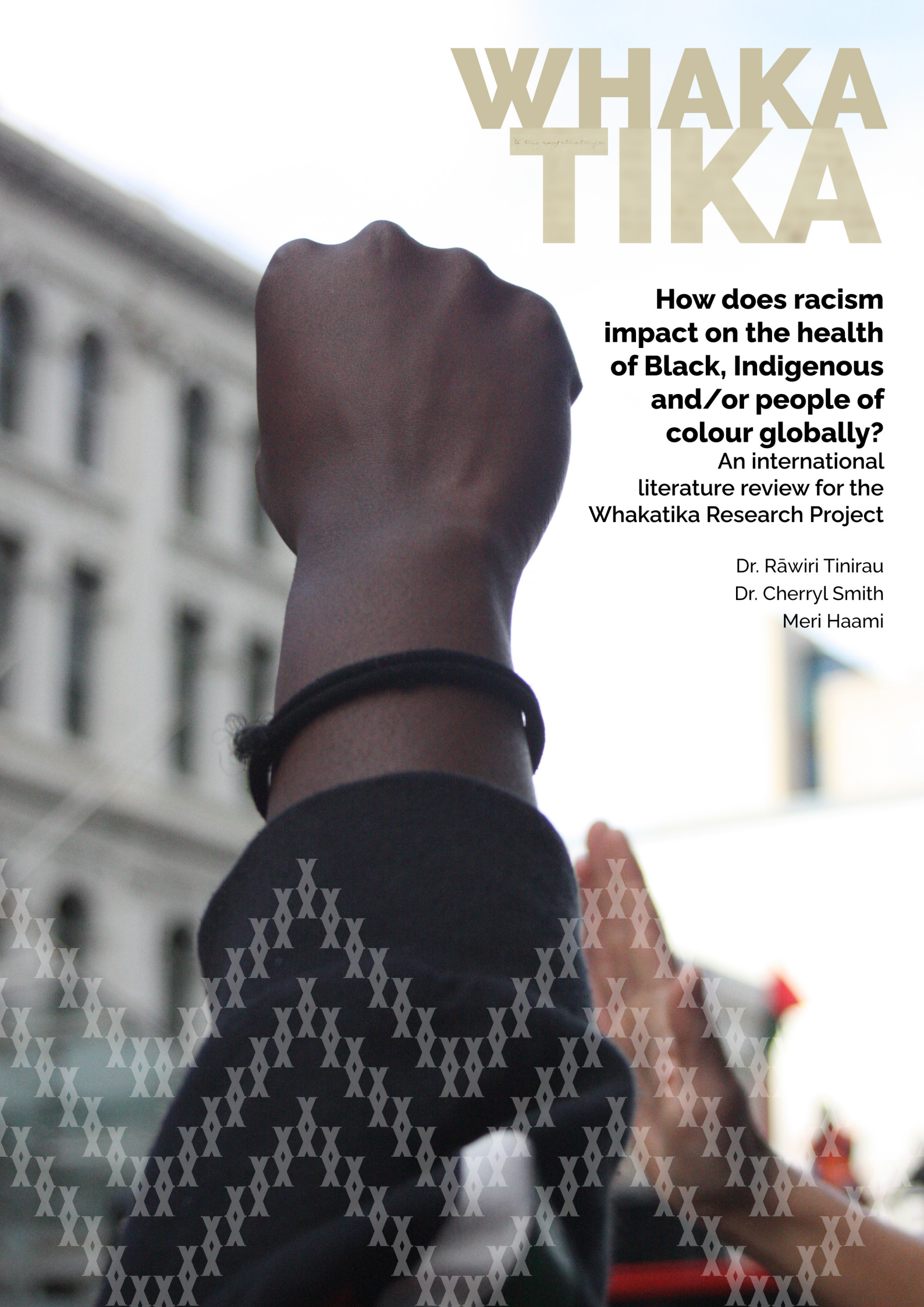

WHAKA TIKA

te tino rangatiratanga

How does racism impact on the health of Black, Indigenous and/or people of colour globally?

An international literature review for the Whakatika Research Project

Dr. Rāwiri Tinirau
Dr. Cherryl Smith
Meri Haami

The Whakatika literature review contains content that may trigger negative feelings.

If this content triggers feelings of anger, fear, sadness or worry and these feelings persist, please seek help by talking to whānau or contact the following:

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- Lifeline - 0800 543 354 or free text 4357 (HELP)
- Youthline - 0800 376 633 or free text 234
- Samaritans - 0800 726 666
- Depression.org - 0800 111 757
- Sparx (www.sparx.org.nz) - specifically for young people who are feeling down
- Always call 111 if you or someone else is in immediate danger.

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Front cover image credit: Atarangi Anderson, taken at Tangata Unite, Black Life Matters anti-racism rally, 14 June 2020

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HE MIHI

Whakarongo mai e te iwi nei! Whakarongo mai e te motu nei! Whakarongo mai ki ngā kōrero e hāngai pū ana ki ngā mahi kaiā a te Karauna, ki ngā mahi kaikiri a tauiwi, e pēhi tonu nei i a tātau te iwi Māori. Inā te kōrero a Tohu Kākahi ki ngā iwi e rua, ā ka hakaina e te motu katoa: "E kore e piri te uku ki te rino, ka whitingia e te rā, ka ngahoro". Ahakoa ka whakapiri atu tātou ki a tauiwi, he Māori tonu tātou, kāore he āhua kē atu. Kāti, mā ngā hīhī e whiti mai ana i te aranga ake o te rā Māori e ngahoro i ngā pēhitanga. Ā ka puta tātou ki te whai ao, ki te ao mārama. Tīhei mouri ora.

We wish to acknowledge: all those who have felt the effects of racism over generations, and those who have fought fearlessly in the hope of eradicating it; the Health Research Council, for funding He Kokonga Ngākau Research Programme (14/1005), including the Whakatika Research Project; and the project advisory group, consisting of Sr Makareta Tawaroa, Professor Helen Moewaka Barnes, Associate Professor Donna Cormack, Eljon Fitgerald and Kerri Kruse.

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Smith (1999) and Ahmed (2020) note that the creation of empires involved five key stages of 'discovery', conquest, exploitation, distribution and appropriation. Throughout the process, capitalism was expanded globally, and new sources of wealth could be transferred back towards the building of wealth in Europe (Ahmed, 2020; Frankenberg, 1993; Paradies, 2016; Smith, 1999; Ureña-Ravelo, 2017; Thomas, 2007).

1. Introduction

This literature review examines how racism impacts on human health. Drawing on a vast array of international literature, this review is divided into three main sections:

1. Imperialism as the basis for racism
2. Defining racism internationally
3. The health impacts of racism internationally

This literature review focuses on studies of racism on Black, Indigenous and/or people of colour. Racism research internationally shows that racism is a significant causal factor of health inequities, disparities as well as specific health outcomes.

The first half of the literature review will explore the origins of racism and identify the ideological strands that emerge through historical and socio-political contexts. These ideologies still underlie and result in current health impacts. The second half of the literature review will explore racism as it impacts on health and well-being.

2. Imperialism as the basis for racism

The literature highlights imperialism and its off-shoot colonisation as the primary threads that produce historical trauma as well as manifest racism. Racism is one of the critical health determinants for Black, Indigenous and/or people of colour (Ahmed, 2020; Frankenberg, 1993; Paradies, 2016; Reid et al., 2019; Smith, 1999; Thomas, 2007; Walters et al., 2011). Whilst largely considered a nineteenth century phenomenon, Smith (1999) states that imperialism is ongoing and changes over time. She notes that imperialism began in Europe as early as the fifteenth century and has four key markers:

1. Economic expansion;
2. The subjugation of others;
3. An idea, concept and spirit with various forms of realisation; and lastly,
4. A discursive field of knowledge.

Smith (1999) and Ahmed (2020) note that the creation of empires involved five key stages of 'discovery', conquest, exploitation, distribution and appropriation. Throughout the process, capitalism was expanded globally, and new sources of wealth could be transferred back towards the building of wealth in Europe (Ahmed, 2020; Frankenberg, 1993; Paradies, 2016; Smith, 1999; Ureña-Ravelo, 2017; Thomas, 2007).

The literature highlights the harmful colonial histories and experiences of Black, Indigenous peoples and/or people of colour globally due to imperialism. In the process, imperialism instituted a series of complex ideologies aligning with the Enlightenment[1]. These ideologies were not only part of the ideals of the time, but also part of the institutions of science and philosophy. These ideologies legitimised racist structures and frameworks. Institutions that grew and were created across the empire were driven by these ideologies in economics, politics, militaristic conquests and philosophical thinking established within the colonies (Ahmed, 2020; Frankenberg, 1993; Grosfoguel, 2016; Paradies, 2016; Reid et al., 2019; Smith, 1999; Ureña-Ravelo, 2017; Thomas, 2007).

2.1. THE DOCTRINE OF DISCOVERY

Papal bulls are decrees issued by Popes. In earlier centuries, prior to the rise of modern states, papal bulls were the law of European states. From the fifteenth century, papal bulls created a spiritual and moral rationale for colonisation, for wars, for the seizure of lands and for the enslavement of non-Christians as Europe expansion began. When lands were owned by non-Christians, Europeans of Christian faith could seize those lands in the name of God and, there was a moral duty to do so and to claim the land for their own country.

The Doctrine of Discovery is the set of decrees from the papal bulls that gave impetus to colonisation in Aotearoa and other countries. Ngata (2019, p. 1) argues that these laws gave European monarchies "the right to conquer and claim lands, and to convert or kill the native inhabitants of those lands." Ngata (2019), Indigenous Values (2018a; 2018b; 2018c) and Native Voices (n.d.) highlights the three following key papal bulls that were instrumental in orchestrating mass enslavement and subjugation as well as being significant contributors towards imperialism and colonisation:

1. '*Dum Diversas'* issued 18 June 1452. Authorised by Pope Nicholas V for King Alfonso V of Portugal forcing Saracens (Muslims), pagans and any other non-Christians to enslavement encompassing the holy crusade attacks of the Portuguese on West Africa;
2. '*Romanus Pontifex'* issued on 8 January 1455. Authorised by Pope Nicholas V for King Alfonso V as a follow up to Dum Diversas extending Catholicism dominion over other lands. This was conducted through the sanctification of seizing non-Christian lands, enslaving of Indigenous and Africans as well as non-Christian peoples during the Age of Discovery; and lastly,
3. '*Inter Caetera'* issued on 4 May 1493. Authorised by Pope Alexander VI for Catholic Monarchs and Sovereigns of Castille, Ferdinand and Isabella to colonise the Indigenous peoples of the Americas asserting the rights of Spain and Portugal to colonise, convert, and enslave. This papal bull justifies the enslavement of Africans through establishing the Trans-Atlantic and global slave trade as well as imperialism.

1. The Enlightenment period refers to a transitional belief system within Europe that focused on the development of a 'modern' state of science, ideas and values of the human person. This was an intellectual and philosophical movement (Smith, 1999).

The Doctrine of Discovery provided the rationale for the Enlightenment period, imperialism and colonisation using enslavement as well as subjugation through Christianity as key components (Indigenous Values, 2018a; Indigenous Values, 2018b; Indigenous Values, 2018c; Mutu, 2019; Native Voices, n.d.; Ngata, 2019; Papal Encyclicals Online, 2017; Smith, 1999). The Doctrine of Discovery is pivotal within current policy, legislation and decision-making as well as being the religious legitimisation required for the Age of Discovery[2] (Indigenous Values, 2018a; Indigenous Values, 2018b; Indigenous Values, 2018c; Mitchell, 2018; Mutu, 2019; Native Voices, n.d.; Ngata, 2019; Smith, 1999).

2.2. DEFINING OPPRESSION, PRIVILEGE AND RACISM INTERNATIONALLY

Across a range of literature, including feminism, Indigenous studies, public health and critical race discourse theory there is discussion of the ways that oppression occurs through imperialism and colonisation, both as sociological and psychological condition and system. This system is imposed within western institutions established within colonies that is based on ideologies or worldviews concerned with the differences between groups of people, which are embedded within beliefs, behaviours, attitudes, practices, norms and legislation (Ahmed, 2020; Crenshaw, 1989; Crenshaw et al., 1995; Dankertsen, 2019; Lorde, 2004; Paradies, 2006a; Paradies 2006b; Pharr, 2004; Smith, 1999). Paradies (2006b) argues that oppression has a dialectical opposite, which is privilege. Oppression is considered as a system of disadvantage that contains many layers that can encompass sexism, classism, heterosexism, ableism, ageism, fatism, racism as well as others (Lorde, 2004; Paradies, 2006b; Paradies et al, 2008; Pharr, 2004; Puhl & Heuer, 2009). Privilege is the opposing force of oppression that grants advantage and exemption from certain layers (Braveman 2006; Crenshaw, 1986; Dankertsen, 2019; Ministry of Health, 2018; Paradies, 2006b).

Paradies (2006b) argues that racism is one particular layer within the concept of oppression that divides people based on the concept of 'race'. The term 'race' refers to a group that share physically defined characteristics that are socially and externally assigned, such as having a certain skin colour, facial features or hair texture. A term used interchangeably is 'ethnicity' denoting a group with shared ancestry, culture or nationality. These terms are different and can overlap but this depends on locale, social and historical context with the term 'race' more informing of racism discourse and concepts than the term 'ethnicity' (Bonilla-Silva, 1997; Fitzgerald, 2014; Kivisto & Croll, 2012).

2. The Age of Discovery is the period of time referring to European economic expansion that has been used to legitimise the conquest of territories outside of Europe (Mitchell, 2018; Mutu, 2019; Smith, 1999).

This system is imposed within western institutions established within colonies that is based on ideologies or worldviews concerned with the differences between groups of people, which are embedded within beliefs, behaviours, attitudes, practices, norms and legislation (Ahmed, 2020; Crenshaw, 1989; Crenshaw et al., 1995; Dankertsen, 2019; Lorde, 2004; Paradies, 2006a; Paradies 2006b; Pharr, 2004; Smith, 1999).

Furthermore, the literature suggests that imperialistic ideologies through colonisation constructed the idea of power embedded within different races and that its manifestation is racism.

2.3. THE CONSTRUCTION OF 'RACE' ASSOCIATED WITH POWER

The construction of 'race' branches from the physical differences between peoples and when combined with racism, these differences become organised, hierarchal and a stigmatisation grouping system (Bonilla-Silva, 1997; Jones, 2002; Paradies, 2006b; Paradies & Cunningham, 2008; Paradies et al., 2008; Robson & Reid, 2001). Paradies (2006b, p. 144) provides an overview of the definitions of racism as it pertains to the wider concept of oppression and privilege, stating:

> 'Race' can be thought of as a social construct that encompasses the notion of essentialized innate difference based on phenotype, ancestry and/or culture, and that intersects in complex ways with other forms of privilege/oppression.

The literature reiterates that oppression and privilege are tied to one another due to contrasting distributions of power (Dankertsen, 2019; Harris et al., 2006; Paradies, 2006b; Robson & Reid, 2007; Reid et al., 2019; Smith, 1999). Furthermore, the literature suggests that imperialistic ideologies through colonisation constructed the idea of power embedded within different races and that its manifestation is racism. The literature argues that this process and racism continually impacts on particular racial groups by design, exemplified through present day health inequities and disparities (Ahmed, 2020; Frankenberg, 1993; Paradies, 2016; Smith, 1999; Ureña-Ravelo, 2017; Thomas, 2007).

2.4. RACIALISATION AND RACE HIERARCHIES

The literature argues that these distributions of power oversee how a society can undergo racialisation, which is the marking of bodies as superior and inferior. This occurs when groups of people are divided into their race and given unequal amounts of power based on this, resulting in both oppression through marginalisation or privilege through control as well as dominance (Cormack et al., 2018; Dankertsen, 2019; Grosfoguel, 2016; Harris et al., 2018; Paradies, 2006b; Reid et al., 2019; Smith, 1999). The literature illustrates that a society is racialised socially through establishing race hierarchies, which are described as harmful, dangerous and:

> … impacts negatively on the lives of those marginalised within oppressive racialised social hierarchies, while simultaneously entrenching advantages for those who occupy privileged social positions (Cormack et al., 2018, p. 2).

Race hierarchies are a type of classification that places 'whiteness' as the top of the race hierarchy, thereby giving those who are white more advantage, power and exemption from being oppressed due to their race. Therefore, Black, Indigenous and/or people of colour who do not fit into this construction of 'whiteness' became marginalised (Churchill, 1996; Dankertsen, 2019; Reid & Robson, 2007; Reid et al., 2019; Smith, 1999; Walker, 2015).

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2.4.1. The construction of 'whiteness'

The literature highlights that internationally, whiteness is placed as the pinnacle of the race hierarchies (Churchill, 1996; Dankertsen, 2019; Reid & Robson, 2007; Reid et al., 2019; Smith, 1999; Walker, 2015). However, meanings of whiteness are influenced differentially as a result of historic, colonial and cultural variables specific to countries, places and changes over time (Dankertsen, 2019; Frankenberg, 1993; Smith, 1999). This is exemplified through Dankertsen (2019, p. 132), who discusses how the power embedded within whiteness and the history of racialisation creates ambiguity for the Sámi people[3] stating:

> It shows us that whiteness is a political and cultural term that signifies status, power, and character as a social production of privilege… in which whiteness is more than a visual appearance. Whiteness thus becomes a relational category rather than an issue of skin color: those who do not fit into the racial order are produced as racial others.

Frankenberg (1993) discusses this construction of whiteness within the Jewish community, examining their experiences of racial discrimination and marginalisation. Frankenberg (1993) and Dankertsen (2019) argue that no matter the skin colour within their ethnic communities, that the construction of whiteness is related to hierarchies and issues of power, which exclude their peoples.

3. Sámi are the Indigenous people of Northern Europe who live in a large region known as Sápmi. This territory is a part of Sweden, Norway, Finland and the Kola Peninsula of Russia (Dankertsen, 2019).

Moreton-Robsinson (2004, p. 78) and Frankenberg (1997) connect this construction of whiteness and power to imperialism, stating:

> In the guise of the invisible human universal, whiteness secures hegemony through discourse by normalising itself as the cultural space of the West. Sustained by imperialism and global capitalism, whiteness travelled culturally and physically, impacting on the formation of nationhood, class and empire. It would be a mistake, however, to assume that whiteness is only found in societies inhabited and dominated by white people or that it functions only where white bodies exist.

Moreton-Robinson (2004) acknowledges that imperialism and colonisation has affected places where Europeans have not continually occupied but have looted based on the premise of economic expansion.

Shome (1999, p. 108) reaffirms these positions and contextualises this within global power relations, stating:

> Whiteness is not just about bodies and skin colour, but rather more about the discursive practices that, because of colonialism and neocolonialism, privilege and sustain global dominance of white imperial subjects and Eurocentric worldviews.

The literature further reinforces this construction of whiteness through exploring its formation as a consequence of gender, class and conditioned systemic beliefs. The literature conveys that the research of whiteness through critical whiteness studies is necessary, as racial identity is placed onto people of colour to explore as white people do not associate their whiteness with race (Andersen, 2003; Dankertsen, 2019; Frankenberg, 1997; Moreton- Robsinson, 2004; Reid et al., 2019; Shome, 1999).

2.5. DEHUMANISATION AND 'OTHERING'

> Research into books, museums, the press, advertising, films, television, software repeatedly shows that in Western representation whites are overwhelmingly and disproportionately predominant, have the central and elaborated roles, and above all are placed as the norm, the ordinary, the standard. Whites are everywhere in representation. Yet precisely because of this and their placing as norm they seem not to be represented to themselves as whites but as people who are variously gendered, classed, sexualised and able. At the level of racial representation, in other words, whites are not of a certain race, they're just the human race. (Dyer, 1997, p. 3)

Dyer (1997) provides a comprehensive overview surrounding the construction of whiteness as pertaining to dominance in relation to Black, Indigenous and/or people of colour being 'Othered' and subsequently, dehumanised. Dehumanisation and being 'Othered' are interconnected and were introduced concepts and practices during imperialism through colonisation as the underlying basis for racism. Dehumanisation encompasses the process of subjugation, where Black, Indigenous and/or people of colour become 'Othered' and are not viewed as human (Churchill, 1996; Dyer, 1997; Grosfoguel, 2016; Hooks, 1997; Reid & Robson, 2007; Reid et al., 2019; Smith, 1999; Walker, 2015).

Hooks (1997) states that this was a violent white supremacist process involving the continual stripping away of humanity, which included their names, culture, religion, rights and subjectivity for Black people during slavery, racial apartheid and legal segregation to establish obedient servitude. Grosfoguel (2016, p. 10) describes dehumanisation and 'othering' as integral within the meanings of racism, which include being considered or not considered as "along the line of human" through Fanon's (1967) two classifications. Grosfoguel (2016) uses Fanon's (1967) zone of being (being viewed as human) and the zone of non-being (being viewed as non-human or sub-human) to explain the distribution of rights and power given to groups of people based on racial inferiority or superiority.

The process of dehumanisation and 'othering' interweaves with all of the four aspects of imperialism and inscribes racist ideologies of white superiority and Black, Indigenous and/or people of colour inferiority internationally (Churchill, 1996; Dyer, 1997; Hooks, 1997; Reid & Robson, 2007; Reid et al., 2019; Smith, 1999; Walker, 2015). The literature inexplicitly shows that through the introduction of imperialism and colonisation that the dehumanisation of Black, Indigenous and/or people of colour as inferior plays a contributing factor within their receiving of quality health care. Moreover, the connections between dehumanisation, 'othering' and receiving quality health care for Black, Indigenous and/or people of colour is primarily contextualised within different levels of racism rather than being examined in isolation (Ahmed, 2020; Anderson et al., 2016; Paradies, 2016; Paradies et al., 2008; Reid et al., 2019; Smith, 1999).

Dehumanisation and being 'Othered' are interconnected and were introduced concepts and practices during imperialism through colonisation as the underlying basis for racism. Dehumanisation encompasses the process of subjugation, where Black, Indigenous and/or people of colour become 'Othered' and are not viewed as human

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2.6. SLAVERY AND INDIGENOUS SUBJUGATION

The literature shows that imperialism and colonisation introduced racial hierarchies through constructing whiteness within the context of property rights and discuss this within Black and Indigenous experiences (Ahmed, 2020; Crenshaw et al., 1995; Hooks, 2004; Shilliam, 2015; Smith, 1999; Ureña-Ravelo, 2017). Crenshaw et al. (1995, p. 277) discusses these interconnections of imperial experience, stating:

> The racialization of identity and the racial subordination of [B]lacks and Native Americans provided the ideological basis for slavery and conquest. Although the systems of oppression of [B]lacks and Native Americans differed in form – the former involving labor, the latter entailing the seizure and appropriation of land – undergirding both was a racialized conception of property implemented by force and ratified by law. The origins of property rights in the United States are rooted in racial domination.

Crenshaw et al. (1995) go on to identify that conceptions of race and property were pivotal in establishing and maintaining racial but also economic subordination.

Ureña-Ravelo (2017, p. 1) further discusses this overlap within the context of Canada and how colonisation impacted on both the lives of Black and Indigenous peoples stating:

> Not only did European colonizers use the same framework used with Indigenous North Americans everywhere they went to colonize and exploit land, but there is no way that European settlers could have stolen and achieved the level of devastation that they did without the explicit exploitation of other Indigenous peoples globally, namely, the exploitation of Black bodies for labor.

Ureña-Ravelo (2017) urges to combine the experiences of Black and Indigenous peoples together due to the deep relationality felt from imperialism and colonisation while highlighting how imperialism targeted Black and Indigenous peoples differently.

Furthermore, the literature argues that imperialism and colonisation affect Black people through the exploitation of their bodies and labour through slavery. For Indigenous peoples, their subjugation through land dispossession for resources is targeted as a part of imperial economic expansion (Ahmed, 2020; Crenshaw et al., 1995; Shilliam, 2015; Smith, 1999; Ureña-Ravelo, 2017). Shilliam (2015, p. 172) reinforces these overlaps through the rise of colonial science that legitimised slave trading and provides further relationality between Black and Indigenous experiences of imperialism within the context of Aotearoa and wider Oceania stating:

> Colonial science has never been concerned with deep relations. It is only concerned with cutting the ties that bind for the sake of endless accumulation. Dispossession of [I]ndigenous peoples to make way for the enslavement of other peoples; extraction of life force itself (mauri ora) from out of the soil, evaporating the blood.

The literature shows that imperialism and colonisation through the slavery of Black people, the subjugation of Indigenous peoples as well as other atrocities perpetrated on other people of colour has contributed towards critical health inequities and disparities presently. The literature discusses that imperialism and colonisation has produced complex historical and intergenerational trauma responses to racism as well as other forms of oppression (Ahmed, 2020; Crenshaw et al., 1995; Dankertsen, 2019; Family Violence Death Review Committee, 2020; Fernandez et al., 2020; Gee & Ford, 2011; Herwees, 2004; Lorde, 2004; Paradies, 2006; Paradies, 2016; Pharr, 2004; Smith, 1999; Walters et al., 2011).

Shilliam (2015) further discusses 'blackbirding', which is the colloquial phrase for the Pacific-slave trade where Black and Indigenous peoples were forced to work in sugar and cotton plantations, which expanded within Oceania. Shilliam (2015, p. 175, as cited in Nicholas, 1817, p. 267; Dieffenbach, 2013, as cited in Power, 1849, p. 143) examines the racialisation of Oceania through naval officer, botantist and cartographer, Dumont d'Urville stating:

> He divides Oceania into racial zones that exhibit more or less savagery: Polynesia might be saved; Melanesia is damned; Micronesia is between. Other colonial scientists replicate these hierarchies and segregations. Some suggest that as Māori migrate from Asia into Oceania they 'degenerate into barbarism, from a high state of civilization, the consequence most probably of their seclusion from the continent'. Others comment at length on the miscegenation of Negroid, Malayan and other races, suggesting that most Māori are 'Asiatic' yet 'betray evident marks of a Negro extraction'. Segregated into new races by colonial science, some of these children are made to work the plantations on account of their melanin.

Furthermore, the literature argues that imperialism and colonisation affect Black people through the exploitation of their bodies and labour through slavery. For Indigenous peoples, their subjugation through land dispossession for resources is targeted as a part of imperial economic expansion (Ahmed, 2020; Crenshaw et al., 1995; Shilliam, 2015; Smith, 1999; Ureña-Ravelo, 2017).

Shilliam (2015) connects the Black and Indigenous experiences as a result of colonisation while relating to Smith's (1999) four meanings of imperialism, which instilled harmful and racist ideologies interweaving with Black and Indigenous dehumanisation (Ahmed, 2020; Dyer, 1997; Hooks, 2004; Reid et al., 2019).

2.7. COLONIAL SCIENCE, BIOLOGICAL DETERMINISM AND ESSENTIALISM

The literature illustrates that colonial science or scientific racism legitimised the dehumanisation of Black, Indigenous and/or people of colour by drawing on ideologies associated with biological determinism and essentialism, which narrowly condenses racial identity (Gillon et al., 2019; Jones, 2000; Pihama, 2019; Reid & Robson, 2007; Roberts, 2011; Robson & Reid, 2001; Shilliam, 2015; Smith, 1999; Smith, 2004). Biological determinism is concerned with the idea that 'race' is hereditary resulting in biologically determined differences between races. Essentialism relates to performing 'authenticity' in line with the interpretation of the coloniser's perception of indigeneity or of that particular culture. Both biological determinism and essentialism have used tools to identify 'race' through phenotype or physical characteristics such as skin colour, hair texture, facial features and others or through fractions of blood known as blood quantum (Gillion et al., 2018; Reid & Robson, 2007; Reid et al., 2019; Shilliam, 2015; Smith, 1999).

Biological determinism can be traced back to Aristotle (Baker, 1950) but was re-contextualised within the Enlightenment period that used these writings as science to legitimise imperialism and colonisation. Biological determinism branched into another harmful ideology, such as eugenics (Bowler, 1990; Lange, 1999; Richardson, 2004; Smith, 2004). Biological determinism morphed due to influences from Gobineau's (1853) essay, *The Inequality of the Human Races as well as Origin of the Species* written by Darwin (1859), resulting in social Darwinism (Lange, 1999). The literature argues that these ideologies are violent and introduced concepts for paving the on-going dehumanising and 'othering' of Black, Indigenous and/or people of colour as inferior (Durie, 1998; Hooks, 2004; Jalata, 2013; Lange, 1999; Pihama, 2019; Richardson, 2004; Smith, 2004).

These ideologies have been used against Black, Indigenous and/or people of colour to further dehumanise and to support 'victim blaming' narratives or 'deficit theory' (Bishop, 2018; Reid & Robson, 2007; Ryan, 1976; Valencia, 1997; Walker, 2015). Bishop (2018, p. 139) argues that these narratives within the context of education created the illusion that Black folks were to blame for their "cognitive ability, culture, family structure, or bad choices for education disparities." Jalata (2013) and Kociumbas (2004, p. 82) echo this within the context of Indigenous/Black Australians public health spaces, stating:

> Coupled with emphasis on intertribal killings, alcoholism, unhygienic living conditions and, more recently, deaths in police custody, the result has been to blame the victims of their own demise.

The literature states that victim blaming or deficit theory maintains the privilege of the dominant group, which is generally the settler white group established by imperialism and colonisation. This is used as a way to never examine the structures that enable white supremacy and never expose white racial advantage (Fine et al., 2004; Reid & Robson, 2007; Reid et al., 2019).

The literature argues that despite colonial science and scientific racism being outdated as well as its branches of race hierarchies, biological determinism and essentialism, that these ideologies are still pervasive amongst public minds and actions through racism (Gillion et al., 2018; Jalata, 2013; Pihama, 2019; Reid et al., 2019; Roberts, 2011; Shilliam, 2015; Smith, 1999). Therefore, the literature agrees that race is a social construct and not a biological construct and that racism using colonial science and scientific racism was introduced through imperialism (Jalata, 2013; Pihama, 2019; Reid & Robson, 2007; Reid et al., 2019; Roberts, 2011; Smith, 1999).

Therefore, the literature agrees that race is a social construct and not a biological construct and that racism using colonial science and scientific racism was introduced through imperialism (Jalata, 2013; Pihama, 2019; Reid & Robson, 2007; Reid et al., 2019; Roberts, 2011; Smith, 1999).

Racism is a global hierarchy of superiority and inferiority along the line of the human that have been politically, culturally and economically produced and reproduced for centuries by the institutions of the capitalist/patriarchal western-centric/Christian-centric modern/colonial world-system.

3. Defining racism internationally

Racism is a form of oppression based on racial inferiority to others (Bonilla-Silva, 1997; Grosfoguel, 2016; Jones, 2002; Robson & Reid, 2001; Paradies, 2006b; Paradies et al., 2008) that "differentially allocates desirable societal resources to the superior ethnic/racial groups" (Paradies & Cunningham, 2012, p. 1). Grosfoguel (2016, p. 10) describes racism within the frame of dehumanisation, its introduction through imperialism and colonisation as well as acknowledge its ability to adapt over time, stating:

> Racism is a global hierarchy of superiority and inferiority along the line of the human that have been politically, culturally and economically produced and reproduced for centuries by the institutions of the capitalist/patriarchal western-centric/Christian-centric modern/colonial world-system.

The literature highlights that racism can be expressed through discrimination, which can be viewed as covert or overt actions and/or practices that produce negative impacts for Black, Indigenous and/or people of colour and maintain power for the dominant white group (Dovidio et al., 2010; Krieger, 2001; 2014). OHCHR and UNESCO (2003) compiled an overview of racism within different international contexts and sectors including education, employment, migration, gender, justice, media and health from a collection of authors. This publication exemplifies that racism is a critical determinant internationally affecting many sectors within society.

3.1. LEVELS OF RACISM INTERNATIONALLY

The literature agrees that there are four levels of racism that are recognised internationally and the literature either explicitly defines each level of racism or discusses this within the context of health (Awofeso, 2011; Barnes et al., 2013; Ben et al., 2017; Bonilla-Silva, 1997; Brown et al., 2000; Carter, 2007; Grosfoguel, 2016; Hooks, 2004; Jalata, 2013; Jones, 2000; Jones, 2002; Kelaher et al., 2014; Kociumbas, 2004; Nairin et al., 2006; Paradies, 2006a; Paradies, 2006b; Paradies et al., 2008; Paradies & Cunningham, 2012; Reid et al., 2019; Williams & Mohammed, 2013). The four levels of racism include the following:

1. Internalised racism;
2. Interpersonal or personally mediated racism;
3. Institutionalised or systemic racism; and lastly,
4. Structural racism or societal racism.

Most of the literature specifies internalised, interpersonal or personally mediated racism as well as institutionalised or systemic racism, but structural racism is not comprehensively defined but has been interchangeably termed as societal racism (see Figure 1) (Awofeso, 2011; Barnes et al., 2013; Ben et al., 2017; Bonilla-Silva, 1997; Brown et al., 2000; Carter, 2007; Grosfoguel, 2016; Hooks, 2004; Jalata, 2013; Jones, 2000; Jones, 2002; Kelaher et al., 2014; Kociumbas, 2004; Nairin et al., 2006; Paradies, 2006a; Paradies, 2006b; Paradies et al., 2008; Paradies & Cunningham, 2012; Reid et al., 2019; Williams & Mohammed, 2013).

3.1.1. Racism as anti-Blackness

The literature agrees that the definitions of racism are relatively similar but that they can be recontextualised as a consequence of cultural and locale specific variables (Barnes et al., 2013; Jones, 2000; Paradies, 2006b; Paradies et al., 2008). This is exemplified through anti-Blackness, which is defined by Bishop (2018), who draws on definitions of racism from Gilmore (2007) and Wynter (2003) to highlight a specific manifestation of racism that uniquely targets Black folks globally. Bishop (2018, p. 25) argues that discussing anti-Blackness encompasses the following:

> Thus, a study of anti-Blackness means documenting how Black people are defined outside of human, a social construct, and any rights that status may bestow. Further, a focus must also remain on how racial capitalism exploits Black people existing in the category of unhuman through race, class, gender, and sexuality power dynamics. At times, anti-Blackness is about setting up profit-making schemes off the bodies of Black people and their inhabited geographies through rendering us unhuman and placeless.

The excerpt from Bishop (2018) highlights how anti-Blackness has three critical facets, which includes capitalism, slavery and colonialism. These three facets show that the particular exploitation of Black bodies is an introduced concept and practice from imperialism and colonisation through violent free slave labour towards economic expansion.

Thus, a study of anti-Blackness means documenting how Black people are defined outside of human, a social construct, and any rights that status may bestow. Further, a focus must also remain on how racial capitalism exploits Black people existing in the category of unhuman through race, class, gender, and sexuality power dynamics. At times, anti-Blackness is about setting up profit-making schemes off the bodies of Black people and their inhabited geographies through rendering us unhuman and placeless.

Anti-Blackness is connected to ideas of severe dehumanisation introduced through imperialism and colonisation (Wynter, 2003). Bishop's (2018) use of Gilmore's (2007, p. 28) definitions of racism within the United States prison system is used to conceptualise anti-Blackness through outlining the harmful and violent health outcomes of racism, stating:

> Racism, specifically, is the state-sanctioned or extralegal production and exploitation of group-differentiated vulnerability to premature death.

This view is exemplified within public health literature from Williams (2012) stating that Black people have a death rate 30% higher than whites.

The literature argues that while anti-Blackness is global, it is dynamic as well as context driven. Moreover, the literature implies that remediating anti-Blackness is critical to alleviating multiple societal disparities, including education and health with, not only Black folks, but with other racially oppressed peoples (Bishop, 2018; Gilmore, 2007; Wynter, 2003).

3.1.2. Racism as colourism and ethnoracial discrimination

Colourism (or colorism) is colour-based racial discrimination based on the lightness or darkness of skin tone as well as other physical traits, such as facial features or hair texture, particularly among the Black community (Keith & Monroe, 2016; Monk Jr, 2015; Russell, et al., 1992). Keith and Monroe (2016) as well as Monk Jr (2015) illustrate that colourism interlocks with ethnoracial discrimination. This includes the categorisations of members of a racial and/or ethnic group through identifiable daily occurrences such as redlining[4] and with skin colour as the primary mode of classification in determining racial and/or ethnic identity. However, Keith and Monroe (2016, p. 4) argue that both colourism and ethnoracial discrimination can be distinct in that "the level and consequences of unfair treatment that people within a given racial or ethnic group confront tend to vary by physical appearance."

Monk Jr (2015) examines the intersecting relationship between colourism and ethnoracial discrimination within the Black community, specifically through the measuring of skin complexion, discrimination and health. Monk Jr (2015, p. 401, as cited in Russell et al., 1992) provides the historical background surrounding colourism stemming from slavery, stating:

> Lighter-skinned slaves (i.e., typically those with direct kinship ties to whites) were favored by slave owners and were predominantly given work as house slaves as opposed to field slaves. Working in the house as opposed to the fields dramatically increased the chance that lighter-skinned blacks would be literate and trained in a trade.

4. Redlining refers to designated neighbourhoods where banks would not invest, which become specifically targeted towards the Black, Indigenous and/or people of colour in that they were refused loans and other resources. This led to a harmful cycle of areas not being able to retain a sustainable middle class and thus the minority communities were blamed for this phenomenon (Darling-Hammond, 2012).

The literature explains that colourism perpetuates light skin superiority and was exacerbated by colonisation interweaving with white supremacy (Hall, 2010; Jordan, 1968; Keith & Monroe, 2016). Keith and Monroe (2016, p. 4) describe how colourism interacts with Blackness stating:

> The legacy of White supremacy and perpetual degradation of dark bodies firmly linked lightness with desirability and darkness, especially Blackness, with marginalization in the national imagination.

The literature conveys how colourism and ethnoracial discrimination infiltrates global beauty standards resonating with Eurocentric standards leading to harmful health risks internationally among darker-skinned Black, Indigenous and/or people of colour. These health concerns include skin bleaching, skin whitening and poorer mental health through the constant association of darker-skinned peoples with negative stereotypes of being impoverished, lazy, unintelligent, unattractive, criminal and with lighter-skinned peoples as contrasting these attributes (Anderson and Cromwell 1977; Hunter, 2004; Keith & Monroe, 2016; Li et al., 2008; Maddox and Gray 2002; Monk Jr, 2015; Okango, 2017; Russell et al., 1992).

The literature shows that colourism and ethnoracial discrimination continually advantages lighter-skin and disadvantages darker-skin in socio-economic status, which has already been identified as a critical health predictor, particularly within the Black community through both causing negative mental and physical health outcomes (Monk Jr, 2015; Krieger et al., 1998; Williams & Collins, 1995; Williams & Sternthal, 2010). Monk Jr (2015) explores both self-reported and clinically diagnosed pre-existing conditions that are health determinants of racism that impact on the Black community by focusing on colourism and ethnoracial discrimination as another facet or link. These pre-existing conditions include hypertension, self-reported mental health and depression with each of these proving clear pathways between skin tone, discrimination and health.

Monk Jr (2015) provides further evidence to support that these pervasive critical health factors are connected to colourism and ethnoracial discrimination. The literature further highlights that colourism and ethnoracial discrimination extends beyond Black communities despite these phenomena being predominantly researched within Black communities. The literature exemplifies instances of colourism and ethnoracial discrimination varying within other communities of Indigenous and/or people of colour internationally as well as being perpetrated by non-Black folks on the Black community (Keith & Monroe, 2016; Monk Jr, 2015). However, further research areas discussing colourism and ethnoracial discrimination as a health determinant is an emerging and necessary research area.

The literature conveys how colourism and ethnoracial discrimination infiltrates global beauty standards resonating with Eurocentric standards leading to harmful health risks internationally among darker-skinned Black, Indigenous and/or people of colour.

BIPOC [Black, Indigenous and/or people of colour] are expected to cater to the white gaze – the white supremacist lens through which people with white privilege see BIPOC – and the comfort level of a person's white fragility when talking about racism.

3.1.3. Racism and white fragility

In discussing phenomena, concepts and actions of racism to white people, the term 'white fragility' is used to describe white people who display defensiveness, hostility and other negative emotions when confronted. This occurrence tactfully derails productive conversations surrounding whiteness as a part of racism (DiAngelo, 2018; Oluo, 2019; Reid et al., 2019; Saad, 2020). Saad (2020, p. 43) discusses the tactical positioning of 'white fragility' stating:

> In essence, white fragility looks like a white person taking the position of victim when it is in fact that white person who has committed or participated in acts of racial harm.

Saad (2020) offers two primary reasons as to the existence of white fragility including a lack of exposure and understanding to racism as well as white supremacy. Saad (2020) examines white fragility within the context of social media. White users will report the accounts of Black, Indigenous and/or people of colour to institutional authorities and social media platforms, which include the police, social media moderators or managers to censor discussions of racism online. This intersects with tone policing, which is another tactic where white people focus on the tone of voice rather than the content when race or white supremacy are discussed (Saad, 2020, p. 47):

> BIPOC [Black, Indigenous and/or people of colour] are expected to cater to the white gaze – the white supremacist lens through which people with white privilege see BIPOC – and the comfort level of a person's white fragility when talking about racism.

With the use of social media, conversations of whiteness and racism highlight continuously changing forms of white fragility (Oluo, 2019; Saad, 2020). Whiteness has a sense of invisibility to white people and the literature argues that this is purposeful and intergenerationally taught to be maintained as a part of the ongoing legacy of white supremacy (Bonds & Inwood, 2016; Dankertsen, 2019; DiAngelo, 2018; Frankenberg, 1993; Lipsitz, 1995; McIntosh, 2004; Roediger, 1992).

The Family Violence Death Review Committee (2020) within Aotearoa centre intersectionality within their frameworks in relation to remediating intimate partner violence, where Māori women face disproportionate intimate partner violence than non-Māori women.

3.1.4. Racism and intersectionality

Intersectionality is a term coined by Black scholar, Crenshaw (1989), who describes how the intersecting power issues that arise as a result of different aspects of a person's social and political identities. Discrimination can be different depending on the gender, race, class, sexuality, ability of individuals and groups. (Family Violence Death Review Committee, 2020; Frankenberg, 1993; Paradies, 2006b; Smith, 1999). The literature argues that individuals contain a specific set of identities in relation to various forms of oppression (Crenshaw, 1989; Family Violence Death Review Committee, 2020; Frankenberg, 1993; Paradies, 2006b). For example, Crenshaw (1989) discusses that women of colour face both racism and sexism, which interplay individually in their experiences within society. Frankenberg (1993) and Paradies (2006b, p. 144) argue that a white woman can be positioned as oppressed within the frame of sexism, but retains privilege within the context of racism, highlighting that "types of privilege/oppression are cross-cutting and potentially in tension."

Intersectionality articulates particular individual experiences of identity but arguably these identities are informed institutionally or systemically, structurally or societally (Crenshaw, 1989; Family Violence Death Review Committee, 2020; Frankenberg, 1993; Paradies, 2006b; Smith, 1999). Intersectionality has been explored within intimate partner violence or domestic violence through the Family Violence Death Committee (2020) and Crenshaw (1991). The Family Violence Death Review Committee (2020) within Aotearoa centre intersectionality within their frameworks in relation to remediating intimate partner violence, where Māori women face disproportionate intimate partner violence than non-Māori women. Paradies (2006b) and the Family Violence Death Committee (2020, p. 58) show that the intersections between race and gender play a pivotal role in the health of non-white women, specifically Black, Indigenous and/or women of colour, stating:

> … understanding how society endorses the racism and sexism that are at the heart of much of the use of violence… as many of our social justice problems like racism and sexism overlap, creating multiple levels of social injustice.

Crenshaw (1991) outlines these above meanings through the politicisation of domestic violence within the context of the United States Los Angeles Police Department (LAPD) releasing of statistics. The LAPD would not release their domestic violence statistics in an attempt to maintain the integrity of communities of colour by not perpetuating racist ideas as "Black men – have already been stereotyped as uncontrollably violent" (Crenshaw, 1991, p. 365). This premise arguably derives from hegemonic forms of racism that views Black men as already aggressive and therefore prone to acts of violence and that releasing these statistics would further those racist prejudices. However, Crenshaw (1991) argues that through not releasing these statistics, that women of colour continue to be silenced strategically through anti-racism and feminism. Crenshaw (1991) states that these issues of domestic violence within communities of colour could be alleviated through choosing to confront its multi-layered issues but that the mindset of the LAPD maintains the erasure surrounding Black and women of colour health outcomes as a result of violence.

The literature encourages the adapting of intersectional frameworks within legislation, policy and institutions towards remedying health disparities and inequities for Black, Indigenous and/or people of colour who face an overlap in multiple identities that cause multiple sites of oppression. These unfair health outcomes stem from institutional or systemic as well as structural or societal racism formed from dehumanisation, slavery and subjugation. This can also be a consequence of racism interacting with one or more multiple identities within intersectionality, such as gender that inhibit access to quality health care (Crenshaw, 1991; Family Violence Death Review Committee, 2020; Keith & Monroe, 2016; Monk Jr, 2015; Paradies, 2006b).

3.1.5. Medical racism

Medical racism involves the introspective study of race within the medical discipline for doctors, physicians and medical practitioners, where racism and discrimination accounts for the negligence of care and treatment for Black, Indigenous and/or people of colour in comparison to white populations. Due to medical racism, Black, Indigenous and/or people of colour can receive inadequate access to quality healthcare or treatment, be diagnosed extreme measures of treatment (such as amputation), not be taken seriously for pain relief, or are falsely painted as being resistant to trauma or pain. The literature argues that these examples continue racial disparities and inequities as well as enable all four levels of racism to be perpetrated (Bhopal, 2001; Geiger, 1996; Hoberman, 2012; Jha et al., 2005).

Hoberman (2012, p. 71) provides an overview of racism in medicine through the process of racialising medical thinking stemming from colonisation arguing:

> The racializing of medical thinking is the process that translates the racial folklore circulating in the larger society into a medical doctrine of perceived (and usually imaginary) racial differences. The racializing of the human organism has a logic that conforms to the fundamental principles of Western racial doctrine referred to previously. The first of these principles posits the complexity of the civilized versus the simplicity of the primitive. The second (and related) principle posits the hardiness of the primitive versus the delicacy of the civilized. Medical distinctions between "white" and "black" disorders developed over time as scientists and physicians made distinctions between the greater and lesser biological and psychological complexity of whites and blacks, respectively. These opposing racial images present a sharp contrast between diametrically different racial types, between civilized and sensitive whites who differ profoundly from primitive and hardy blacks… It is striking that some of these distinctions have persisted to the end of the twentieth century and beyond.

Hoberman (2012) provides a comprehensive historical and socio-political overview of medical racism between white doctors and physicians on Black patients.

Due to medical racism, Black, Indigenous and/or people of colour can receive inadequate access to quality healthcare or treatment, be diagnosed extreme measures of treatment (such as amputation), not be taken seriously for pain relief, or are falsely painted as being resistant to trauma or pain.

Hoberman (2012) also examines many unethical examples, including the Tuskegee Syphilis Experiment[5] as well as Black women being misdiagnosed with pelvic inflammatory disease (PID) while having symptoms of endometriosis, which often led to sterilisation based on the assumption that Black women are promiscuous. Domonoske (2018) relates these issues of historic medical racism on Black women to the history of modern gynaecology through Dr. James Marion Sims. Sims performed surgeries on enslaved Black women without anaesthesia in order to a develop a treatment for fistulas. Domonoske (2018) states that Sims recorded within his notes that the surgery for fistulas did not warrant sedation, as it was not viewed as being painful enough, despite the near death of Black women due to the agony of the surgery. Sims also states that Black women participating consented, naming only three women who were Betsy, Anarcha and Lucy, although there were more. Gamble (as cited in Domonoske, 2018) states that these women were not able to consent as they were viewed as property, which is supported by the New York City Commission (as cited in Domonoske, 2018, p. 1) stating, "free consent to participate in the experiments was not obtainable from women who were not free." Additionally, Gamble (as cited in Domonoske, 2018) notes that after perfecting the experiment, Sims went onto perform the same surgery on white women with anaesthesia. Domonoske (2018) and Hoffman et al. (2016, p. 4297) intersect this history with current medical racism and discrimination highlighting:

> …beliefs about biological differences between blacks and whites (e.g., beliefs that blacks have thicker skin than white people or that black people's blood coagulates more quickly than white people's blood) are associated with racial bias in pain perception and treatment recommendations.

The literature illustrates that the history of medical racism is significant in understanding the interconnections of how Black, Indigenous and/or people of colour receive quality healthcare presently encompassing all four levels of racism while providing further evidence of racism as a health determinant (Bhopal, 2001; Domonoske, 2018; Geiger, 1996; Hoberman, 2012; Hoffman et al., 2016; Jha et al., 2005).

5. The Tuskegee Syphilis Experiment was a government medical experiment conducted in the Tuskegee, Alabama region that allowed approximately 200 Black men with syphilis to go untreated in order for doctors, physicians and scientists to see their health outcomes from 1932 to 1972 (Centers for Disease Control and Prevention, 2020; Hoberman, 2012; Waxman, 2017).

The literature internationally states that racism is a critical health stressor and determinant on the lives of Black, Indigenous and/or people of colour.

4. Health impacts of racism internationally

The literature internationally states that racism is a critical health stressor and determinant on the lives of Black, Indigenous and/or people of colour. There is an abundance of literature that defines racism as well as explores racism as a health determinant through both qualitative and quantitative research. These studies have been conducted mostly within the discipline of public health focusing on Black, Indigenous and/or people of colour as well as LGBTQIA+ people of colour (Ahmed, 2020; Awofeso, 2011; Ben et al., 2017; Brown et al., 2000; Carter, 2007; Gillon et al., 2019; Jones, 2000; Jones et al., 2008; Kelaher et al., 2014; Nairin et al., 2006; Paradies, 2006a; Paradies et al., 2008; Paradies & Cunningham, 2012; Paradies et al., 2015; Paradies, 2016; Williams & Mohammed, 2013).

4.1. RACISM AND COVID-19 INTERNATIONALLY ON HEALTH

Throughout the global pandemic of COVID-19, the media has discussed how Black, Indigenous and/or people colour are disproportionately affected due to already entrenched health disparities and inequities stemming from racism (Ahmed, 2020; Akee, 2020; Jones, as cited in Johnsen, 2020; Strongman, 2020; The Stream, 2020). Ahmed (2020, p. 1) comprehensively outlines this, citing the impacts of COVID-19 on Black, Indigenous and/or people of colour internationally, stating:

> The COVID-19 pandemic has exposed the staggering racial divide that plagues our societies, and our planet. In the US, Black Americans are dying from the disease at a rate nearly three times higher than white people. In the UK, Black and Asian minority groups are twice as likely as white Britons to die if they contract the disease according to Public Health England, with people of Bangladeshi background facing the biggest risk. Other studies suggest an even worse picture, that Black men and women are four times more likely to die from COVID-19 than white people. Similar trends have emerged in Europe. In Norway, residents originally born in Somalia face infection rates more than 10 times above the national average.

The Centers for Disease Control and Prevention (Kirby, 2020) released current information surrounding COVID-19 and they have highlighted that Black, Indigenous and/or people of colour are more susceptible to have chronic conditions, such as asthma, diabetes, hypertension, kidney disease, and obesity than white populations, which are associated with worse COVID-19 outcomes (Ahmed, 2020; Kirby, 2020).

The literature and media illustrate that these disparities are a result of racism as a health determinant and that COVID-19 has only revealed the stark health inequalities and disparities that have already been present historically. Moreover, Black, Indigenous and/or people of colour receive inadequate health care because of institutional or systemic racism inhibiting their access. Thus, the global pandemic of COVID-19 negatively exacerbates this lack of access to quality health care, leading to fatal Black, Indigenous and/or people of colour health outcomes (Ahmed, 2020; Akee, 2020; Awofeso, 2011; Ben et al., 2017; Brown et al., 2000; Carter, 2007; Gillon et al., 2019; Jones, 2000; Jones et al., 2008; Jones, as cited in Johnsen, 2020; Kelaher et al., 2014; Kirby, 2020; Nairin et al., 2006; Paradies, 2006a; Paradies et al., 2008; Paradies & Cunningham, 2012; Paradies et al., 2015; Paradies, 2016; Strongmen, 2020; The Stream, 2020; Williams & Mohammed, 2013; Waitangi Tribunal, 2019).

Ahmed (2020) and Kirby (2020, p. 548) identify other factors that impact on Black, Indigenous and/or people of colour during COVID-19, stating:

> CDC [Centers for Disease Control and Prevention] states many other factors could be involved, such as people from ethnic minorities being more likely to live in more densely populated areas and housing, to use public transport more, and to work in lower paid service jobs without sick pay, meaning they would be more likely to go to work under all circumstances, increasing the risk of exposure.

Ahmed (2020) adds that many Black, Indigenous and/or people of colour within the United Kingdom disproportionately work as keyworkers or as frontline healthcare staff, thus furthering their exposure with the additional statistics placing them at high risk of a fatality. Ahmed (2020, p. 1) argues that "if more black and brown people are dying from COVID-19, it's because our societies are designed that way."

Ahmed (2020, p. 1) argues that "if more black and brown people are dying from COVID-19, it's because our societies are designed that way."

4.2. RACISM, MONUMENTS AND IMPACTS ON HEALTH

> Which makes it all the more shocking that just days after US police officers wilfully suffocated George Floyd to death, the UK government censored evidence from its own review into the ethnic disparities in COVID-19 deaths, highlighting the potential role of "structural racism and discrimination" in driving poorer life chances for minorities. That evidence was supplied by over a thousand community organizations and individuals representing Britons from Black and ethnic minority backgrounds. Their voices were silenced. When we trace these complex factors back, we are led inexorably to the elephant in the room: the societal prevalence of structural racism. (Ahmed, 2020, p. 1, as cited in Moore, 2020, p. 1)

On 25 May 2020, an unarmed Black man, George Floyd was murdered by four Minneapolis police officers, which was videoed on social media and subsequently went viral. This tragedy led to widespread protests spearheaded by the Black Lives Matter Movement across the world as well as a conceptual re-thinking with a rise in education on anti-racism (Ahmed, 2020; The Daily Show, 2020). In conjunction with COVID-19, the media reports colonial monuments commemorating slave owners, imperialistic 'discoverers' as well as confederate leaders being taken down by protesters (Farber, 2020; Haddad & Siddiqui, 2020; Malik, 2020; The Listening Post, 2020; The Middletown Press, 2020). The media has sensed the public denouncement of these monuments stating, "we must explore the connections between our symbols and systems in order to make the urgent and generational change that the anti-racist protest movements require of us" (Farber, 2020, p. 1). The literature and media highlights that these monuments stand as sites of historical colonial trauma, which impacts directly on the health and well-being of Black, Indigenous and/or people of colour (Bonder, 2009; Malik, 2020; The Middletown Press, 2020; Vozzella, 2020). Therefore, the removal of these monuments is an area that requires further research into how these monuments represent historical and imperial power structures and racism as well as its impact on the health of Black, Indigenous and/or people of colour (Bonder, 2009).

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4.3. RACISM AND HEALTH OUTCOMES

The literature shows that racism contributes to poorer health outcomes for Black, Indigenous and/or people of colour and is a critical health stressor and determinant (Ahmed, 2020; Awofeso, 2011; Ben et al., 2017; Brown et al., 2000; Carter, 2007; Gillon et al., 2019; Jones, 2000; Jones et al., 2008; Kelaher et al., 2014; Nairin et al., 2006; Paradies, 2006a; Paradies et al., 2008; Paradies & Cunningham, 2012; Paradies et al., 2015; Paradies, 2016; Williams & Mohammed, 2013).

Figure 1: Levels of racism

Levels of racism	Definition	Examples
Structural or societal	The maintenance of negative stereotypes, attitudes, values, beliefs or ideologies that perpetuate the inferiority of a particular disadvantaged racial group, which are upheld by the privileged racial group. This is done through forming obstacles to the historical, socio-political and colonial education.	Black, Indigenous and/or people of colour being viewed as 'privileged' for receiving scholarships but white people ignore its purpose to remediate historical and colonial inequities through education.
Institutional or systemic	Legislation, policies, practices, material conditions, processes or requirements that maintain and provide avoidable and unfair inequalities and access to power across racial groups. This includes differential treatment and access to quality sectors such as education, health (medical facilities), housing, employment and income as well as living in a clean environment.	Black, Indigenous and/or people of colour experiencing inequitable outcomes within the criminal justice system.
Interpersonal or personally mediated	Interactions with people that continue and perpetuate unfair and avoidable inequalities within racial groups. Interpersonal racism involves prejudice based on differential assumptions on the abilities and intentions of others based on their race.	Black, Indigenous and/or people of colour receiving verbal abuse due to their race (as an overt example) or through receiving surprise due to their competency (as a covert example).
Internalised	Belief and acceptance of negative stereotypes, attitudes, values or ideologies by members of a disadvantaged or stigmatised racial group regarding the inferiority of one's own racial group.	Black, Indigenous and/or people of colour believing that they are naturally less intelligent than white people.

Furthermore, the implications of COVID-19 as well as the protests that denounce racism further reveal the poorer health inequities and disparities within Black and Indigenous communities and/or people of colour to chronic or pre-existing conditions as a result of racism (Ahmed, 2020; Haddad & Siddiqui, 2020; Jones, as cited in Johnsen, 2020; Kirby, 2020; Strongman, 2020). These poor health inequities and disparities are connected to each of the four levels of racism that lead to specific emotional, mental, spiritual and physical health impacts (see Figure 1).

Health impacts of racism

Emotional, mental and spiritual health impacts

Feelings of shame due to a low value associated with their culture
Reduced self-esteem
Low self-efficacy
Reduced self-control
Pessimism
Aggression
Hyper-vigilance
Rumination
Psychological distress
Lack of control
Precipitate negative social connections or reduce capacity of tolerating social connections
Clinical depression
Anxiety disorders
Post-traumatic stress disorder (PTSD)
Personality disorders

Physical and clinical health impacts

Hypertension
Cortisol dysregulation
Sleep disturbance
Obesity
Smoking
Negative alcohol and illicit drug use
Poor mental health
Poor physical health
Cardiovascular disease
Stroke
Heart failure
Rheumatic heart disease
Mortality
Breast cancer (women)
Lung cancer
Liver cancer (men)
Stomach cancer (men)
Higher cancer mortality rates
Asthma
Chronic obstructive pulmonary disease (COPD)
Diabetes, renal failure
Lower limb amputation

Figure 1 shows the 'levels of racism on health' through its terms, definitions, specific examples of these types of racism as well as its clinical health impacts. The four levels include internalised racism (Barnes et al., 2013; Jones, 2000; Paradies et al., 2008; Paradies & Cunningham, 2012), interpersonal or personally mediated racism (Barnes et al., 2013; Jones, 2000; Paradies et al., 2008), institutional or systemic racism (Barnes et al., 2013; Jones, 2000; Paradies et al., 2008) and lastly, structural or societal racism (Barnes et al., 2013; Paradies et al., 2008). The health impacts are divided into two separate columns, which include emotional, mental and spiritual health impacts as well as the physical health impacts. This is due to the literature indicating that the first health impact column seems to transfer and develop onto the second health impact column of the physical (Ben et al., 2017; Brown et al., 2000; Carter, 2007; Kelaher, 2014; Molina & James, 2016; Nairn et al., 2006; Paradies & Cunningham, 2012; Speight, 2007; Waitangi Tribunal, 2019). The two health impact columns are based on international literature pertinent to the health impacts of racism (Awofeso, 2011; Barnes et al., 2013; Carter, 2007; Harris et al., 2012; Harris et al., 2018; Gee & Ford, 2011; Jones, 2000; Jones et al., 2008; Paradies, 2018; Paradies et al., 2008; Paradies et al., 2015; Paradies & Cunningham, 2012; Thompson & Neville, 1999; Waitangi Tribunal, 2019; Williams & Mohammed, 2013; Ziersch et al, 2011).

International media and literature have reported on how racism and discrimination is a critical health stressor impacting on Black, Indigenous and/or people of colour health outcomes. Williams (2012) and Williams & Mohammed, 2013 (p. 1) summarise this within the context of the United States stating:

> The poorer health of these racial minority populations is evident in higher rates of mortality, earlier onset of disease, greater severity and progression of disease, and higher levels of comorbidity and impairment. In addition, disadvantaged racial populations tend to have both lower levels of access to medical care and to receive care that is poorer in quality. In U.S. data, these patterns tend to be evident for African Americans (or [B]lacks), American Indians (or Native Americans), Native Hawaiians and other Pacific Islanders and for economically disadvantaged Hispanic (or Latino) and Asian immigrants with long-term residence in the U.S. In recent years, increased attention has been given to the role of racism as a determinant of these patterns of racial inequality in health.

This is further exemplified through Chatterjee and Davis (2017), Collins Jr and David (1990) and David (2019) within the context of racism being a stressor provoking premature infant deaths for Black mother's comparative to white mothers. Chatterjee and Davis (2017) examine this issue through the perspective of Samantha Pierce, a Black mother who lost her twins to premature infant deaths. International media and literature strongly argue against biological deterministic reasons and point towards variables, including: environmental factors such as housing; employment; class; socio-economic status; as well as racism being a primary determinant (David, as cited in Chatterjee & Davis, 2017, p. 1; Collins Jr & David, 1990; David, 2019) stating:

> … black and white teenage mothers growing up in poor neighborhoods both have a higher risk of having smaller, premature babies. "They both have something like a 13 percent chance of having a low birth weight baby," he says. But in higher-income neighborhoods where women are likely to be slightly older and more educated, "among white women, the risk of low birth weight drops dramatically to about half of that, whereas for African-American women, it only drops a little bit." In fact, today, a college-educated black woman like Samantha Pierce is more likely to give birth prematurely than a white woman with a high school degree.

MacDorman and Mathews (2011) also found that based on a 2007 data set that infant mortality rates for Black women were 2.4 times the rate for white women. Additionally, American Indian, Alaska Native and Puerto Rican women had relatively high infant mortality rates than white women due to pre-term related causes or unintentional injuries.

Chatterjee and Davis (2017) relate Black, Indigenous and/or people of colour infant mortality rates to racism and discrimination as stressors. International media and literature further highlight a causative link between racism, discrimination and health outcomes arguing that racism through both the levels of institutional or systemic racism, as well as interpersonal racism, are expressed through discrimination. Discrimination can manifest through microaggressions that although are isolated and benign, become accumulative stressors creating "microtraumas" (Montengero, as cited in Bichell, 2017, p. 1; Apou, 2020). This results in chronic stress due to racism, ultimately contributing to health disparities arguing that "the idea is that the stress of experiencing discrimination over and over might wear you down physically over time" (Nuru-Jeter, as cited in Bichell, 2017, p. 1; Apou, 2020).

The literature and international media use examples of racism and discrimination such as being denied customer service, employment, housing or assumed that Black, Indigenous and/or people of colour will not be able to afford items. This leads to physiological symptoms of anxiety such as a high heart rate, sweating, as well as experiencing feelings of sadness or anger (American Psychological Association, 2013; Apou, 2020; Bichell, 2017; Graham-LoPresti et al., 2017; Martin, 2017). Nuru-Jeter (as cited in Chatterjee & Davis, 2017) interconnects this anxiety caused by racism and discrimination to further clinical health outcomes such as diabetes, cardiovascular disease and asthma, which further supports the public health literature focusing on racism as a health determinant (see Figure 1).

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5. Summary

This literature review examines the effects of racism on Black, Indigenous and/or people of colour internationally as a key contributing factor towards health inequities, disparities as well as specific clinical outcomes. The first half of the literature review provides historical and socio-political context surrounding the different ideologies embedded within racism as these concepts are pivotal with understanding current health impacts. The second half of the literature review defines racism and examines racism as a health determinant. The literature shows that racism is a health determinant, stressor and produces negative health outcomes for Black, Indigenous and/or people of colour internationally.

6. Glossary

Aotearoa	New Zealand
Māori	Indigenous people of Aotearoa

7. Definitions

ableism	prejudice, power and discrimination against people with disabilities or people who are perceived to have disabilities.
ageism	prejudice, power and discrimination over a person against people who are old.
anti-Blackness	a specific type of racism that only affects Black people. Indigenous and people of colour can perpetuate as well as profit from anti-Blackness.
anti-immigration	views, processes and actions that are against immigration through its policies and legislation. Having prejudice, power and discrimination against immigrants. These views coincide with white supremacy.
assimilation	when a minority racial or ethnic group becomes integrated into the dominant racial or ethnic group through strategic legislation and policy to decrease the minority racial or ethnic group.
biological determinism	a colonial tool used in eugenics where hereditary physical and mental traits measure the humanity and differences between white people and BIPOC.
BIPOC	acronym for Black, Indigenous and/or people of colour.
Black	used to describe a racial group of people having dark skin and/or of African descent.
Blackbirding	colloquial phrase for the Pacific-slave trade where Black and Indigenous peoples were forced to work in sugar and cotton plantations, which expanded within Oceania.
blood quantum	colonial measurement of assessing Indigenous identity through units of blood.
capitalism	an economic organisational system allowing individuals to legally engage with large scale economic activities to produce, distribute and consume products in cooperation with smaller companies that are privatised with no state interference.
classism	prejudice, power and discrimination over people based on their social class.

colonial paternalism	view, processes and actions from colonisation where the dominant racial group through governments, local bodies and non-government agencies decide on issues that have an impact on Indigenous communities.
colonial science (or scientific racism)	systems used to legitimise the dehumanisation of BIPOC by drawing on ideologies associated with the biological differences of races.
colonisation	an expression of imperialism exploiting and subjugating BIPOC through military force as well as oppressive policies and legislation.
coloniser/s	the dominant European group subjugating and exploiting BIPOC for resources and labour.
colourism	differential treatment of a racial group based on physically presenting characteristics such as, skin colour, facial features and hair texture. These physically presenting characteristics are measured against race hierarchies.
deficit theory/ victim blame analysis	places the blame on BIPOC for poor health outcomes (and other outcomes) due to their perceived inferiority.
dehumanisation	the process of subjugation, where BIPOC are deprived of positive human rights and are not viewed as human by the dominant racial or ethnic group.
discrimination	the actions or practices that express racism in covert and overt ways that produce negative impacts for BIPOC and maintain power for others.
Dominion Movement	white supremacist organisation based in Aotearoa that is youth-oriented and mobilises far-right groups.
Enlightenment period	philosophical and intellectual movement propagated by imperialism focusing on the advancement of science.
essentialism	BIPOC identities are to correspond authentically to colonisers' interpretations of BIPOC.
ethnicity	a group with shared ancestry, culture and/or nationality.

ethnoracial discrimination	overlaps with colourism referring to both race and ethnicity being factors in socially disadvantaging people in access to resources and capital.
eugenics	classification system placing people into 'fit' or 'unfit' categories through biological and scientific reasoning of the Enlightenment period.
fatism	prejudice, power and discrimination against people who are fat and who do not present thinness.
heterosexism	prejudice, power and discrimination that favour same sex relationships.
historical trauma (also intergenerational trauma)	sites of struggle and harm passed down through the generations, which are due to cultural, social and political events.
imperialism	on-going global European expansion through enforcing European ideals, power and influence through exploitative means of acquiring wealth and capital.
Indigenous	a racial and ethnic group of people being the original inhabitants of a region and/or country.
institutional racism (systemic racism)	legislation, policies, practices, material conditions, processes or requirements that maintain and provide avoidable and unfair inequalities and access to power across racial groups. This level of racism operates without identifiable perpetrators but through practices as well as legal and policy frameworks that govern societal institutions
internalised racism	belief and acceptance of negative stereotypes, attitudes, values or ideologies by members of a disadvantaged or stigmatised racial group, regarding the inferiority of one's own racial group.
interpersonal racism (personally mediated racism)	interactions with people that continue to perpetuate unfair and avoidable inequalities within racial groups through overt and covert discrimination.
LGBTQIA+	acronym for the lesbian, gay, bisexual, trans, queer, intersex, asexual and more communities.
light skin advantage	BIPOC with light skin using this physical characteristic to access resources, such as quality healthcare.
light skinned privilege	access to resources and institutions, such as quality healthcare being afforded to BIPOC with light skin rather than BIPOC with dark skin.

medical racism	study of race within the medical discipline where racism and discrimination accounts for the negligence of care and treatment for BIPOC in comparison to white populations.
microaggressions (or microtraumas)	racist incidents regarded as benign, subtle or covert become accumulative health stressors.
oppression	a layered system of prolonged disadvantage.
oppression	a layered system of prolonged disadvantage.
othered	ascription applied to a group of people who do not fit into societal norms and a process of negating an individuals or groups humanity.
papal bulls	decrees issued by Roman Catholic Popes.
People of Colour (POC)	used to describe a racial and/or ethnic group of people having brown and black skin as well as facial features and hair texture associated with characteristics outside of whiteness.
power	underpins racism and is the expression and practices of harmful stereotypes, prejudice and discrimination. Having the majority allocation of resources and capital.
prejudice	conscious and unconscious bias as well as preconceived opinions without reason or experience.
privilege	special rights, advantages and/or immunities given to a group of people. The on-going maintenance of the dominant group having access to all of the resources and capital.
pro-white	view, processes and actions that support white people. This coincides with white supremacy and white fragility, but can be considered a reaction to the perceived societal and inter-personal threat to white people.
race	a group that share physically defined characteristics that are socially and externally assigned, such as having a certain skin colour, facial features or hair texture used to categorise people for harm, subjugation and exploitation.
race hierarchies (or race classification)	an organisation of races that are measured across a spectrum with 'whiteness' viewed as the superior and 'blackness' viewed as the inferior. The humanity of BIPOC are measured along this spectrum using their physically presenting characteristics.

racism	an organised, hierarchal and stigmatisation grouping system, based on racial inferiority to whiteness. Prejudice, power and discrimination over a person based on their race.
right nationalists/far right groups	groups that support pro-white and anti-immigration policies as well as white supremacy.
sexism	prejudice, power and discrimination over people based on their gender.
socially assigned identity	ways in which people make assumptions about a person's ethnicity or race without discussion with them, sometimes implicitly and prior to knowing this person's actual ethnicity or race.
societal racism	The maintenance of negative stereotypes, attitudes, values, beliefs or ideologies that perpetuate the inferiority of a particular disadvantaged racial group, which are upheld by the dominant racial group.
The Age of Discovery	the period of time referring to European economic expansion that has been used to legitimise the conquest of territories outside of Europe.
The Doctrine of Discovery	the set of decrees from the papal bulls that gave impetus to colonisation in Aotearoa and other countries.
The National Front	white supremacist organisation based in Aotearoa.
tone policing	tactic where white people focus on the tone of voice rather than the content when race or white supremacy are discussed.
white fragility	when constructive discussions of race from BIPOC to white people are derailed through hostility, defensiveness, appropriation and/or ignorance.
white racial advantage (or white privilege)	white people being exempt from social disadvantage and facing discrimination as a result of their race.
white supremacy	the belief that whiteness and white people are the superior race.
whiteness/white people	a group sharing physical racial characteristics of light skin, facial features and hair texture that are allocated the most resources in society and are the dominant group through imperialism. This term has been used interchangeably with Pākehā in Aotearoa.

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Conceptual design

We use the term rangatiratanga to describe well-being for an individual, whānau, hapū, iwi. We also use this term to describe leadership and self-determination, and along with the prefix of 'tino', rangatiratanga was also used in the second article of Te Tiriti o Waitangi. Defining racism as anything that is an attack on our rangatiratanga makes this definition uniquely Māori. The mamae we feel when exposed to racism resonates intergenerationally, and each time we experience racism, the mamae ripples outwards. With this in mind, the conceptual design for this Report is based on addressing the past, present and future mamae; and reclaiming rangatiratanga.

The arapaki (or tukutuku, woven panels) design used throughout the Report has various meanings, but exemplifies the kaokao pattern. The pattern is presented within the Whanganui mūmū arapaki that are displayed at the Whanganui Regional Museum. These arapaki were woven by kuia at Pūtiki Wharanui Pā in time for the opening of the museum extension in 1968, which included the Māori Court, Te Āti Haunui-a-Pāpārangi (Horwood & Wilson, 2008).

As mentioned earlier, there are various meanings for the kaokao pattern. The downwards slanting chevron is representative of a warrior, in the haka stance, readying themselves for protection and, if needed, attack. In the context of this Report, the kaokao signifies strength and integrity, and protecting our rangatiratanga. The descendants of Hinengākau from the upper reaches of the Whanganui River view kaokao as the armpit, which is symbolic of physical strength, and the repeating pattern represents a group of people swinging their arms as they march forth in unison (Jones, 1975). Within Whanganui, and according to Te Otinga Waretini (1990), the kaokao pattern was used on takapou wharanui (matrimonial woven 'mats'), used for those of high rank, and woven using human hair. The tapu associated with takapou wharanui is therefore apparent, and was used to help with conception and ensure a long line of succession.

Meanings associated with the kaokao pattern are complementary to our definition of racism and at the same time, the design suggests that there are several ways to address attacks on our rangatiratanga. But as rangatiratanga asserts, we will decide how that will be best achieved to address the mamae of our tūpuna, for us, and for our uri. Kaokao, therefore, is a symbol of change, and encourages us to move forward with the original intentions of our tūpuna who signed Te Tiriti o Waitangi, in our hearts and minds.

The cover image of Te Tiriti o Waitangi on *Whakatika: A Survey of Māori Experiences of Racism*, is used because accordingly, our rangatiratanga is protected by law. However, we are very clear as to our history, and we know that we have not been afforded the protection that was guaranteed under Te Tiriti o Waitangi. The colouring of Te Tiriti o Waitangi, as it has faded, is used throughout the publication, as a reminder that, while the original colour may have faded, the intents, desires and beliefs that our tūpuna had in signing it are stronger than ever and will not wane.

The purple colour is borrowed from the skin of the Ōwairaka kūmara, the most recognisable kūmara variety. The growing, harvesting, eating and ensuring there is enough left to grow again the following season was done with much ceremony, exactness and tapu ("Kumaras and kumara magic", 1962). Rongomātāne, atua of the kūmara, was acknowledged throughout the various stages of growing, harvesting and partaking in kūmara. Kūmara was the most important cultivating crop for our tūpuna and at harvest time, was used in festivities amongst whānau, hapū and iwi ("Kumaras and kumara magic", 1962).

The journey towards whakatika, or making things right, will require commitment and hard work from all, including Māori, Pākehā, government agencies, retailers, educators, health professionals and others, if racism is to be eliminated. A lofty goal, but a worthy one.

SMITH (1999) AND PARADIES (2006B) MAINTAIN THAT POWER IS AT THE CRUX OF RACISM AND OPPRESSION TO EXIST AND CONTINUE. FURTHERMORE, THEY ARGUE THAT IN ORDER TO DECOLONISE AND DISMANTLE RACISM THAT THE TOOLS WITHIN THE CURRENT CONSTRUCTIONS OF POWER CREATED BY THE DOMINANT GROUP, CANNOT DO THIS.

Te Atawhai o Te Ao
Independent Māori Institute for Environment & Health