

Papaarangi Reid, Donna Cormack, Sarah-Jane Paine

Abstract for MERH conference

Colonial histories, racism and inequity – the experience of Māori in Aotearoa New Zealand

The health of Māori, the indigenous peoples of Aotearoa New Zealand, like that of many indigenous peoples worldwide, is characterised by systematic inequities in health outcomes, exposure to the determinants of health, health system responsiveness and representation in the health workforce.

We teach students in health professional programmes that a critical component of examining one's patient is taking a history. This is important lest we treat the patient's symptoms rather than the underlying pathology. In the same way, attempts to make sense of the health and wellbeing of indigenous peoples and that of many other populations categorised as 'ethnic minorities', is inadequate unless health professionals engage critically with a nation's history.

This imperative to understand our country's history must be seen within the framework of western imperialism and similar colonial projects into other indigenous nations. Only then does the international pattern of indigenous health status make sense. Further, students must understand the concept of coloniality, where the ideological and power differentials continue to be reproduced even after colonial governments have been replaced and 'independence' gained (Grosfoguel). In our experience students are able, and usually willing, to comprehend the relationship between the illegal confiscation of land and natural resources with subsequent lower socioeconomic status and poverty even after to many generations. However, most students struggle with these deeper understandings of coloniality at an ideological level and how racism underpins it.

In particular, students struggle with the idea that science and medicine were, and continue to be, complicit in producing coloniality. Science played a lead role in the subjugation of indigenous ways of knowing and knowledge production and in creating false evidence of a hierarchy of the human species. Despite this hypothesis being discredited long ago, it retains validity as long as systems that continue to reinscribe racism and white privilege remain in our communities, including our academic communities.

A commitment to Indigenous health and eliminating inequity requires this parallel commitment to critically interrogating our histories and our disciplines, and examining how our practice, including research, disrupts or maintains global systems of racism and coloniality.

Ref

Grosfoguel R (2004) Race and ethnicity or racialized ethnicities? Identities within global coloniality. *Ethnicity* Vol 4(3): 315–336;045237 DOI:10.1177/1468796804045237