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Colonial histories, racism and health—The experience of Māori and Indigenous peoples

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ABSTRACT

The health of Māori, the Indigenous peoples of Aotearoa, New Zealand, like that of almost all Indigenous peoples worldwide, is characterised by systematic inequities in health outcomes, differential exposure to the determinants of health, inequitable access to and through health and social systems, disproportionate marginalisation and inadequate representation in the health workforce. As health providers, we are often taught that 'taking a history' is a critical component of a patient consultation to ensure that the underlying conditions are treated rather than the often superficial presenting symptoms. In the same way, attempts to make sense of the health and well-being of Indigenous peoples is inadequate unless health providers engage critically with the history of their respective nations and any subsequent patterns of privilege or disadvantage. Understanding this history, within the framework of western imperialism and other similar colonial projects, allows us to make sense of international patterns of Indigenous health status.

While health commentators acknowledge the unequal health outcomes of Indigenous people, and an increasing number also link these inequities to Indigenous marginalisation resulting from historic events, very few go further and expose the deep relationship between racism and coloniality and how these continue to be the basic determinants of Indigenous health today. This work includes honest examination of the role that science and the health disciplines have played historically in colonisation through the subjugation of Indigenous ways of knowing and knowledge production, as well as being complicit in the creation and maintenance of a fabricated hierarchy of humankind. Despite the 'science' of this racial hierarchy being discredited, it retains a false validity in our societies. As long as oppressive systems that continue to re-inscribe racism and white privilege remain in communities, including our academic communities, coloniality continues its discrimination.

Indigenous voices on migration, ethnicity, racism[a] and health will always demand the elimination of inequities in health but to do so will require a parallel commitment to

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[a] Despite the term 'race' being used in the title of the congress, we changed it to 'racism' here to better describe the process under scrutiny.

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critically interrogating all of our histories and our disciplines, as well as examining how our practice, including research, disrupts or maintains global systems of racism and coloniality.

Colonisation and racism

At the 1st World Congress on Migration, Ethnicity, Race and Health held in Edinburgh 17-19th May 2018, a keynote was invited to provide an Indigenous voice on these issues. While recognising this honour, the concept of 'an' Indigenous voice is challenging in that the use of the singular article 'an' fails to recognise the diverse lived realities of Indigenous peoples and because the very term Indigenous is itself contested. Indigenous is often used synonymously with terms such as First Nations, Aboriginal, Native or Tribal peoples. The term Indigenous is said to have emerged from groups drawing attention to processes of genocide and marginalisation following colonisation,[1,2] whether this involved invasion and/or treaty agreements that were typically dishonoured after the fact. As a consequence, the original peoples of those territories are now dominated politically, economically, legally and culturally by descendants of the newcomers.[1,3] While many, but not all, Indigenous peoples exist as numeric minorities in their territories, there is a need to distinguish Indigenous peoples from other ethnic groups who have migrated to that territory.[4]

Not all Indigenous peoples exist in territories that were impacted by western colonisation,[1] but imperialism (by whichever nation-state) has had a similar end result of marginalising the original peoples through policies and processes of genocide, dispossession, exclusion and discrimination.[3] Some scholars promote seeing the processes of Indigenous marginalisation within a 'world-systems' framework that emphasises global political and economic processes rather than processes internal to individual nation-states.[5] Grosfoguel contends that ongoing global distinctions along racial/ethnic lines are intimately linked to the 'international division of labour' on which capitalism depends.[5] While many formal colonial administrations have ended internationally, Grosfoguel[5] notes the ongoing oppression and marginalisation of Indigenous and other racialised peoples within 'new' nation-states as evidence of how old colonial power hierarchies have been re-inscribed, a condition termed coloniality to distinguish from the original processes of colonialism.[6–8] This definition of coloniality allows us to acknowledge the contemporary effects of marginalisation on Indigenous peoples as distinct from the historic process itself and thus understand coloniality as an ongoing process rather than solely as an isolated historic event.

It is unsurprising that coloniality is acutely aligned with a 'global racial/ethnic hierarchy'[5] as the aims and processes of colonialism and imperialism were symbiotic with scientific racism.[9,10] In the period in European history ironically named 'the Enlightenment', commentators created various hypotheses about a hierarchy of peoples based loosely on skin colour or other physical characteristics, aligning 'white' or 'European' with relatively superior intellect, culture, civilisation, religion, ethics, morals, scientific endeavour and humanity.[11] It was an important and timely alignment, for while inhumane actions, including very brutal wars, have occurred throughout history, colonisation depended on the corrupt idea that one nation had a moral right to invade and claim resources and territories that were clearly occupied by declaring the original peoples non-human or lesser beings with few if any rights.[11–13]

Despite the myth of race 'science' being thoroughly debunked long ago, the idea of a racial hierarchy remains in the minds and actions of many and today the idea of race plays out in our societies as racism.[9,13,14] Racism is a system incorporating ideas of 'race' and processes of racialisation, within which power, access to resources, experiences and lived realities are structured differentially across groups socially-constituted as 'racial' or 'ethnic'.[15,16] While it has temporal and spatial particularities, it is what Grosfoguel terms a "global hierarchy of superiority and inferiority along the line of the human", embedded in social, political, economic and cultural systems.[16]

Drawing on the work of Fanon, Grosfoguel contends that the system of racism separates peoples into two zones where they are classified as either 'human' (the zone of being) or as 'non-human' or 'sub-human' (the zone of non-being).[16] Other forms of oppression, along class or gender lines for example, are structured and felt differently within these two zones.[4] While racism based on skin colour or phenotype is a prevailing form, it can also expressed in relation to religion, language, indigeneity and culture.[16]

Racism is so abhorrent and life-threatening that it is possible to lose sight of its real purpose, which is to deliver and maintain unearned privilege for groups constructed as superior within racial hierarchies. This privilege is so normalised that it is invisible to those who benefit from it, so much so that even raising the possibility of unearned white privilege in discussions about racism can result in beneficiaries of white privilege exhibiting 'white fragility'.[17] This 'fragility', often expressed as hostility, defensiveness or other emotions, derails constructive conversations to identify and name racism and privilege.[17]

Colonisation and ongoing coloniality was made possible by a racist ideology of supposed white supremacy and Indigenous inferiority, and this ideology has been inscribed into colonial institutions, policies, practices as well as into the values, norms and beliefs of people.[5,9] It shaped who was thought to be deserving and undeserving, and this ideology of racism continues to be reproduced today. Understanding racism (and white privilege) as a global system that,

intertwined with colonisation, delivers resources and opportunities inequitably is necessary to make sense of Indigenous health. Further, this understanding of racism as being underpinned by racialised ideologies and supported by unequal power structures[15] is critical for developing appropriate and effective interventions to realise health equity.

Indigenous peoples health and well-being

A number of previous publications have documented consistent, compelling inequitable health outcomes for Indigenous peoples.[1,18–20] Anderson et al. recently published a comprehensive review of the health data of Indigenous and tribal peoples from 28 tribal populations in 23 countries.[21] They reported that there was considerable evidence of poorer outcomes in health for Indigenous peoples when compared with non-indigenous counterparts, with these differences sustained across many health and social outcome variables. However, the magnitude of the difference in outcomes varied between countries, and while the result of poorer outcomes was typical, it was not inevitable with some occasions where there was no difference in outcomes and very rarely evidence of better relative outcomes of Indigenous peoples.[21]

International comparisons of the health and well-being of Indigenous peoples could provide important insights into the impacts of racism and colonialism as global systems by revealing parallel patterns of accumulated white privilege across different nation-states. However Anderson et al.[21] identified a range of issues that limit global assessment of Indigenous health inequities including a lack of acknowledgement of Indigenous peoples by some nation-states, the diverse socio-economic, political, historical and geographic realities of Indigenous peoples and the impact these things have on data completeness, quality and availability. Until issues of Indigenous data quality are resolved, health should be compared internally within each nation's particular context, opportunities and population groups.

Twelve projects to improve Indigenous health

Rather than risk the presentation of Indigenous health statistics being used to create a false competition of whose coloniser or oppression is the worst, we instead propose 12 key projects necessary to improve Indigenous health (see Table 1). Many of these projects align with rights for Indigenous Peoples affirmed in the United Nations Declaration on the Rights of Indigenous Peoples.[22]

Colonisation and science

Colonisation has an extensive reach beyond the obvious demand for territories, natural resources, bodies and souls. Karina Walters[37] notes that the legacy of colonisation was not just the result of genocides, the systematic eradication of peoples, but that it extended to ethnocides, defined as the systematic eradication of ways of being including languages, traditional practices and the social structures necessary for their transmission.[32] Further, she states colonisation also extended to epistemicides, defined as the systematic eradication of traditional ways of knowing and knowledge creation.[38] Colonisation was not just a racist political, economic and religious project, it was also a project of European science and research, carrying with it the same racist ideology of white superiority in respect of knowledge and knowledge creation.[2,10]

This was especially obvious during the Pacific colonial period, where voyages of 'discovery' were firmly aligned with scientific projects and often funded in part by European research societies.[2] Linda Tuhiwai Smith writes that as colonisers travelled through Indigenous lands, they wrote of their travel and later recounted it to others.[2] The veracity of these tales, reported both orally and in writing, were unquestioned by European audiences, rather than being seen critically as the notions of outsiders whose vision was blurred by their ingrained sense of racial superiority and their positionality as voyeurs from western cultural standpoints. In recounting their views, these tourists were deemed to be 'knowers' and 'experts' of Indigenous life.[2] Their Indigenous informants became footnotes or were dismissed altogether.

The newcomers collected more than stories.[39] They also collected human remains, articles of material culture, images and observations of ways of being. As these items were collected, the way in which they were viewed changed. Whereas once they were integrated within a cultural context and imbued with relationships, these items now morphed into objects in private ownership. In western eyes, not only can they be 'owned,' they can also be adapted, used, traded, transformed, patented and sold. They can be commodified and commercialised.[10]

There is growing Indigenous critique of this aspect of academic and scientific practice, with some museums, research institutions and collectors seeking to, or being asked by Indigenous peoples to return items, especially human remains.[40] However it is useful to highlight the concept and terminology used with material collections in the past is now being used in relation to health related research with terms such as 'data collections' and 'tissue banks'. The discourse of many researchers in this field echoes patterns from the past where they disassociate the item, be it data or genetic material, from its individual and collective cultural contexts and yet feel able to speak knowledgably and make assertions about the lives, values and needs of the peoples who are the 'sample'.

Indigenous scholars draw attention to this fundamental difference in thinking and contend that data, genomic material and tissue samples cannot be seen as separate from the individual from whom they are derived, and further that the individual is inherently connected to their family and wider community.[10,40,41] This reality highlights the limitations of western ethical frameworks that focus on individual rights and ownership even when the information derived has direct implications for the collective.

Indeed, these limitations extend beyond ethical frameworks to health systems and interventions. As health and social scientists who have been trained in the European tradition, we are in danger of reinscribing racism and coloniality in the way in which we understand Indigenous health

Table 1 – Twelve projects to improve Indigenous health.

Human rights	*The right to the basics of life*	Indigenous peoples are disproportionately represented among those who are still denied access to basic human rights including peace, shelter, safe water, adequate nutrition, respect and dignity.[1] These breaches are not limited to the most impoverished or unstable nation-states. Access to safe water and food sources, for example, is an issue for many Indigenous communities globally.[1,23] The dispossession and forced relocation of Indigenous peoples and destruction of environments by governments, extractive industries and military must stop.
Freedoms	*The right to freedom from racism*	Racism is systematically and deeply embedded into societal systems and structures, at local and global levels, and is expressed in institutions and in interactions between persons.[24,25] Consistent inequitable outcomes across social services including education, welfare, criminal justice as well as health demonstrate the impacts of racism. There is an urgent need to address racism as a global health determinant and to take action to address its ongoing harmful, and often deadly, impacts.
	The right to freedom from assimilationist policies and other forms of cultural oppression	A common experience for Indigenous peoples is forced assimilation and the co-option of Indigenous peoples into settler colonial states.[26] These policies drove the active dispossession of communities from our Indigenous languages, bodies of knowledge and ways of knowing,[2] through various means including the stealing of children and placement into 'residential schooling' systems or other state institutions,[27] the outlawing of Indigenous languages, practices and protocols[23,27] and the denial of Indigenous peoples through destructive biological categorisations of identity and group membership.[20] Assimilationist state policies and practices must stop immediately.
Processes of healing	*The right to truth telling about colonial history and its effects*	It is critical that attention is urgently given to the teaching of histories and truth telling about colonisation.[28] Many countries continue to repress, attempt to silence or marginalise their own realities of colonisation.[28,29] As a form of 'ignorance',[30] the marginalising and silencing of these histories supports the (re)production of ahistorical, deficit-based and often racist narratives about Indigenous peoples within colonial nation-states.
	The right to reconciliation and a process for setting right of past grievances	Alongside acknowledgement of colonisation, Indigenous peoples have a right to processes that recognise injustices and seek to put these right.[22] Active restoration, protection and return of Indigenous lands and natural resources, languages, knowledges, cultures and ways of being is critical.
	The right to recognition of historical trauma and the resources to heal	The ongoing, intergenerational effects of invasion and colonisation need to be recognised and addressed. Historical trauma impacts on the health and well-being of Indigenous peoples in complex, harmful ways.[31,32] There is an urgent need to respond to historical trauma to disrupt and mitigate its intergenerational effects, alongside the equally urgent need to stop the creation of new traumas.
Full participation	*The right to voice and for that voice to be heard*	Indigenous peoples have a right to be represented and heard in any decision-making processes or structures that impact on all aspects of Indigenous life and well-being,[22] from parliamentary systems to health services and health research. This includes the right to full, meaningful and ongoing involvement in decision-making and governance of all forms of health data, from data banks to tissue banks, a right increasingly articulated through Indigenous Data Sovereignty principles.[33]
	The right to equitable access to and through health and social services	Indigenous peoples have a right to have access to high quality, appropriate, relevant health and social services without discrimination. This includes access to equitable quality of experiences and outcomes from health services[20] and access to our own knowledge systems of health, well-being and healing.[22]
	The right to culturally safe services including health services	All health and social services for Indigenous peoples on our own lands should be culturally safe.[34] Services, policies and practices should meet the priorities and aspirations of Indigenous peoples as a primary consideration, rather than as an 'add-on' to prevailing service delivery models.
	The right to be represented in the health workforce	Indigenous communities have a right to access health care from Indigenous health providers. This requires health systems to be configured in ways that ensure that Indigenous peoples are well-represented in the health workforce, at a minimum equal to our proportion of the population.
Self-determination	*The right to be counted*	Fundamental data quality issues for Indigenous peoples remain, including variations in definitions of indigeneity and governmental commitment to collect and report data disaggregated by Indigenous status.[21,35] This failure to collect and make available data by Indigenous status interferes with our right to identify ourselves as Indigenous and be known as such, as well as preventing Indigenous peoples from monitoring governments action or inaction on Indigenous outcomes.[21,36]
	The right to determine our own futures and to manage our own affairs	One of the fundamental shared rights of Indigenous peoples is that of self-determination.[1,22] This is a right that is important not just at the level of nation states, but at all levels. Rights to self-determination extend to rights to sovereignty over the ways of being, knowing and doing that are critical for Indigenous communities and include, for example, food sovereignty, self-determination of health systems and models of care, data sovereignty and self-government.

and therefore plan interventions. For example, health interventions for addressing health equity for Indigenous peoples predominantly focus on purported 'risk factors' at the person-level and on changing Indigenous behaviours rather than changing the unequal social and structural preconditions of those behaviours conceptualised as risk. We must reflect deeply and critically on the associated limitations of working within westernised health systems and academic institutions to ensure that this does not occur. While some draw attention to the potential of Indigenous knowledges to provide possible solutions for current crises in public and planetary well-being, current approaches to Indigenous knowledge systems are often framed in the same extractive colonial discourse.[42]

Royal[43] notes that while it is necessary for Indigenous peoples to seek recognition, resolution and restorative processes for past and contemporary injustices, we also need to be actively and creatively revisioning our futures, as an integral part of enacting Indigenous sovereignty. Indigenous knowledges are not solely ancient wisdoms but necessarily include processes for the creation of new Indigenous knowledge that have the potential to contribute to well-being of all peoples, our environment and our planet. Karina Walters[37] identifies that relationships are the key to Indigenous worldviews, and these are not limited to interpersonal or political relationships. Rather she points to the fundamental way in which we as Indigenous peoples engage with our interconnectiveness through generations and across time, through territories, geographies and across the planet, as well as with each other, other species and our natural environment. These relationships and the traditional ways of knowing that supported them have been attacked by colonialism. She writes that relational restoration is not only a critical component of Indigenous healing but also of theoretical reorientation and decoloniality. This Indigenist approach[44] to research and science holds important answers for the critical questions we currently face in collective well-being.

Concluding thoughts

In the current discourses on migration, ethnicity, racism and health, Indigenous voices will offer a number of opportunities and challenges. First is the need to both acknowledge the aggressions withstood by Indigenous peoples from historic processes of colonisation and recognise how colonial systems, power structures, policies and attitudes continue to be reproduced today in ways that structure the unequal distribution of the determinants of health, differential access to and through health and social services by Indigenous peoples and impact on Indigenous outcomes. This recognition of both Indigenous nationhood and the actions of colonisation acknowledges that the status quo is not neutral but rather continues to deliver Indigenous inequity and white privilege and will continue to do so unless purposely interrupted. This is our first challenge.

Second, Indigenous voices offer an opportunity to understand the relationship between colonisation and racism and how colonialism and imperialism are ideologies designed to embed white privilege. As academics and health workers, we must own that these systems extend their influence beyond the political and socio-economic to those of science and knowledge creation. Our challenge is to consider what this means as these arrangements have explicit and implicit values and ethics that, if left unquestioned by us, will, through our work and despite our good intentions, also reinscribe racism, coloniality and inequity.

Third, it is an opportunity to lift our often unquestioning gaze and reflect on our epistemological framing of knowledge, knowers, knowing and knowledge creation to critique how this defines the science we practise, and therefore how this likely limits our scientific imaginations. When we can critically reflect on our positionality and the power it reinscribes for some and marginalises for others, we may be safe to consider the opportunities that Indigenous knowledges offers. Not just Indigenous knowledges that western science can collect, obtain, buy, 'discover' or appropriate, but Indigenous knowledges that are derived from fundamentally different epistemological standpoints—standpoints that are dependent on the foundations of relationships between people, place, space and time.

Linda Tuhiwai Smith tells us that it is time now to turn our minds to important questions and focus on 'research that saves the planet, rebuilds the human spirit and relocates lost humanity'.[45] Using this Indigenous positioning, our current challenges relating to migration, ethnicity, racism and health are reformulated from a tension between groups of individuals and geopolitical and economic systems to the primacy of healthy relationships across space and through time. Mauri Ora.

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