for many years.

For that, I think we should acknowledge the work of the Aboriginal Medical Services, as well as the many committed health professionals within the mainstream or outside of it who have been advocates for positive change.

But, what both the evidence and our experience tells us is that this historically troubled relationship between Aboriginal and non-Aboriginal Australia, between black and white, stills needs to be addressed.

It needs to be addressed within the health system in its implicit structures and assumptions, and in needs to be addressed in the broader Australian society.

But what, as they say, is to be done?

I have to say that I don’t have any easy answers.

Of course, anti-discrimination policies and laws are important to address the more blatant and obvious forms of racism.

Anti-racism campaigns in the media and social media will have their place too.

This is despite the recent experience of the Australian Human Rights Commission’s 'Racism. It stops with me' campaign, when the Commission had to close down its social media pages due to a flood of racial abuse4.

But I would also say that as health professionals and researchers, it is our job to ensure that racism is seen as a public health issue.

It is our job to make sure that our institutions and governments are aware of the evidence.

And we need to build systems – and in particular health systems – which are responsive to our needs, and which offers us genuine partnership and open dialogue.

The mainstream health system must learn to recognise and respect Aboriginal experience, and to make policy based on what we – that’s all of us – know works.

It needs to respect what has already been achieved – both within the mainstream health system and outside it in the Aboriginal Medical Services, services, research institutions and Aboriginal communities.

All these approaches – and I’m sure there are others – are worthwhile.

But beneath them lies the deeper need to open up the debate about racism and its effects in contemporary Australia.

The recognition of Aboriginal and Torres Strait Islander peoples in the Constitution is important for many reasons.

For one thing, it could lead to improved stewardship and governance for Aboriginal and Torres Strait Islander health.

However, it also provides us with an opportunity to have this difficult but necessary conversation about racism and the relationship between Australia’s First Peoples and those peoples who have arrived in this country more recently.

Needless to say, this conversation needs to be conducted respectfully, in a way that is based on the evidence and on respect for the diverse experiences of all Australians.

I believe the election of a new Federal Government provides an opportunity to move this process forward.

Prime Minister Tony Abbott is on the record as being in favour of the referendum to change the Constitution.

So, his leadership on this issue could be crucial for setting the new Government’s direction in relation to the Aboriginal community – in much the same way, perhaps, as Kevin Rudd’s Apology to the Stolen Generations early in his Prime Ministership established the basis for his Government’s relationship with Australia’s First Peoples.

Whatever approaches we adopt, they must be based on the recognition that people cannot thrive if they are not connected.

Aboriginal and Torres Strait Islander people need to be connected with their own families, communities and cultures.

But we must also feel connected to the rest of society.

Racism cuts that connection.

At the same time, racism cuts off all Australians from all the unique insights and experiences what we, the nation’s First Peoples, have to offer.

Seen this way, racism is a public health issue.

And, recognising and tackling racism is about creating a healthier, happier and better nation in which all Australians can thrive.

Thank you.