17/9/88
memo to Clinical Dean
Garry Glasgow
for Dean's response to letter
from Dr Beckett Superintendent
AR Hosp.

MEMORANDUM ON TEACHING ABOUT RACISM

I believe that such teaching should be an important part of preparing our graduates to practice. I see it is part of the cultural competence which determines the how effectively they can employ the clinical competence on which we expend our efforts.

There is currently no anti-racism education in the Auckland Medical School. In the following sections I will outline what is done and why that falls short of anti-racism education.

DEFINITION

Racism is not, despite the incorrect common usage, the same as prejudice. Nor does it refer to situations, events or people that are identified by race.

Internationally there exist two definitions of racism the first refers primarily to an orientation; eg Banton (The concept of racism, 1970. Cited in Reeves, British Racial Discourse, 1983):

> "... the doctrine that a man's (sic) behaviour is determined by stable inherited characters deriving from separate racial stocks having distinctive attributes and usually considered to stand to one another in relations of superiority and inferiority."

The alternative definition, which is more correctly referred to as Institutional Racism, refers to the processes by which the dominant racial group maintains its privilege. The definition of institutional racism originates with the Kerner Commission (US National Commission on Civil Disorders, 1968). This recognises the existence of a dominant group, the organisation of social institutions in ways that are culturally approriate to that group which thereby maintains its dominance and the perception that they and "their ways" are correct and superior to any alternatives. This understanding has been the foundation of the earliest anti-racism work, including education, in this country.

The Statement About Racism used by the Programme On Racism of the Conference of Churches of Aotearoa (NZ) combines the key features of these two definitions:

> Racism exists when the dominant racial/cultural group ASSUMES that its life-styles and its social/political/economic goals are more important than, or superior to those of others
> AND
> Because it has set up and maintains the institutions is able to require others to conform.

The definitions agree that racism is a cultural phenomenon. Culture here being understood to include both the values/beliefs of a people and the social organisation and systems which they develop that embody those values/beliefs. For the dominant group its culture is enshrined in the institutions, systems and mores of the society; all other groups have to cope with that culture which may be in substantial conflict with their own culture.

REQUIREMENTS FOR EFFECTIVE ANTI-RACISM EDUCATION

It must involve the participants in understanding both the cultural foundations of racism and its systemic expression. To be more specific; anti-racism education for medical practitioners includes the following elements:

1. Understanding of culture as defined above. This involves members

of the dominant group identifying their culture which is embodied in our social institutions.

2. Cultural understanding of health and illness. The dominant understanding must be explored alongside those of other groups.

3. Study of how the dominant culture is embodied in their training and the current practices by which the health services operate.

4. The impact of the institutional practices on members of non-dominant cultural groups.

Because racism is systemic it affects everything; curriculum, teaching methods, assessment criteria, administration etc. So a further requirement for the Medical School would be that the education begin with the staff so that students do not see racism merely as an isolated course or session. There would then be changes required to create a system that was no longer mono-cultural.

TEACHING AT AUCKLAND MEDICAL SCHOOL

In terms of the four elements of effective anti-racism education we can say that the course on culture (Community Health component of paper 60.108 and limited number of specific sessions in Behavioural Science 60.208 and 60.308) does address the first two requirements with increasing effectiveness. There are lectures in which terms are defined, the dominant culture examined and a comparison between it and Maori culture with respect to important social occasions. Students are expected to examine and discuss their home culture, its overlap with schools and tp paticipate in a two-day marae visit where the education is in Maori hands. It also includes definition of terms like prejudice, stereotyping, racism to clarify discussions but no more than that.

The seminar in the clinical years, along with some teaching in Behavioural Science 60.208 allowed students to learn of the effect of the present system of health care delivery on Maori and other Polynesian peoples. This continues to of great concern to those peoples but is not always allocated scheduled time.

The analysis of the current system has not been attempted, in recent years, as the medical school timetable does not provide the necessary two-day time slots that are used in this type of anti-racism education. Those community groups, such as New Perspectives on Race and The Programme On Racism of the Conference of Churches of Aotearoa, which provide such courses have found that such learning requires willing participants, a sufficient amount of time (2 days is the currently accepted minimum), adequate staffing and usually no more than 25 participants per working group. These requirements arise because of the emotional issues raised for members of the dominant group as they come to recognise the effect of their social institutions on others. Unless those issues are worked through the participant(s) will probably withdraw from the process, physically or emotionally, and become more obdurate in their personal approach to issues of race. As staff in Behavioural Science and Community Health recognise these limitations they have not attempted to address this aspect of racism except as it is required to handle issues raised in the culture programme or other parts of the course.

When the school does make a commitment to anti-racism training it will signal this to aspiring students so they make an informed commitment to participate in such training as part of the medical education.

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