

Our collective response to racism and intolerance

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The editorial for this issue has changed due to an unfathomable and unspeakable atrocity that has hit the shores of Aotearoa New Zealand. I was on my way to Auckland from Wellington on the 15th of March when an atrocity started unfolding in Christchurch. An extremist had murdered 50 innocent people of the Muslim faith as they were offering their Friday prayers at two Christchurch mosques. The Prime Minister, Hon. Jacinda Adern, showed immediate and exceptional leadership by uniting the nation together with words of inclusion and compassion. “Many of the people affected by this act of extreme violence will be from our refugee and migrant communities. New Zealand (NZ) is their home. They are us.”¹ The nation is still in deep mourning 10 days after this tragic event, and while reeling from the blood, shock and tears, communities up and down country have been united together, not only in grief, but in *arohanui* (love) and compassion, if not in disbelief. In the aftermath, many in our nation are reflecting deeply on this shocking event. While broken hearted, we have been forced to ask questions such as how could this happen in New Zealand? What did we miss? What can we do? It is interesting to note that in response to this self-reflection, change is happening. Those who were previously not as tolerant of others different to them, are now appearing more tolerant. Those who were racist, are now less so. Those who did not believe in prayers, are praying. Those who were not comfortable touching, are hugging. Those who were strong, are shedding tears. Those who did not have a voice, are speaking up. Those who did not speak Māori, are finding solace in phrases such as *Kia kaha* (stay strong) and *Ehara taku toa i te toa takitahi, he toa takitini ke* (our strength is not in one divided, but is in all united). Even the Mongrel Mob gang is dropping the ‘seig heil’ as a greeting. The response of the various community groups and organisations in New Zealand, guided and inspired by a progressive, compassionate and decisive leader, have been immensely supportive of inclusion and denouncing racism and division. There have been numerous and varied acts of kindness. That is the power of

effective leadership – and of compassion. The tone of the national response led by the Hon. Adern was articulated by other leaders such as Professor Harlene Hayne of the University of Otago: “hope, not despair, love, not hate or fear” (staff communication).

Within the context of our Pacific communities in New Zealand, this heart-wrenching atrocity has caused serious soul-searching and reflection. There are a few themes that come to mind. Of immediate concern are issues with institutional racism and cultural competence in health care and the impact on our Pacific communities, and what leaders and all those who work in health, can and should do to help address these matters.

Many government and academic institutions, service and professional organisations have policies for developing and supporting cultural inclusion and competence such as that of the New Zealand Medical Council.² Yet ingrained prejudiced and racist attitudes perpetuated by a few are furtive, permitting ongoing institutional racism that is almost covert and yet pervasive. There is evidence of racist practice present from recruitment³ to purchasing policies⁴ that are well-known to Māori health workers. Institutional racism leads to inequities in health outcomes affecting racial minority groups, especially indigenous populations.^{5,6} Walsh and Grey highlighted in the NZ Medical Journal this week the avoidable causes of death in Maori and Pacific and the role of healthcare services in improving health equity.⁷ Let us leave no home for racism in our health policies, procedures and practice by supporting closer inspection and ensuring greater accountability within the sector.

Two issues back (Vol 21, Issue 1), we highlighted the importance of cultural awareness, if not competence, in improving the access to and utilisation of health services for Pacific peoples (and all other ethnic minority groups). There are many examples of educational institutions and healthcare providers supporting and promoting policies and practices in cultural competence. For example, the University of Otago examines Hauora Māori in the final year oral structured

clinical exam which is commendable. The paper by Hilder *et al*⁸ in this issue explores the role of the Pacific Navigation Service in Wellington assisting Pacific peoples with referrals and discharges from hospital. There are many fair-minded doctors and researchers who advocate for justice and who champion the call that the right to health and healthcare is everyone's right.

Another article in this issue that clearly addresses equity of participation and inclusion, is that by Sopoaga *et al*,⁹ who have documented the success of the University of Otago and her leaders in increasing the number of Pacific medical workforce over the last 20 years. The authors concluded that: "the building of capacity and capability for under-represented groups require patience, persistence, advocacy, diplomacy and risk taking." Visionary leaders agreed on a strategic approach that was resourced, to empower Pacific leaders to drive change. However, some have argued that the affirmative action schemes such as these are racist. They fail to appreciate that our workforce should be a "mirror of our society" and that affirmative action programmes are used globally in an effort to eradicate the impact of systemic discrimination and endemic disadvantage; and improve diversity and inclusion. Such programmes are also used to encourage more students from rural areas and into the general practice workforce.¹⁰

This act of terror that has directly affected the Muslim community and New Zealand as a whole, is a reminder of the resilience and courage of those, that despite being affected by racism, or threatened by majority-thought, has called for unity, love and compassion. It is important that health workers speak up and call out all injustices and racist policies and behaviour. This week's *Lancet* issue has argued that "the health community has a powerful role in shifting political discourse away from ethnic-nationalism and towards an understanding of the value of multicultural societies".¹¹ I could not agree more.

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