Manifestations of Institutional Racism and Privilege in Public Health Policy Making & Funding Practices in Aotearoa

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ESocSci/BRCSS Identities Network Seminar
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The Treaty of Waitangi is the founding document of Aotearoa, New Zealand.
FIRST DO NO HARM
Activism is my rent on Earth!

ALICE WALKER
Institutional Racism

“...white terrorists bomb a black church and kill five black children that is an act of individual racism...

But when in the same city – Birmingham, Alabama-five hundred black babies die each year because of the lack of proper food, shelter and medical facilities, and thousands more are destroyed and maimed physically, emotionally and intellectually because of conditions of poverty and discrimination in the black community that is a function of institutional racism”.

(Carmichael & Hamilton 1967:2)
• Me titiro ki nga wa o mua
• Rapua te mea kua ngaro

• “When searching for direction focus your eyes backwards and see where you have come from”.

Institutional racism is “... the outcomes of mono-cultural institutions which simply ignore and freeze out the cultures of those who do not belong to the majority.

National structures are evolved which are rooted in the values, systems and viewpoints of one culture only.

Participation by minorities is conditional on their subjugating their own values and systems to those of “the system” of the power culture”.

(Ministerial Advisory Committee, 1988, p19).
This is yours, son—It’s been in the family for generations.
Institutional racism is a pattern of differential access to material resources and power by race, which advantages [privileges] one sector of the population while disadvantaging [enacting racism against] another.

Informed by the writings of Yin Paradies and Camara Jones
[Kaupapa Māori] assumes the taken for granted social, political, intellectual, and cultural legitimacy of Māori people, in that it is an orientation in which Māori language, culture, knowledge and values are accepted in their own right (Smith, 1992, November p. 13).
“The crown will lie, it will manipulate, it will change the law, it will do everything to maintain its power and that is the overt face of institutional racism. We know they will not muck around, if it comes to anything they will take whatever they need off us, to ensure they maintain their power... Policy is a reflection of the crown ensuring it will maintain its position, always, be in no doubt”.

(Berghahn, 2010, November 7, P. 6)
Stages Approach to Policy

1. Agenda setting
2. Policy Formation
3. Decision-making
4. Policy Implementation
5. Policy Evaluation
take a walk in someone else's shoes hikoitia ngā tapuwae o te hunga kē

Race Relations Day 21 March Te Rā Whanaungatanga

www.hrcc.org.nz photographs and design by Dan Hanco
Racism in the Policy Cycle

- Tyranny of the majority
- Impact Crown Filters
- Incomplete evidence base
- Flawed consultation
- Levels of cultural & political competence
“I am sitting round the table and I am the only Māori and there are ten of us. We are arguing the prioritisation framework and I argue that Māori health should be right up near the top. So we have the debate... you put it on the table, you go hard for it and in the end if you don’t have the numbers, that is where the funding goes”.

Grant Berghan, 2010
“It is really is about tobacco control dogma and what is current global policy of the day, which then comes into a New Zealand context. Someone says quit attempts are really important and so inevitably what happens in New Zealand is we take on that mantra. But in terms of a Māori perspective and a Māori world view or even contemplating that... no I don’t see that”.

Shane Bradbrook 2010
From his involvement with Crown officials in a range of capacities over decades, Berghan (2010, November 7, p. 6) elucidates these claims of culturally incompetence. He asserts:

...these are good people... they are benignly incompetent... [they] don’t take into account other values; it is kinda like the universality of western values... and that tends to happen through most of the policy processes... they [Crown officials] don’t see the need to be competent because why should they?... it is the others that need to understand. When in Rome do as Romans do, so when in New Zealand do as Pākehā do; it is that kinda stuff.
Reported Representation on Steering Groups

<table>
<thead>
<tr>
<th>% of Provider type</th>
<th>Don’t Know</th>
<th>Never</th>
<th>Occasionally</th>
<th>Often</th>
<th>Constantly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Māori</td>
<td>46.4</td>
<td>39.3</td>
<td>10.7</td>
<td>3.6</td>
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</tr>
<tr>
<td>NGO</td>
<td>3.4</td>
<td>24.1</td>
<td>31</td>
<td>38.1</td>
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<tr>
<td>PHO</td>
<td>45</td>
<td>20</td>
<td>25</td>
<td>10</td>
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<tr>
<td>PHU</td>
<td>3.8</td>
<td>53.9</td>
<td>42.3</td>
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</table>
Working on a daily basis with the Northland DHB for twelve years, Kuraia (2010, September 22, p. 5) notes that over a period of some years, expert Māori health analysis provided to the DHB, was actively rejected and marginalised. She explains:

“The input we [MAPO] were providing would be written out, it would be ignored, it would be twisted, it would be reframed, we would reframe it back again into what it was supposed to be and then it would be left out entirely. And when we challenged it, when we questioned it, excuses usually came in the form of “oh we were under time pressure to get this produced because the CEO wanted it published” or some such thing. Basically they’d say “we ran out of time so just couldn’t put your stuff in” (p.5).
“The strategy went through seventeen iterations; it started off as a really wonderful product... it had to be approved by non-Māori... most of it got cut out, so we got this... very safe version... it is the perfect illustration of what Māori go it does not have institutional racism written across it but when you delve down and look through it, across all the hoops, it is a classic example of what goes on”

Grant Berghan 2010
Excuses for Racism

I went to a Treaty course a few years ago
I was sure we sorted that decades ago – this isn’t racism

I couldn’t follow the agreed process as I just ran out of time

Policy is written for everybody not minorities
I can assure you some of my best staff are Māori

I’m going to retire soon that is a young man’s battle
We have other priorities the Minister/Board is on my back

We don’t have the capacity to deal with that
We can’t afford to consult and who do we consult anyway?

I can confirm there was a memo - it seems a dog ate that policy
HOW DOES THIS ECHO THE FINDINGS OF PUAO TE ATA TU?
Racism in Funding Practices

- Historical funding allocations
- Mono-cultural frameworks
- Uneven access to Crown Officials
- Inconsistent Practice
- Lack of Leadership
...as a PHU, I was just given money, millions of dollars, I didn’t have to argue for it... it wasn’t a purely contestable fund, we talked about how difficult it is, [but] every year it kept coming to me... I wasn’t competing with anyone now that I think of it. It was just there. I was just given it

(Berghan, 2010, November 7, p. 8).
Public Health Service Handbook

- Public health regulatory services
- Physical environment
- Communicable diseases
- Social environments (including health promoting schools)
- Well child
- Screening
- Prevention of alcohol and other drug related harm
- Tobacco control
- Nutrition and physical activity
- Sexual and reproductive health (including HIV/AIDS)
- Mental health promotion
- Injury prevention
- Public health infrastructure
- Refugee and new migrant health
- Well child promotion service
- Problem gambling
- Health impact assessment
Bench-Marking Practice

- Reported access to funders
- Representation steering/advisory groups
- Frequency of auditing
- Intensity of routine monitoring
- Contract timeframes
- Access to sustainable funding
- Cost of living/FFT adjustors
- Discretionary/ one-off funding
- Perception of compliance costs
Negotiated Contract Terms

<table>
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<tr>
<th>Provider Type</th>
<th>One Year</th>
<th>Two Year</th>
<th>Three Year</th>
<th>Evergreen</th>
<th>Various</th>
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<tr>
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<td>64.3</td>
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<td>28.6</td>
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<tr>
<td>NGO</td>
<td>21</td>
<td>15.8</td>
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<tr>
<td>PHO</td>
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<td>10</td>
<td>50</td>
<td>30</td>
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<tr>
<td>PHU</td>
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<td>84.6</td>
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Recollection of Audit Frequency

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<tr>
<th>Provider Type</th>
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<th>Never</th>
<th>Once</th>
<th>2-5 times</th>
<th>More than 5 times</th>
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<tr>
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<td>21.4</td>
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<td>64.3</td>
<td>14.3</td>
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<tr>
<td>NGO</td>
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<td>31.6</td>
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<tr>
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<td>30</td>
<td>40</td>
<td></td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>PHU</td>
<td>7.7</td>
<td>30.8</td>
<td></td>
<td>61.5</td>
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% of provider type
# Access to Discretionary One-off Monies

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Never (%)</th>
<th>Rarely (%)</th>
<th>Occasionally (%)</th>
<th>Often (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Māori</td>
<td>28.6</td>
<td>14.3</td>
<td>50</td>
<td>7.1</td>
</tr>
<tr>
<td>NGO</td>
<td>10.5</td>
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<td>57.9</td>
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<tr>
<td>PHO</td>
<td>70</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHU</td>
<td>69.2</td>
<td>30.8</td>
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</table>

The bar chart illustrates the percentage of provider types that encounter access to discretionary one-off monies. The categories are labeled as 'Never', 'Rarely', 'Occasionally', and 'Often', with the corresponding percentages shown for each provider type.
FOR A FAIR SELECTION
EVERYBODY HAS TO TAKE
THE SAME EXAM: PLEASE
CLIMB THAT TREE
Enabling Racism

Cartoon: John MacArthur
Combined Ministry and DHB Public Health Investment 2005-2010

<table>
<thead>
<tr>
<th>Māori Health Provider</th>
<th>DHB: PHU &amp; Other</th>
<th>PHO</th>
<th>NGO</th>
<th>Non-Devolved MOH</th>
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<tr>
<td>2009/10</td>
<td>216,487</td>
<td>65,343</td>
<td>10,133</td>
<td>318,297</td>
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<td>2008/09</td>
<td>204,503</td>
<td>65,601</td>
<td>10,196</td>
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<td>2007/08</td>
<td>188,088</td>
<td>56,259</td>
<td>8,695</td>
<td>198,410</td>
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<td>2006/07</td>
<td>172,828</td>
<td>56,717</td>
<td>8,600</td>
<td>180,840</td>
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<tr>
<td>2005/06</td>
<td>155,843</td>
<td>57,010</td>
<td>8,185</td>
<td>196,171</td>
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</table>

NZ $ (000)
WHAT CAN WE DO TO CREATE SUSTAINABLE CHANGE WITHIN THE PUBLIC SECTOR?
Specific ideas for action

- Ask “How is racism operating here?”
  - Ask the question at work, at children’s schools, in community, at state level, in faith groups
  - Who is at the table, and who is not? Involve and fund affected individuals and communities
  - What is on the agenda, and what is not?
  - How are values communicated and perpetuated?
Sure glad the hole isn’t at our end.
TOP DOWN &/OR BOTTOM UP
MONITORING THE CROWN
“The future belongs to those who prepare for it today.”

—Malcolm X
References


