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Comparable Contexts

In this chapter, *Comparable Contexts*, we will look briefly at the experiences of colonization and race relations in Canada, New Zealand and Australia as well as the U.S.

Colonization impacted Indigenous populations all around the world, both in its impact through 'settlements' and through the enslavement, forced removal and other efforts that led to the forced relocation of people. While there are many similarities in the effects of colonization in various countries, there are also some important differences that can help us to understand what contributes to these impacts and how to move forward. In this chapter, we look more closely at the experiences of colonization and the impacts on health in other comparable nations. This will provide a barometer for evaluating our progress in promoting health equity for Indigenous Peoples and other groups harmed through colonization and colonialism.

Chapter Objectives

After completing this chapter, you should be able to:

- briefly describe the colonizing histories of Australia, Canada, the U.S., and Aotearoa/New Zealand
- understand the health status of colonized peoples in a comparable global context
- explore and critique the transferability of approaches to improving health from other countries with similar histories of colonization
- discuss what is meant by ‘engage in a process of decolonization’ as health professionals.

Indigenous Peoples in a Comparable Global Context

‘There are an estimated 370 million indigenous peoples living in more than 70 countries worldwide. They represent a rich diversity of cultures, religions, traditions, languages and histories; yet continue to be among the world’s most marginalized population groups. The health status of indigenous peoples varies significantly from that of non-indigenous population groups in countries all over the world’ (WHO, 2007).

We briefly discussed colonialism as it related to the U.S. in the chapter on History. Colonization was certainly not a unique aspect of U.S. history, nor has colonization been limited to British efforts. Many Indigenous Peoples initially welcomed visitors and traders, as had been customary, but when it became clear that these ‘visitors’ were not in fact intending to leave, colonization took on its destructive form.

If we think of ‘colonization’ as the process of setting up a colony by a non-Indigenous population, then we can see colonization at a global scale essentially since the beginning of humankind. Colonization is often thought of in terms of colonizing the land, but it includes the impacts on people, such as displacement, enslavement, and genocide. Britain, France, Portugal, Spain, the Netherlands, Belgium, the U.S., and more have colonized other’s countries and their peoples in Africa, Asia, the

South Pacific, North, Central and South America, and Europe. Russia and China also have histories of colonization. In fact, few areas on the globe have been unaffected by efforts to colonize people and lands by people from elsewhere.

Historically, colonization has been about gaining resources or finding a new place to live, which has meant dispossessing people of their land, essentially through exerting power over them. Most western accounts rely on singular events signaling the ‘beginning’ of ‘new nations’ such as Christopher Columbus ‘discovering’ America in 1492 and James Cook’s ‘discovery’ of Australia in 1770. However, in most countries, the colonization process was not necessarily a sudden influx of hundreds or thousands of new people suddenly ‘moving in’. Rather, it was a gradual process interrelated with other elements, such as contact with ‘others’ through trade, fishing, and whaling. This gradual process is what sometimes makes understanding the impact of colonization difficult, for both the people who were colonized and those who did the colonizing. It is also important to consider that colonization has not always been a violent process, though violence has characterized much of the colonization that has affected Indigenous Peoples. In fact, one might believe that nonviolent colonizing could be more insidious.

Colonization continues today in forms that may not ‘look’ like what colonization looked like in the past. Today we see marginalization of various groups, the unequal distribution of wealth and resources, systemic biases in education, law, and health, and a lack of action on climate change that contributes to forced migration. The reality is that few populations have been untouched by colonizing influences, but who benefits and is damaged is important to recognize.

Activity

- Where are you ‘from’? Where did you grow up? Where did your parents grow up? Do you know any history of your family? Where do they ‘come from’? Think about where you are today, specifically, where you live, and how you got there, considering your family’s history.

Why did your family move to where they are? Why did your ancestors live where they lived?

- What is home? How do you understand home and what it means to be 'home'?
- If your family has lived in the U.S. for at least a few generations, how might the U.S. have changed even since your own parents were children?

Colonization in Australia, the U.S., Canada, and Aotearoa/New Zealand

To examine the effects of colonization, we can look at who the colonizers were, why they were seeking to colonize a new place—what their circumstances were—when the colonizing took place (200, 500 or 1000 years ago), what the Indigenous circumstances were at the time of colonization, and what geographic or other environmental dynamics contributed to colonization. We will now look at colonization in the U.S., Australia, Canada and Aotearoa/New Zealand for a picture of colonization and its effects. When we do this, we achieve a better understanding of the situation in the U.S. We can also see how it differs from or is similar to the history of Indigenous Peoples in other comparable countries.

Australia, the U.S., Canada and Aotearoa/New Zealand are all developed, wealthy, western, capitalist, democratic countries, but they are geographically separated. All have had Indigenous populations affected by European colonization and all have later become independent. In terms of geography and environment, Australia, Aotearoa/New Zealand, Canada, and the U.S. could not be more different. Colonizing efforts were certainly influenced by, for example, the arctic and subarctic climate of Canada and the largely desert climate of Australia. Aotearoa/New Zealand, with a much smaller landmass compared to the other three countries, present yet another element to consider. The environmental elements were closely interwoven and accommodated within the lives of the Indigenous populations. The details of the colonizing process and

the current state of Indigenous affairs and race relations more generally in each of these countries will be explored.

Canada

Canada lies in the northern part of North America, spanning a total area of 9,984,670 square kilometers (CIA, 2020). With a temperate climate in the south, and subarctic and arctic climates in the north, it is perhaps not surprising that 90% of the population lives within 300 miles of the U.S. border. Even so, a number of Indigenous communities reside in the arctic and subarctic regions.

First Nations Peoples have lived in Canada for at least 12,000 years and likely came from Asia and Polynesia. Although there was much trade, early European contact with Indigenous Peoples in what is now called Canada was mainly with the French in the early 1600s. It was peaceful contact mostly related to trade and fishing. Gradually, the British came to the area and, as their interests were in settlement and the land, there were increasingly more conflicts, but these were often between the British and the French. As the British alliances were with different Indigenous groups, it also meant that the conflicts extended into the Indigenous communities.

As is the standard protocol with colonizing efforts, the commonly held date of Canadian colonization is in 1497 when John Cabot landed in Newfoundland, but it wasn't until the 1600s that more permanent settlements were established by the French. The French had a policy of intermarriage between the French and the Indigenous Peoples, which meant that close ties had developed that did not necessarily involve military support or adequate military support against the British. In 1713, France ceded to the British and in 1755, the British 'expelled' all French from the area; the French went south to Louisiana. By 1763, through the Peace of Paris, the French gave up all their claims in the north of North America and in the same year, the Royal Proclamation defined English settlements.

In Canada, the Indian Act of 1876 resulted in land being taken over by the Commonwealth. This meant that Indigenous Peoples lost their

traditional livelihoods such as hunting and fishing. Similar to Australia, the Residential School System was put in place in 1892 to ‘civilize’ the Indigenous children. Children were placed in boarding schools run by churches, where they were not allowed to speak their Indigenous languages and were often abused—physically, sexually and emotionally. It was not until the summer of 2008 that the Canadian Government made an apology to the Indigenous Peoples for the Residential School System and its effects.

The Indigenous Peoples of Canada comprise nearly 4.9% of the total population or 1,670,000 people in 2016 (OECD, 2019). They are generally grouped according to First Nations peoples 60%, Metis 36%, and Inuit 4% (OECD, 2019; see Table 12.1). The Metis population are unique as Indigenous Peoples as they comprise a culture that developed through French and Indigenous intermarriage.

Websites

For more information about Canada’s First Nations and Aboriginal peoples, see the website for Aboriginal Affairs and Northern Development Canada: <http://www.aadnc-aandc.gc.ca>.

First Peoples of Canada: <http://firstpeoplesofcanada.com>.

The United States

Vikings had contact with Indigenous Peoples in North America from as early as the first millennium AD, and European contact was sporadic after that with British, Dutch and French trade. Gradually, roughly between the 1600s and the 1800s, European occupation pushed the Indigenous population westward and the Indigenous Peoples suffered from diseases, genocide, and from being dislocated from their lands. In the late 1800s, reservations were used to contain Indigenous Peoples and, similar to Canadian, Australian and Aotearoa/New Zealand policies at

Table 12.1 Comparison of Indigenous populations and treaty status in four countries

Country	Total Population ¹	Actual size of Indigenous population ²	Percentage of total population ²	Indigenous population groupings	Treaties ²
Australia	25 466 459	798 381	3.3%	Aboriginal (91%) Torres Strait Islander (5%) Both Aboriginal and Torres Strait Islander (4%) ³	None* Some between individuals, not the British Crown
Canada	37 694 085	1 673 785	4.9%	First Nations (60%) Metis (33%) Inuit (4%) Multiple and other responses (3%) ²	Treaty status given to those of First Nations heritage who registered with federal government. Health Canada provides free health care to First Nations and Inuit populations who live on reserves and/or Inuit communities. Metis not eligible for treaty status or free health care

(continued)

Table 12.1 (continued)

Country	Total Population ¹	Actual size of Indigenous population ²	Percentage of total population ²	Indigenous population groupings	Treaties ²
Aotearoa/New Zealand	4 925 477	692 300 (Maori ethnic group) 643,977 (Maori descent)	16.3%	Maori (100%)	Treaty of Waitangi (1840) established British control while setting out Maori rights. Treaty is integrated into health policy, with Maori people given rights to partnership, participation and protection in health-related policies
United States	332 639 102	6 706 210	2.0%	American Indian or Alaska Native (AI/AN) only (60%) AI/AN plus another race (40%)	562 federally recognized tribes exist as sovereign entities. U.S. government obligated to provide free health care to federally recognized AI/AN

the time, assimilation processes were well underway. Removing children to boarding schools was common, as was removing elders to rest homes.

Films

See the documentary, *Indian Country Diaries* <https://itvs.org/films/indian-country-diaries>.

Unspoken: Native American Boarding Schools <http://www.pbs.org/video/unspoken-americas-native-american-boarding-schools-oobt1r/>.

Native America is a four-part PBS series released in late 2018 <http://www.pbs.org/about/blogs/news/pbs-announces-native-america-new-four-part-series-premiering-fall-2018/>.

After World War I, ‘Indians’ became citizens of the U.S. and in the 1950s, moves were made to terminate the reservations programs to fully assimilate the Indigenous Peoples into wider society. As with other countries, during the 1970s policies of ‘self-determination’ were implemented, though these seem to have been less of a reality than what they appeared on paper. The Indigenous Peoples’ reservations were often on land that had little value at the time, but later, some of these lands were found to have oil or other valuable resources. The groups that have been able to keep their reservations have more recently been placed in a compromising position, as valueless land has been seen as a good place for hazardous waste disposal. ‘As of 1992, waste disposal interests had approached over fifty reservations to negotiate dumping permits’ (Perry, 1996, p. 122).

Today, the U.S. Indigenous population comprises about 2.0% of the total population, but as seen in Table 12.1, it is the largest Indigenous population among those countries compared with about 6.7 million people. The Indigenous population includes many communities, tribes, nations, and bands all across the country, including Alaska, which lies to the far north and to the west of Canada and Hawaii.

Websites

For more information about the U.S. Indigenous populations, see the Bureau of Indian Affairs website: <https://www.bia.gov/>.

See the website for the National Congress of American Indians for a wide range of resources including publications, legal findings, testimonies, news, and more: <https://www.ncai.org/>.

Aotearoa/ New Zealand

The country of Aotearoa/New Zealand includes the North and South islands, together comprising 268,838 square kilometers. The temperate climate is well suited to farming, particularly on the North Island. It is estimated that Māori, the tangata whenua, or people of the land, had been in Aotearoa from before 1300 A.D. The first European contact for Aotearoa/New Zealand Māori was with the Dutch in 1642, but British contact did not occur until 1769 when James Cook arrived. The farming potential of Aotearoa/New Zealand, as well as sealing, whaling, and other trade, attracted European settlers from about the 1790s.

In 1840, the first European settlement in Aotearoa/New Zealand was established in Wellington and the Treaty of Waitangi was signed. The 1840 Treaty of Waitangi served as a contract between the British Crown and Māori, which basically indicated that Māori would retain ownership of their land but that they would recognize British sovereignty. The treaty was written in both English and Māori and there has been some debate about how the treaty was understood by the different parties. The 1975 Waitangi Tribunal was established to help rectify those issues, determining three basic principles to the treaty as partnership, protection, and participation. These principles can theoretically be applied to all situations in Aotearoa/New Zealand. In terms of health, they would require that Māori be active and equal partners in decisions about health, that Māori fully participate in Aotearoa/New Zealand government and society, and that the Aotearoa/New Zealand government take responsibility for protecting Māori interests (for example, ensuring equity).

Māori experience of colonization differed from that in the other countries presented here, particularly as it relates to the signing and honoring of the treaty. Māori of Aotearoa/New Zealand still, however, suffer the negative consequences of colonization, borne out by similar health disparities and intergenerational trauma.

Websites

For more information about Māori in New Zealand see:

Te Puni Kokiri, the Ministry of Māori Development: <http://www.tpk.govt.nz/en/>.

Korero Māori (a resource for Māori Language) <http://www.korero.maori.nz/>.

Te Ara for a brief history of Māori: <http://www.teara.govt.nz/en/maori>.

Film

The 1994 film *Once Were Warriors* is a grueling example of intergenerational trauma that is contextualized within a Māori experience. However, it could just as easily represent any people with similar traumatic histories.

For another perspective of New Zealand and Māori, readers may enjoy the 2003 film *Whale Rider*.

Australia

Australia comprises 7,741,220 square kilometers, which is slightly smaller than the U.S. contiguous states. The Indigenous Peoples of Australia, the Aboriginal and Torres Strait Islanders, are estimated to have lived in the land currently called Australia for as long as 60,000 years. While trading was occurring between Australia and other places, it was

not until 1770 that Captain James Cook laid claim for Great Britain. Dutch contact in Australia occurred in the early 1600 s, it was not until 1788 that Australia was settled by the British for use as a penal colony. Indigenous Australians had trade relations with others long before any European contacts. For example, Indigenous people traded with the Macassan sailors from Indonesia (Trudgen, 2010). In the first 80 years of settlement of Australia, approximately 160,000 people arrived, either as convicts or to support the penal colonies. By 1901, there were nearly four million non-Indigenous people in Australia.

While there were some attempts by early settlers to negotiate land with the Indigenous Peoples, the doctrine of *terra nullius* prevailed until a High Court challenge by Torres Strait Islander Eddie Mabo in 1992 (see the Australian Bureau of Statistics, 1995).

Examples of earlier attempts that appeared to recognize land ownership by Indigenous Peoples are found in the mid-1800s. In 1835, John Batman signed two ‘treaties’ with Kulin people to ‘purchase’ 600,000 acres of land between what is now Melbourne and the Bellarine Peninsula. In the same year—in response to these treaties and other arrangements between free settlers and Indigenous inhabitants such as around Camden—the New South Wales governor, Sir Richard Bourke, issued a proclamation. Bourke’s proclamation reinforced the notion that the land belonged to no one prior to the British Crown taking possession (Australian Government Culture Portal, n.d.).

More formalized policies impacting on Indigenous Australians were implemented from the 1890s. Generally, the period from the 1890s to the 1950s was considered a time of ‘segregation’. This period included ideas of Indigenous Australians needing ‘protection’, and missions and reserves were established. This was also a time of ‘protecting’ white Australians from the perceived threat of undesirable or diseased Indigenous people, which was ironic because many diseases that Indigenous Australians suffered were introduced by the early settlers. These various diseases decimated whole family groups and had significant impacts on entire Indigenous populations.

From the 1950s to the 1960s, assimilation policies were implemented. This meant that Indigenous Australians were to merge with mainstream Australia and to erode or eliminate signs of Aboriginality. This period

represented Indigenous Peoples as an ‘inferior race’ that could potentially be ‘bred out’ through mixing with ‘white Australians’.

A relatively brief period from 1967 to 1972 focused on integration, which was meant to be a choice about whether or not to integrate into mainstream Australia. However, children could be refused access to school during this period. Self-determination was only evident from 1972 to 1975, during the Whitlam era. Labor Prime Minister Gough Whitlam initiated many reforms, including the return of land and various forms of Indigenous governance.

Self-management policies were in place from 1975 to 1996, with the Aboriginal and Torres Strait Islander Commission (ATSIC) established in 1988, but by 2004 the commission had been abolished. Reconciliation followed from 1996 to 2007. This period also included a time of ‘mutual obligation’ and ‘new assimilation’ under the leadership of former Prime Minister John Howard. Some called these policy directives ‘coercive reconciliation’, considering the initiatives of the Northern Territory Emergency Response (NTER) (Altman & Hinkson, 2007) which used as an excuse a report into Child Sexual Abuse to introduce a range of draconian and punitive measures against Indigenous Australians. The effects of this response are still being felt today, with Indigenous people, men in particular, vilified as potential perpetrators and whole communities stigmatized and further disempowered.

There are many events implicated in the health and well-being of people today. This is a very brief overview of some of the policies affecting Indigenous Australians. For more details, see for example, Eckermann et al. (2010) or look at the Australian Law Reform Commission (2010b).

Some Comparisons

Many other peoples around the world were colonized by other groups and nations and often the colonizing of a land required the enslavement of Africans and Indigenous Peoples in order to survive. Have a look at some of the areas colonized by the French, for example. How did these experiences differ?

The estimated length of time that Indigenous Peoples inhabited different continents varies widely between continents. Some evidence suggests that Indigenous Peoples inhabited Australia for as long as 60,000 years. While there is some debate around how long Māori have lived in Aotearoa/New Zealand and exactly where the Māori people originally came from, the estimated time of occupation is believed to be around 1,200 years. In the present day U.S. and Canada, there is evidence of Indigenous villages that date back to the 700s. All of the countries were colonized by Europeans from around the late 1700s to the early 1800s. Independence from Britain was in 1776 in the U.S., 1852 for Aotearoa/New Zealand, and 1901 for Australia. However, this independence from the colonizers did not translate into independence in the same way for Indigenous Peoples as it did for others. For example, in Australia, it took another 63 years before Indigenous Australians were given the right to vote. In the U.S., Native Americans were not accepted as citizens until 1924.

Assimilation was a common policy in many countries, requiring that Indigenous Peoples not speak their own languages and not practice traditions or ceremonies—that they become like the ‘settler’ population. This has had devastating effects internationally, although there is some progress to be seen in the recovery from this damage. For example, in some Māori communities, around 40% of the people speak their tribal language with increasing percentages of young people being able to do so. In North America, there are about 175 languages remaining of the estimated 300 original languages (McMaster & Trafzer, 2008). However, in Australia, there are less than 100 languages from the nearly 300 languages that were spoken when Australia was colonized. Similarly, in the U.S., there were estimated to be around 300 Native languages prior to colonization but today there are only 167 Native languages still in use.

An interesting difference between Australian and Aotearoa/New Zealand Indigenous Peoples and those in the Americas is land boundaries. Australia and Aotearoa/New Zealand have their boundaries defined through being surrounded by water. However, in the Americas, particularly in North and Central America, boundaries have been defined politically through colonization and have overridden Indigenous nation

boundaries. Within Australia, the same has happened with state and territory boundaries. That is, colonization has overridden Indigenous nation boundaries. When Indigenous nation boundaries cross later-derived 'state' boundaries, it causes financial and resource implications for many who are accessing health services within their own Indigenous nation boundaries. For example, renal patients from remote Central Australia are at times subject to the rigidity of imposed state and territory borders that determine their access to renal services. Can you identify any similarities in the U.S?

'How Indigenous Are You?'

Indigenous Peoples globally have had their indigeneity questioned and measured, with differing implications for access to resources and impacts on people. For example, in Canada, Indigenous status was determined through groups of people having treaty arrangements with the government. What this meant was that if a group did not have a treaty arrangement, then that group essentially did not exist as 'Indigenous'. Undercounting the Indigenous population has been one strategy of governments to justify inaction or making the Indigenous population 'invisible'.

In the U.S., contention over Indigenous status goes both ways, with huge diversity in the rules about who can and cannot be considered Indigenous and therefore have access or not to certain benefits. Indeed, some groups have even resorted to 'tribal disenrollment' (Wilson & Yellow Bird, 2005). While disenrollment may be related to genuine concern about people inappropriately accessing and using services intended for Indigenous Peoples, others suggest that it is based on greed and that this greed results in loss of services such as schooling and health care for those who need those services (Wilson & Yellow Bird, 2005). This illustrates that Indigenous status and access to resources is not a simple issue, but certainly a global one.

Terminology

As discussed earlier in this text, the terminology used to describe Indigenous Peoples, or any group for that matter, is critically important. In considering the global context of Indigenous issues, we see again the diversity of peoples and how, in each country, Indigenous Peoples may be identified or identify themselves. In Aotearoa/New Zealand, the Indigenous Peoples are Māori, with many different *iwi* (tribal groups). Generally, Māori would never be referred to as ‘Aboriginal’. In Australia, as discussed, the terms ‘Aboriginal Peoples’ and ‘Torres Strait Island Peoples’ are used, and it is common to also use the term ‘Indigenous’ when talking about the general Indigenous Australian population (but remember that these terms are not universally accepted in Australia). Not all Indigenous Peoples in Australia are either Aboriginal or Torres Strait Islanders. For example, there are people known as Kanakas who are the descendants of people forcibly brought to Australia in a shameful process known as ‘blackbirding’—which was basically akin to what happened to people from Africa who were forcibly enslaved. People from various Pacific Islands like Vanuatu were tricked or coerced onto ships and brought to Queensland to work as ‘indentured servants’ in the sugar cane industry. It is believed there may be as many as 20,000 descendants living in Queensland today.

Reading

See the ABC news website for an article from 16 August 2013: ‘Calls for an official apology over ‘blackbirding’ trade on 150th anniversary’: <http://www.abc.net.au/news/2013-08-14/an-blackbirding-special/4887692>.

In Canada, the Indigenous Peoples are also referred to as ‘Aboriginal’, but the main groupings are First Nations (or First Peoples), Inuit, and Metis. Again, there are many subgroups and nations, communities, or tribes. In the U.S., the Indigenous Peoples are often referred to as ‘Indians’ or ‘American Indians’ or ‘Native Americans’, though some of these terms can be contentious due to their history. When the

first explorers went to *Great Turtle Island* what is now the U.S., they thought that they were at the Indian subcontinent and so called the people ‘Indians’. For that reason, some people prefer to use ‘Native’ or ‘Native Americans’ to describe the Indigenous Peoples of the U.S. Note, however, that the term ‘Native’ may be seen as offensive in Australia or Aotearoa/New Zealand. The U.S., as a nation, includes the state of Alaska, in the far northwest of Canada. The Indigenous Peoples there are often referred to as ‘Alaska Native’ and are a good example of the previous discussion about imposed national boundaries overriding Indigenous boundaries. Overall, the populations are highly diverse, and people were often forced to live together on ‘reservations’. It was assumed that this would be appropriate, and this practice failed to recognize that maybe everyone who was being forced to live together wouldn’t get along. Overall, it is important to remember the diversity of Indigenous Peoples and to be respectful of how people choose to identify themselves, regardless of government-imposed labels or categories.

In New Zealand the concept of *ethnicity* is self-determined. That is, ethnicity relates to the cultural groups to which you consider yourself belonging. It is not determined by someone else. So someone may consider themselves to ethnically identify with a particular group, but not by descent or ancestry. This could arise, for example, through adoption, community involvement, or marriage. In contrast, the criteria for Indigenous identity in Australia is:

1. being of Aboriginal or Torres Strait Islander descent
2. self-identification as Aboriginal or Torres Strait Islander
3. being accepted as such by the community they live in or have lived in (ALRC, 2010a).

There are a few concerns with these criteria and the way that ‘ethnicity’ is measured in general in Australia. Ethnicity is not directly classified in the Australian census; rather, a range of variables can be used to imply ethnicity. These include country of birth, country of parents’ birth, language indicators (such as language spoken at home or proficiency in English), religious affiliation, and year of arrival in Australia. The most direct questions relating to ethnicity in the Australian census are, ‘what

is the person's ancestry' and, for Aboriginal and Torres Strait Islanders, 'is the person of Aboriginal or Torres Strait Islander origin?' As a comparison, in New Zealand, individuals are asked, 'what country were you born in?', 'which ethnic group do you belong to?', and a series of questions relating to Māori descent and tribal (*iwi*) affiliations and *iwi* area (*rohe*).

Critical Thinking

How can we learn from identity questions used in other countries?

How do these differing ways of measuring identity influence how we think about identity as a nation and what are the consequences of these differing ways of measuring identity?

Disease and Colonization

A common feature of colonization was that the colonizers often brought with them diseases that had devastating effects on Indigenous populations. Without ever having been exposed to these new diseases and with little immunity, it was not difficult for an illness that had moderate effects on the settlers to kill entire families and large numbers of Indigenous populations in whole communities. For example, in Canada, 'the Huron also lost over half of their population in a measles epidemic between 1634 and 1640' (Perry, 1996, p. 127). Other tribal groups, such as the Iroquois, were also affected. For a more malicious example, intentional attempts to infect Indigenous Peoples with deadly illnesses were seen at Fort Pitt when two blankets and a handkerchief infected with smallpox were 'gifted' to members of the Delaware who came to persuade the British to abandon their fort (Fenn, 2000).

The Most Recent Contacts

In Australia, there are Aboriginal people alive today who could tell you about when they first met the first 'white' people. Such recency of contact is unique to Australia as a developed country. For some Central Australian and Western Desert peoples, contact with these new people happened as recently as 1970. Indeed, the last remaining family group to enter settlements in the Western Desert came in the mid-1980s, not because they were 'lost' as the media portrayed them, but due to drought conditions and the fact that all their relatives had since moved into life in the settlements. Vast distances, lack of transport infrastructure (such as paved roads), and cost, means that life, particularly in remote desert communities, is very different from that in the coastal urban centers of Australia.

The relatively smaller land mass of Aotearoa/New Zealand means that distance did not present the same issues, although a different sort of challenging terrain has access implications. Canada, on the other hand, with an arctic and subarctic climate in the north and separation of land by water, presents yet other dynamics to the colonization of land and people. The very cold weather meant that only the most southern parts of Canada were useable for farming. Hence, the northern areas were of less interest to the British and others, so Indigenous Peoples in the northern areas were less or differently affected by colonizing efforts.

When we consider that for some people, 'contact' with white, western, European culture, either through the domination of land and people or enslavement, has occurred within living memory, the notions that 'it's all in the past' and that people need to 'just get over it' are seriously flawed and hurtful to those affected by such rapid change. From another perspective, the last survivor of the transatlantic 'slave trade', Matilda McCrear, died in just 1940 (Coughlan, 2020).

Population and Health Status of Indigenous Peoples in a Global context

Table 12.1 provides a comparison of the Indigenous populations and treaties in Australia, Canada, Aotearoa/New Zealand, and the U.S. There are always various limitations to the data used, especially when those data are being compared across many different countries. Even so, it is useful to attempt to make the comparisons. They show us how other countries collect and analyze data and give us ideas about how to improve our data (see AIHW, 2011).

Overall, Table 12.1 shows that, in numbers, the Indigenous population in the U.S. is the largest, followed by Canada, and Australia's Indigenous population is not much smaller than Aotearoa/New Zealand's. As a percentage of the country's total population, however, we see that Aotearoa/New Zealand has the highest proportion of Indigenous Peoples (16%), followed by Canada (4.9%), then Australia (3.3%) and the U.S. (2.0%). Most of the countries described have between two and four official Indigenous population groupings, although the category of 'Māori' is used in Aotearoa/New Zealand. However, as discussed previously, there is much diversity in the Indigenous groups in each of these countries and these categories often do not adequately reflect that diversity. Table 12.1 also shows that Australia is the only country that does not have a treaty with the Indigenous Peoples. Indeed, this is often cited as a major failure of Australia and a major contributor to the overall poor health and social status of Indigenous Australians today.

Can We Fix Our Problems by Doing What Others Do?

It can be very useful to see what other countries are doing in terms of Indigenous issues or Indigenous health in particular. However, we must be very mindful of how 'transplanting' programs, ideas, or approaches can potentially serve to undermine local Indigenous knowledge, ideas, and capacity. On the other hand, it can be useful to look at programs,

ideas, and policies from other locations and countries. Doing so can save time and effort—we do not always need to ‘reinvent the wheel’. Overall, it is essential that programs or approaches be developed in consultation and true partnership and participation with the people involved or those who will be affected by whatever is being proposed. Ideas from other countries might help to serve as a basis for discussion, but these can then be adapted or modified to suit the purposes, issues, or unique social and cultural dynamics of the particular group involved. Within the U.S., a program or policy may be developed in one state or with one community, but it may not necessarily work, or be appropriate, in another state or with another community. Cultural safety, for example, cannot simply be transplanted to the U.S. setting without consideration of some key differences in history, experiences of colonization, demography, geography, politics, and cultures.

Decolonization and Health and Human Service Professionals

If we accept that ‘colonization’ is much more than moving in and setting up a place to live, that it involves a gradual and often subtle erosion of people’s lives, then ‘*decolonization*’ necessarily involves more than just land rights and politics. Colonization is often seen as the *direct* cause of the health and social conditions affecting Indigenous Peoples globally, which is why it is so important that *decolonization* is essential to solving health and social problems (Edwards & Taylor, 2008). *Decolonization* has been defined as ‘the intelligent, calculated, and active resistance to the forces of colonialism that perpetuate the subjugation and/or exploitation of our minds, bodies, and lands, and it is engaged for the ultimate purpose of overturning the colonial structure and realizing Indigenous liberation’ (Wilson & Yellow Bird, 2005, p. 2). From Aotearoa/New Zealand, decolonization has been discussed as below:

The processes of decolonisation are not universal. Where there are clearly commonalities, there are also specifics that need to be identified as a part of the overall decolonisation agenda. Our colonial experience has been

one of denial. Denial of our reo [language], denial of our tikanga [cultural practices], denial of our whenua [land], denial of our taonga [treasures], denial of our whakapapa [genealogy]. Colonial forces have attempted to deny us all of those things that contribute to our notions of who we are and where we fit in the world. The ways in which these attempts were made varied dependent on context and location, as such the effects have been diverse and multilayered. Decolonisation then includes a peeling back of the layers. Layer by layer. Constantly reflecting on what we find (Pihama Pihama, 2001, *sic*).

Decolonizing is an important process for everyone. Decolonizing practice for health and human services professionals includes practicing the many concepts that have been discussed throughout this text. It is about not disempowering, diminishing, or demeaning those in your care or those with whom you work. It is about being regardful of the history that has affected people and not perpetuating the damaging colonizing efforts. Being respectful and encouraging people's use of their own languages and not denying them their right to speak their own language is also part of 'decolonizing' your practice. Challenging the hierarchical nature of healthcare practice and services even helps to decolonize health services and practice.

Critical Thinking

Read the passage below. It was written about the Aboriginal situation in Canada but may well have been written about the U.S., Australia or Aotearoa/New Zealand or many other colonized countries. Consider how misunderstandings in healthcare or human services still happen today. Fundamental misunderstandings, as illustrated in the below passage, could easily be replicated in a health situation today—for example, when there is not a shared understanding of illness or treatment.

Although from the government's perspective, treaties had become a matter of extinguishing indigenous claims, in the view of many indigenous people, the treaties continued to be agreements establishing formal relationships with the government. In many cases, indigenous groups interpreted them as promises of friendship or protection from further encroachment.

Although indigenous peoples had no doubts about their inherent rights to the territories under agreement, they generally did not share European concepts of absolute ownership. Many had long-established views of group territory, but usually these involved communal or conventionally agreed-upon access to natural resources. The idea of selling lands as if they were private property made little sense to them. In most cases, it seems, they saw treaties as devices for establishing relationships between people rather than between people and land.

Many viewed the treaty process in terms of social or political agreements rather than economic transactions, as agreements to allow others to use the land they had occupied. But they did not necessarily accept the interpretation that they, themselves, could not continue to hunt there or use it in other ways. They tended to interpret the payments they received as ‘presents’ or gifts, tokens of agreement—that is, expressions of social ties—rather than as compensation for relinquishing their lands to others forever [sic] (Perry, 1996, p. 134).

Activity

- Discuss any differences in the experiences, responses, or consequences of colonization.
- What difference, if any, have treaties made to the health and well-being of Indigenous Peoples? What is your view on treaties with Indigenous Peoples in the U.S.?
- Define and describe what might be required of health or human services professionals in undertaking a process of decolonization as required by the cultural safety proponents. What might this mean in a day-to-day practice sense?

Conclusion

We have discussed the histories and the health statuses of Indigenous Peoples in the U.S., Canada, Aotearoa/New Zealand, and Australia. We have discussed similarities and differences, but overall, explored the detrimental effects of colonizing histories. We can see that the strategies of colonization have resulted in similar detrimental health outcomes in countries geographically separated.

Overall, we have seen a number of similarities and differences between the colonizing histories of Australia, the U.S., Canada, and Aotearoa/New Zealand. Acknowledging these colonizing histories and how these histories continue to harm health and well-being today is one step toward healing and safety for everyone.

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