Chapter 2

The Culture of White Anti-racism

The one thing that most people who work in Indigenous affairs can agree on is that Aboriginal people are, in general, different from non-Aboriginal people. They have a different history. They have a different culture. Some, especially in the north and the centre of the country, have a different language. They have different family structures, different expectations, different communication styles, and different social worlds.

But what kind of difference is this? The particular way that we think of Aboriginal difference has a major impact on how we try to address Indigenous disadvantage. Past ideas of difference, when mainstream Western science saw Aboriginal people as the bottom rung of the human species – barely human at all – have become a source of shame for many Australians (see Stocking 1968; Stepan 1982; McGregor 1997). Equally, many of us would disagree with the idea that Aboriginal people are no different from the rest of us. Dominant concepts of Aboriginal difference lie somewhere between absolute difference and absolute sameness.

My approach to this question draws from my analysis of non-Indigenous people who seek to address Indigenous disadvantage. For some decades, scholars of Indigenous Australia have recognised how Indigenous and White society are interdependent social worlds. More than that, each only makes sense in terms of the other (Merlan 2006). But the recognition that to understand indigeneity we must understand whiteness, and vice versa, is not reflected in what scholars study and write about. While a number of studies of Indigenous Australia mention in passing the White

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people within their purview, there has been very little dedicated study of the non-Indigenous half of the intercultural field. (This reflects, at least in part, the methodological and ethical challenges I discussed in the previous chapter.)

This study is one of the few exceptions.[1] My research on White, left-wing, middle-class professional people who work in Indigenous health offers an opportunity to understand the kind of 'different' that Aboriginal people are, as seen by the bureaucratic and programme machinery that is designed to help them. If we think of the full scope of Indigenous difference as 'everything that Indigenous people do', the way that Indigenous difference is thought of by the state and the broader society will always be an incomplete picture, a particular viewpoint with some aspects kept out of the frame. Indigenous difference is made intelligible to White anti-racists through the concept of 'remediable difference': a difference that can be improved. Remediable difference is a useful concept for explaining the culture of White anti-racism. This chapter outlines my account of remediable difference as a particular form of difference that acts to manage a tension inherent to progressive constructions of Indigenous disadvantage.

In the Preface I described my move from Melbourne to Darwin at the end of 2000. I aimed to combine my medical training with my political beliefs to help to redress the harm that Indigenous people have suffered under European colonisation. After a few years working in Indigenous public health and clinical medicine, I began to have doubts about the whole system. I could see how the health care and research bureaucracy were trying to change in order to hear Indigenous voices and give Indigenous people more power, through mechanisms like employing Indigenous people and supporting their professional development, having Indigenous reference groups for research projects, cultural awareness training and so on, but it rarely seemed to have the desired effect. Lots of other people that I worked with seemed frustrated with the system too. Publicly many people would say that the bureaucracies were not doing enough to change, or that non-Indigenous people were not sharing power effectively. Privately, people might say that they were disillusioned or cynical about the ability of White people to have a positive impact on Indigenous health at all.

Gradually, I began to see this as an anthropological problem. I began asking the question: what does it mean for a group of well-meaning, White, left-wing, middle-class people to leave their metropolitan homes to come to the north of Australia and try to empower a group of Indigenous people to take action to improve their own health outcomes? How do we understand this particular mix of people and beliefs? I thought

about this in historical perspective, in the context of the post-1970s Indigenous rights movement that many of us are directly influenced by, and the longer history of White people trying to help Indigenous people. Soon enough, I was studying my own tribe.

In studying this tribe, I was trying to understand their subjectivity. In my usage, this term means something broader than what is generally understood by the more common term 'identity'.[2] An identity is a type of person or an aspect of being a person that people can identify with or be identified with, such as woman, White person, mountain climber, violinist, injecting drug user, and so on. Subjectivity is the sum of all the knowledge, beliefs, actions and technologies that make it possible to have a particular identity. To take an example, the subjectivity of a 'mountain climber' is the product of the concept of leisure, middle-class affluence, discourses of White masculinity and environmentalism, and the magazines, websites and films that form a mountain climbing subculture. All of these things produce the subjectivity of the mountain climber.

The subjectivity that I was interested in was that of 'White anti-racists'. This term needs explaining. As mentioned in the Introduction, I use it as shorthand for non-Indigenous, left-wing, middle-class professionals who work in Indigenous affairs. I use the word 'White' because most people in this group are visibly white, and because White refers to the dominant culture that all people in this group are part of and feel comfortable in, even if they do not have white skin themselves.[3] The second half of the term – 'anti-racist' – refers to someone who defines him or herself as that, or as 'not racist'. It is not an objective label but a self-identified one (although in the next chapter I examine the empirical evidence for the social groups I term 'progressives' and 'anti-racists'). I am not interested in judging whether particular people are 'actually' racist or not. Rather, I am interested in what it means for someone to think of him or herself as anti-racist, as many people interested in Indigenous affairs do (me included).

Just like the subjectivity of the mountain climber, the subjectivity of White anti-racists can be broken down into its constituent parts. I was working and living in an environment where there were lots of White anti-racist people working with Indigenous people, in health, education, the environment, law, music, and many other areas. Although we were a diverse group, we shared common beliefs and ideals. My task was to understand all the aspects that produced the subjectivity we all identified with (but usually could not name).

An important part of understanding White anti-racists was unpacking the knowledge system that underpins this subjectivity. We all have belief systems that help us to make sense of the world we live in. If you are a Christian, you might believe that good deeds will be rewarded with

a place in heaven after death. If you are a neoliberal, you might believe that the free market is the best way to provide the needs of the populace. White anti-racists have a certain understanding of Indigenous disadvantage, its causes and its cures, which differ from say, the understanding of Andrew Bolt (radio broadcaster, television presenter and blogger) or Alan Jones (radio broadcaster), the two most prominent figures in the conservative public sphere. What do White anti-racists believe in? How is this knowledge about Indigenous people structured; what is left in, and what is left out?

The knowledge that White anti-racist people have about Indigenous disadvantage is the set of beliefs usually associated with the 'self-determination' era. It includes beliefs that Indigenous people are the first peoples of Australia; that their culture has been maintained for thousands of years, perhaps the 'oldest' culture in the world; that they have a special relationship to country and a complex social system; that their culture is in some ways superior to Western culture (for example, in the way they live 'in harmony' with the land); that their culture has been severely decimated by colonisation; that their current problems stem from dispossession, displacement, racism and intergenerational trauma; that the Australian people and Australian governments must accept responsibility for the injury inflicted on people and culture, and should invest more resources in Indigenous programmes. Self-determination is central to this knowledge: a belief that Indigenous people must be in control of efforts to improve their lives, but non-Indigenous people must be available to provide adequate support. This set of ideas represents the dominant belief system among progressive Australians from around the early 1970s.[4]

As a white Indigenous solidarity activist, public health researcher, and in various other White anti-racist roles I have inhabited, I have participated in producing and reproducing this set of beliefs. Now, as an anthropologist of anti-racist White people, I examine it as an object of study. Understanding this set of beliefs is a key way to understand the subjectivity of White anti-racists. (While this chapter focuses on beliefs, elsewhere in the book I discuss the actions of White anti-racists, such as 'performances' – chapters 3 and 5; 'speech acts' – Chapter 4; and behaviours to manage 'white stigma' – Chapter 6.)

In many ways, all knowledge about Indigenous people is a meditation on equality and difference. How different they are from us, and how equal they should be, are two questions that dominate or linger on the margins of every speech, tearoom chat, online forum and dinner party conversation about Indigenous issues. Beliefs about Indigenous disadvantage can be seen as attempts to solve the central dilemma of Indigenous affairs: the tension between equality and difference.

Right-wing commentators might resolve this tension by arguing that Indigenous people are inherently different from non-Indigenous people (whether this difference is seen as genetic or the result of welfare dependency) and will never be equal. White anti-racist beliefs resolve this tension differently, by arguing that Indigenous people are culturally different, and equality can be achieved if this difference is taken into account. This latter argument draws on a specific construction of Indigenous difference: 'remediable difference', defined as a difference that can be improved.[5]

This construction of Indigenous difference serves many White anti-racists well. For others, exposure to a more extreme form of difference that I call 'radical difference' destabilises remediable difference and makes it untenable.[6] This chapter will explain the concepts of remediable difference and radical difference and show that they account for the beliefs of White anti-racists and the broader project of Indigenous improvement in post-settler colonial Australia. Before we get to that part of the story, I first dwell on how equality and difference are understood by White anti-racists.

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In recent years, 'closing the gap' has become the virtual slogan of Indigenous affairs. It seems straightforward that we would measure certain outcomes like life expectancy, employment, and home ownership, graph them, and do all we can to close the gap. But the imperative to do this draws on a historically and culturally specific set of beliefs and norms largely described through the concept of liberalism, the school of political thought born in seventeenth-century Europe that takes freedom and happiness as its goals. In liberal theorist John Grey's account, the central tenets of liberalism are individualism, equality, a universal sense of morality (of right and wrong), and a sense that our lives can be improved through good government.[7] Western democracies are all liberal in the sense that they broadly believe that individuals should all be supported to fulfil their life goals to the best of their ability.

In the context of Indigenous disadvantage, liberalism emphasises the rights of Indigenous people to standards of living equal to those of non-Indigenous people, and the responsibilities of the state to effect this improvement. Liberalism underlies the belief that the lives of Indigenous people, so badly affected by colonisation, can be improved through reasoned intervention. It entails a set of assumptions about what a 'good' life requires, such as functional housing, Western education, employment opportunities, and freedom from addiction and illness. The idea of 'inequality' is central to the expression of liberalism. We produce a myriad of statistics about those things we consider to constitute a good life, and

we strive to equalise the outcomes for non-Indigenous and Indigenous people, to make the lines on the graph converge. If one image could sum up the work of equality within the belief system of White anti-racists, it would look something like this.

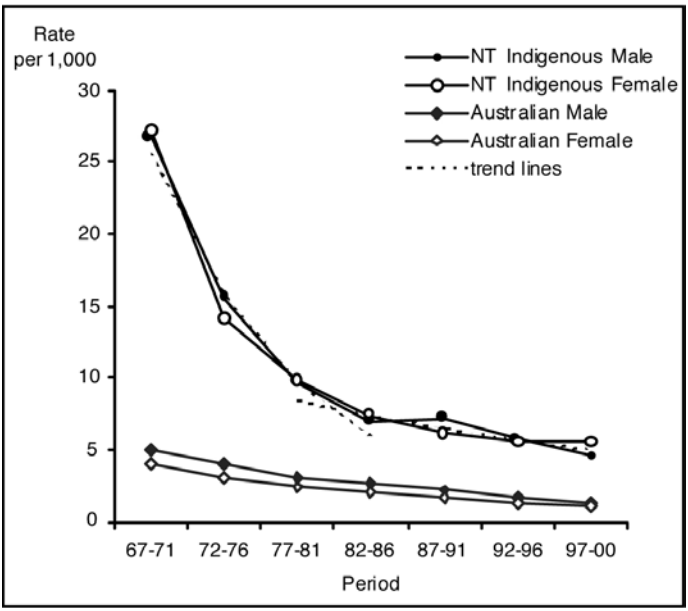

Figure 1.1 Mortality trends for Indigenous 0–4-year-olds, 1967–2000 in the Northern Territory.

Source: Condon et al. 2004. Used with kind permission of the authors.

Remedialism is a powerful force driving White anti-racist beliefs. But an adequate explanation requires something more. Equality explains why we want to help those less fortunate people in our society, but it does not explain why we identify a particular disadvantaged group such as 'Indigenous people', rather than, say, homeless people, the mentally ill, or the colour-blind, all groups that might also have gaps that we could measure and try to close. Neither does remedialism explain the belief that Indigenous people themselves need to be in charge of efforts to address inequality.

What distinguishes White anti-racist beliefs from other forms of liberalism is the importance of difference. The idea that Indigenous people are different – whether this difference is thought to be grounded in culture, social exclusion, or something else – is central to how Indigenous disadvantage is understood within the dominant society, and by White anti-racists in particular.

The idea of 'Orientalism' is a useful way to think about how difference works within White anti-racist beliefs. This term originally meant 'the study of the East' (though often referring to practically everything outside Europe), but in the last decades it has taken on a different meaning through the work of Palestinian theorist Edward Said and other postcolonial scholars. Said argued that the Western scholarly work on 'the Orient' actually functioned something like a reverse mirror. Rather than seeing the Orient with a genuine clarity, the Western scholar projected onto the Orient everything that Europe was not (backward, dirty, immoral), so that the West could be reassured of what they were (civilised, clean, virtuous). The Orient was 'essentialised', that is, reduced to a number of characteristics that supposedly contained the 'essence' of the Orient (Said 1978).

In the case of Indigenous people, past essentialist accounts have represented them, for example, as primitive and barbaric 'stone-age' people of low intelligence, an anachronistic remnant of European man's own past. This depiction functioned to reinforce notions of the European as the pinnacle of human progress and rationality. These images of the West that always accompany Orientalism (usually implicitly) have been called Occidentalism (Carrier 1995). Orientalism and Occidentalism are more than 'just' images and words. They are powerful discourses that have underpinned Western colonisation. The meanings they create and reflect facilitated the European occupation of Australia and the principle of *terra nullius*. Most Europeans assumed that such a 'primitive' people who did not make permanent settlements could not have a sense of ownership at all, let alone a complex system of land ownership. This kind of Orientalism is marginalised today and unequivocally labelled as racist in the public sphere, although it survives in many pockets of Australia (and is particularly evident in the Comments sections of certain media websites and blogs).

Another thread of 'essentialist' depictions of Indigenous people sees them in a more positive light. These are the images we so often see associated with 'feel-good' stories in the media: dark-skinned Indigenous people who enjoy a deep spiritual connection with the natural world. For clarity, I refer to this form of Orientalism as 'positive Orientalism' and the denigrating form as 'negative Orientalism'. Just as negative Orientalism has a (usually implicit) counterpart in positive depictions of the West, positive Orientalism has a double in negative depictions of the West. For example, the spiritual well-being of Indigenous people is invoked to suggest the spiritual poverty of Western lifestyles. In calling this 'positive', I do not mean to imply that I think positive Orientalism is a good thing. This simple inversion of negative Orientalism, valorising all things Indigenous and rebuking all things Western, is as inaccurate as its opposite.

Positive and negative Orientalism map onto two forms of Indigenous difference I call 'sanitised' and 'unsanitised'.[8] Sanitised difference is those differences generally perceived as 'good' by White anti-racists (along with many other Australians who are not invested in an anti-racist identity): kinship, hunting skills, language, art, living on breathtaking outstations, unspoiled beaches and billabongs teeming with wildlife. The 'unsanitised' differences of Indigenous social life are those aspects that most anti-racists view as 'bad' or, at the very least, problematic: massive overcrowding, vandalised houses, dirty or broken toilets causing constant illnesses, children not attending school, eating fried food and drinking coke from the take away for most meals, or gambling away welfare money while children go hungry – not to mention the darkest aspects of unsanitised social life in many communities: substance abuse, domestic violence and child abuse.[9]

These divisions between the delightful, the unfortunate, and the abhorrent may seem self-evident to liberal readers. Of course, detailed knowledge about the country and its flora and fauna integrated into a glorious cosmology is a 'good' thing; and of course, having children kept up by their relatives' noisy drunken fights night after night is a 'bad' thing. As mentioned in Chapter 1, engaging with the arguments presented here requires a suspension of belief. Let us assume a null anthropological hypothesis: that culture is what people do, full stop. Let us assume that any categories we impose on what people do (such as moral and immoral) achieve some end.[10] Often this 'end' is an extremely good idea, such as imposing law and order sufficient to make a community liveable. But the divisions that progressive logic read into Indigenous lifeworlds perform other functions, namely, expressing White anti-racist beliefs and maintaining the viability of White anti-racist subjectivities.

The distinction between sanitised and unsanitised difference reflects the moral sensibilities of White anti-racists.[11] As I will illustrate, sanitised difference corresponds to the territory of remediable difference, and unsanitised difference maps onto radical difference. White anti-racist beliefs about Indigenous disadvantage hinge on the assumption that 'closing the gap' acts to erase unsanitised difference and preserve sanitised difference. This division is central to remediable difference. We will see how the preservation of sanitised difference manages the tension between remedialism and Orientalism, promising that the imagined future of statistical equality will produce recognisably Indigenous subjects.

Although the term 'Orientalism' can be taken as an accusation of wrongdoing or even racism, I do not use it in this way. By drawing on this concept to explore the role of difference in White anti-racist beliefs, I do not mean to imply that White anti-racists are, in fact, racists. Rather, I mean to point to the drawbacks of designating one group as 'different'

from another group, especially when these two groups are viewed as not just different from each other, but opposed to one another by definition – in this case, as Indigenous and non-Indigenous. Once we define two groups in this way, it is almost impossible not to essentialise these groups in relation to one another, whether these assumptions are in the form of 'Western, good – Indigenous, bad', or 'Indigenous, good – Western, bad'. Scholars such as Charles Taylor, Elizabeth Povinelli and Wendy Brown have, in different ways, questioned the limits of a politics based on protecting or repairing a culture defined in opposition to the dominant society (see, for example, Taylor 1994; Brown 1995; and Povinelli 2002b). Their varying approaches are collected under the banner of the 'politics of difference' or the 'politics of recognition' (for more on this, see Chapter 5). I will return to the limits of difference below.

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I have argued that the beliefs of White anti-racists are underpinned by the idea that Indigenous people are distinctively different from White people (difference), and the idea that White people have both the ability and an obligation to improve the lives of Indigenous people (equality). A closer examination of these ideas reveals the potential for tension between them. If Indigenous people are completely different from non-Indigenous people, then how can we be sure all of them want to be equal to us, or that equality means the same thing to them as it does to us? Can inequality be a chosen expression of difference in some circumstances? If some aspects of Indigenous distinctiveness are related to inequality, then when we close the gap and make Indigenous people statistically equal to non-Indigenous people, could we be making them less Indigenous?[12]

Many non-Indigenous people who work in Indigenous affairs have grappled with these questions. Others find such questions are puzzling, preposterous, or even racist. I interpret the former questioning group as those White anti-racists for whom remediable difference is failing in the face of radical difference. For the latter unquestioning group, remediable difference is functioning perfectly well.

For the White anti-racists I studied who worked with Indigenous communities in the Northern Territory, these unsettling questions almost inevitably made their way into conversations between colleagues and friends, over coffees, during long bush drives, or over beers on back verandahs. The conversations these questions provoke eroded remediable difference and the broader belief system it supports.

Recall that I define 'remediable difference' as 'a difference that can be brought into the norm'. Remediable difference means that Indigenous people are different to 'us' – to non-Indigenous people – but not so

different that they are beyond the reach of our interventions. To explain the failure of remediable difference, I will take a close look at one common White anti-racist belief about Indigenous health: what I call the 'information deficit model'.

The 'information deficit model' is the idea that Indigenous people are unhealthy because they lack correct health information. According to this model, if they were provided with good health information in a linguistically and culturally accessible manner, they would take their medicines, stop smoking, eat nutritious food, send their children to school, and perform any of the other personal and social tasks required to 'close the gap'.

This model of health behaviour has been criticised in the mainstream context (see, for example, Lupton 1995), but it survives quite well in the mainstream and particularly in Indigenous health. An important example in Indigenous health is the book *Djambatj Mala: Why Warriors Lie Down and Die*, published in 2000. The author is Richard Trudgen, a mechanic turned successful cross-cultural consultant for Aboriginal Resource and Development Services (ARDS), a Christian organisation based in Arnhem Land.

In one part of the book, Trudgen tells the story of David, a man who was told by doctors for thirteen years that his kidneys were failing because of diabetes, and that he should eat a diet low in sugar and salt and give up smoking. He had not acted on any of this advice, and he was soon to be forced to move from his community into Darwin to receive renal dialysis. But this changed when Trudgen acted as an interpreter during a twenty-minute consultation with a doctor. David had a 'very good knowledge of English' and had travelled widely as a national Indigenous leader. But his 'different world view' meant that he did not understand the Western concepts he had been hearing for years until Trudgen explained them to him using metaphors he understood, like comparing kidney function to an engine filter. Once Trudgen had properly explained to him why he should stop smoking and restrict his sugar and salt intake, he immediately did so, and his health dramatically improved (Trudgen 2000: 98–101).

This story had a strong impact on me when I first read it, soon after moving to Darwin, and others I have known had similar reactions. It made so much sense that Indigenous people would stop smoking and eat the right foods if they truly knew what the consequences were. I now understand the appeal of this story as 'remediable difference': a difference that will respond to reasoned intervention. In this case, David's apparent inability to follow dietary advice that would greatly benefit him was remedied by Trudgen's linguistic intervention. After some years working in the field I began to doubt the logic of this story, and I will talk about

the unravelling of White anti-racist beliefs below. But for now, this story should be read as an example of this belief system.

At this point, some readers may be wondering why I am making such a big deal of this information deficit model. Surely it is reasonable to say that Indigenous people from remote communities lack Western health information, given their isolation from mass communication, poor literacy, and culturally distinct health beliefs. And surely it is reasonable to think this is a major reason why they smoke more, drink harmfully more, and are more likely to be obese (Australian Bureau of Statistics 2006).

For the purposes of destabilising this view, I draw on a study into health promotion in remote Northern Territory communities. It should be remembered that it is very likely that Indigenous people lack some health knowledge, and that health information is both important and useful. My goal is not to vilify the field of health promotion, but to illustrate how and why remediable difference is so appealing to White anti-racists.

So, is Indigenous ill health due to a lack of knowledge about their health problems? One answer to this is provided in research on smoking. A study of six remote Northern Territory communities asked residents in 1999 whether they believed that smoking causes lung cancer and/or heart disease: 85 per cent believed that lung cancer is linked to tobacco use, and 82 per cent that heart disease is linked to it. In contrast, data collected at around the same time from the general Australian population indicated that only 60 per cent believed smoking causes lung cancer and only 32 per cent believed it causes heart disease. But this higher level of knowledge was not reflected in lower rates of smoking: 68 per cent of Indigenous people in these NT communities smoked, in contrast to 24 per cent of all Australians at that time; and knowing the dangers of smoking did not mean people were more likely to give it up (Trotter 1997; Australian Bureau of Statistics 2001, 2003; Ivers et al. 2006).

There are a multitude of reasons why Indigenous people might smoke at higher levels than non-Indigenous people, some of which were cited in the article that reported on this study, but a lack of health information does not appear to be one of them. According to this study and others, Indigenous people in these remote communities are *more* informed than other Australians about the dangers of smoking. Yet they are nearly three times more likely to smoke.

I rehearse this example to make the point that the idea that Indigenous people know better than the general population that smoking is bad for you, but smoke anyway, makes many White anti-racist people feel uncomfortable. This knowledge contradicts the 'information deficit model' and it goes against remediable difference. But why do White anti-racist beliefs,

including the information deficit model, appeal to us so much that their contradiction causes unease?

This is because the information deficit model means that White anti-racists do not have to change Indigenous people. All we need to do is provide information in an appropriately modified fashion, and Indigenous people will change themselves. This is remediable difference – Indigenous people are different, but they will respond to health interventions in the same way that anyone would, providing their cultural difference is taken into account. There are two distinct aspects of this appeal. The information deficit model (among other aspects of White anti-racist beliefs) implies that, first, we are not actually changing Indigenous people when we try to make them healthier, and second, they do not need to be changed. The distinction I am making between these two statements needs explaining. As we will see, these statements act to preserve the moral status of White anti-racists and Indigenous people, respectively.

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The information deficit model is one example of a larger category of causes of Indigenous disadvantage. This larger category is 'structure', a concept that social theorists oppose to 'agency'.[13] Structure describes the way that our choices are shaped. Where and how we were brought up, our level of education, our gender, race and ethnicity, our sexuality, our first language, and many other factors all have a strong effect on whether we choose to finish school, to have children and at what age, to use condoms, to smoke, to exercise, or to get up in the morning at all. Agency describes what we do with the hand that life has dealt us. We all know a family where the siblings have had similar life chances – similar structural determinants – but things end up very differently for them. Within disadvantaged families, some children succeed in education and employment and eschew drugs despite the odds against them; within privileged families, some descend into substance abuse and unemployment despite the opportunities available. Every life choice that every person makes is some mix of structural and agential forces. Structural factors greatly influence what choices are available, but there is always an element, a moment of choice, that remains. This basic formula applies to Indigenous people no less than other Australians.

When a White anti-racist feels uncomfortable about the idea that Indigenous people might smoke despite knowing better than other Australians that it is bad for you, they are uncomfortable that Indigenous agency might play a role in ill health. White anti-racist beliefs about Indigenous people assume instead that Indigenous disadvantage is wholly due to structural factors. I (with co-author Yin Paradies) have called this

phenomenon 'overstructuration'. Overstructuration is the tendency to downplay agential explanations and highlight structural explanations for any given situation.[14]

My research at the Institute involved running a workshop for health professionals that aimed to teach critical analysis and introduce anthropological, sociological and psychological theories that help to understand Indigenous disadvantage and the culture of Indigenous affairs. One section of the workshop vividly illustrates overstructuration.[15] Participants were divided into four groups, and each group was asked to consider one of four health problems that afflict Indigenous communities: diabetes and coronary heart disease; end-stage renal disease; poor housing and environmental health; and poor obstetric and infant outcomes.[16] Each group was asked to think of all the reasons that Indigenous Australians suffer these problems at higher rates than non-Indigenous Australians. Participants were specifically asked to include 'non-politically correct' (non-PC) reasons. 'Political correctness' was not formally defined. Participants were left to decide what they thought was politically correct and incorrect within their groups.

After generating many different reasons, the groups were asked to come together and arrange their reasons into categories of their choosing (reproduced in stylised form in Figure 1.2).

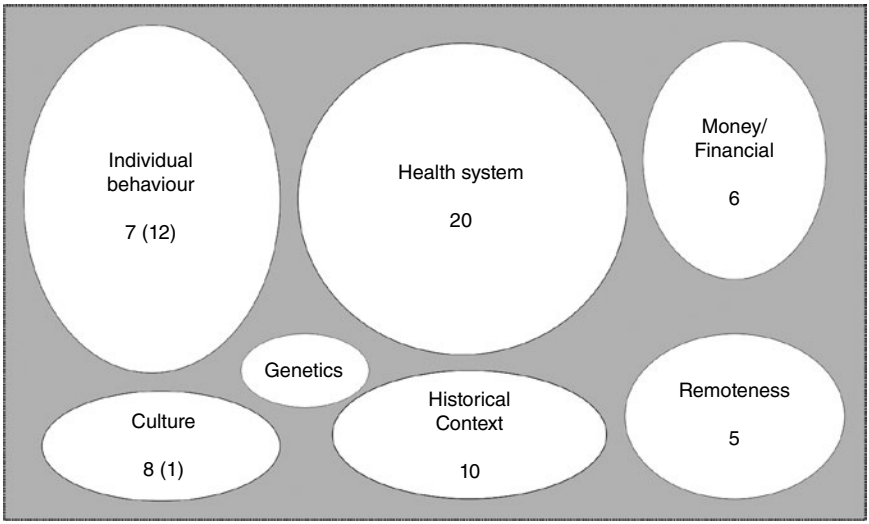

Figure 1.2 Schematic representation of explanations for ill health created by workshop participants (numbers of non-politically correct reasons are shown in brackets).

Source: Kowal and Paradies 2005. Used with permission.

Table 1.1 Reasons given for excess Indigenous ill health by category

Category	Number ('non-PC' subset)	Examples
Individual Behaviour	19 (12)	Having kids too young*, bad diet*, people just throw their rubbish everywhere*, want to share in a non-healthful behaviour identity (such as 'drinking culture')
Culture	9 (1)	Community dysfunction, different beliefs about health behaviour
Health System	20 (0)	Culturally inappropriate interventions, cycle of disadvantage, lack of interpreters, institutional racism
Historical Context	10 (0)	Past and present discrimination, forced changes in ways of living
Money/Financial	6 (0)	Poverty, welfare dependency
Remoteness	5 (0)	Expensive to provide care, problems with maintenance of health hardware
Genetics	1 (1)	Genetics

Source: Kowal and Paradies 2005. Used with permission.

Examples of reasons in each category are given in Table 1.1. Reasons that were identified as 'non-PC' are marked with an asterisk.

The results of this exercise illustrate the overstructuration inherent to White anti-racist beliefs. There was a clear tendency towards structural attributions for Indigenous ill health, including reasons grouped under the 'health system', 'historical context', 'money/financial', and 'remoteness' categories. Complementary to this, there was discomfort with explanations that stressed agency, demonstrated by the fact that nearly all the reasons identified as 'politically incorrect' were within the individual/behavioural category. That is, participants were more likely to blame the system, and were reluctant to nominate Indigenous people's choices or actions as a cause of their ill health.[17]

Let us consider how this idea of 'political correctness' functioned.[18] We did not define it, yet everyone knew what it was, and what it was not: all four groups came up with similar examples of political incorrectness. 'Political correctness' was acting as a placeholder for White anti-racist beliefs, the liberal values that are dominant within Indigenous health discourse: 'politically incorrect' reasons were those that contradicted these beliefs.[19] This exercise showed that White anti-racist beliefs are disturbed by Indigenous agency.

This disturbance is also illustrated by the reasons within the 'individual/behavioural' category that participants did *not* consider to be politically

incorrect. Terms like 'wanting to share in a non-healthful behaviour identity' (that is, wanting to be a 'smoker', 'drinker' or 'petrol sniffer') were necessary in order to speak of Indigenous agency in an acceptable way. This laborious phrase indicates the lengths to which White anti-racists must go in order to feel comfortable with the fact that Indigenous people may make morally unsound decisions, such as frequently drinking to excess.

It must be kept in mind that overstructuration is an anti-racist discourse. It is a response to 'victim-blaming', a term given to expressions of Indigenous agency that place the blame for Indigenous ill health entirely on the actions of Indigenous people. One victim-blamer disliked by many at the institute was the then federal health minister (currently prime minister) Tony Abbott, who commented in an interview that 'Aborigines would be healthier if they chose to eat better and exercise more' (Anonymous 2005). The article that takes this quote as a headline was prominently displayed on the doors of some institute offices as a protest at the racist ignorance of the federal government. At face value, the headline is banal health promotion orthodoxy – no one can deny nutrition and physical activity are key determinants of health. If the statement was made in relation to non-Indigenous people it would never justify the status of a headline. But in the context of Indigenous affairs, where overstructuration is central to anti-racist beliefs, any expression of Indigenous agency without substantial qualification is suspect.

I am not quibbling with the anti-racist intent or the anti-racist effect of overstructuration. The prefix 'over' in overstructuration does not imply that it is wrong to emphasise structure and downplay agency, but that it has origins and consequences that exceed the intent of the White anti-racists. 'Over' refers to the asymmetry of an argument that cannot comfortably accommodate Indigenous agency. This leads us to question what function this asymmetry performs within White anti-racist beliefs.

Overstructuration contributes to 'remediable difference' by locating 'the problem' externally to Indigenous people. Indigenous ill health becomes an unfortunate effect of circumstances ameliorable through external action. The Indigenous person burdened by these extenuating circumstances is understood as hypothetically healthy, *if only* the state had successfully educated them, helped them to find work, and provided them with suitable housing. The behaviours that affect health – smoking, eating and exercising – are constructed as a direct function of external factors. Indigenous agency is presumed to be a mirror image of White anti-racist agency, desiring the same things: a clean house populated with cooperative family members who attend school and work and provide a

steady income. This Indigenous agency is imagined to be like a jack-in-the-box, constrained only by structural forces, always ready to spring forth and climb the social ladder when those obstacles are finally removed. Remediable difference does not allow for any other form of Indigenous agency.

This discussion is not designed to flip things the other way: to convince you that Indigenous people do not want a better life, that Indigenous disadvantage is entirely the fault of Indigenous people and that no government programmes can ever help. Rather, I want to highlight, to make visible, the assumptions that White anti-racist beliefs are based on. The full spectrum of Indigenous social life cannot be admitted – only the part of it that is congruent with remediable difference.

White anti-racists will look for any structural reason available to explain Indigenous disadvantage. And clearly, there are plenty to choose from, not just lack of health information but lack of services and jobs, poor quality education, lack of affordable fresh food, institutional racism, transgenerational trauma, and dispossession. When we intervene in Indigenous lives, we like to think of ourselves as tinkering with the structural factors that determine health. If White anti-racist beliefs admitted that Indigenous agency had some impact on Indigenous disadvantage, then White anti-racists would have to act on Indigenous people directly to address it. This idea makes us uncomfortable. As one colleague said to me, 'We don't do social engineering; we just make structural changes to make healthy choices easier'. 'Social engineering' implies trying to change Indigenous people, and this grates against White anti-racist beliefs.

* * *

An emphasis on structural factors is crucial to White anti-racist beliefs because it assures us that we are not changing Indigenous people when we try to address their disadvantage. Why do we shrink from the idea of changing Indigenous people? Above all, it is because we do not want to hurt Indigenous people. We do not want to hurt Indigenous people like White people have done in the past, and like those White people we regard as 'racist' continue to do today.

This suggests a second set of aversions internal to White anti-racist beliefs. I argued above that White anti-racists do not like the idea that Indigenous agency may contribute to Indigenous ill health. Neither do we care much for White agency. White anti-racist beliefs are built around the idea that White agency is dangerous. We are suspicious that if White people do anything to Indigenous people, they will hurt them. One colleague said, 'It's like the more we do the more damage we do'. Another

said, 'I'm not wanting to drive the process at all, I want to give the process away'. As I will return to in Chapter 6, within this belief system White agency behaves like a stigma, contaminating everything it comes into contact with.

As a result of this aversion, White anti-racists become good at minimising what they do. One colleague discussing a project with Aboriginal health workers said, 'I was merely just facilitating what they had been doing for a long time'. She used not only the passive verb 'facilitate', but two qualifiers – 'merely' and 'just' – in order to diminish her agency in the project. White agency is also literally concealed when we edit ourselves out of project DVDs or duck out of the way of a photographer so that a purely 'Aboriginal' image is produced.

White anti-racists do not like the idea that we might be changing Indigenous people, because we worry that any act we perform on Indigenous people will hurt them. I also argued that White anti-racists don't like the idea that Indigenous people might need changing. Why did I draw that distinction?

Here we need to revisit the discussion of Indigenous agency. Remediable difference only allows a limited view of Indigenous agency whereby Indigenous people are assumed to value most highly the same things as most White anti-racists, and will spring into action to obtain them the moment that structural barriers are removed. This vision of Indigenous agency is convenient for anti-racists who do not need to *do* anything to Indigenous people. Their domain of action can be limited to structures, making health information clearer and ensuring Indigenous people are able to access what they need to be healthy.[20] The end product is a morally pure Indigenous agency and a harmless, near invisible White agency.

But what if remediable difference was illusive? What if Indigenous people were, instead, radically different from non-Indigenous people? If Indigenous people were radically different to non-Indigenous people, then they may not stop their kids from missing school or drinking coke for breakfast, or stop their relatives from trashing the house, or stop smoking, even if they know these are bad and they seem to have the means to stop them. If Indigenous people have radically different priorities to White people, then maybe when White people try to make them more healthy, they are also fundamentally changing them, perhaps even making them less Indigenous. At the moment when a White anti-racist begins to entertain this set of musings, remediable difference begins to unravel.

Here it is important to note that I am not saying that Indigenous people *are* radically different from White people. Some might be radically different in certain ways but very similar in other ways; others may

'appear' to closely resemble the average White person but in fact may be very different. To be sure, the full spectrum of personalities and social circumstances are represented within the Indigenous population, if at different proportions to the general population. The point is that White anti-racist people worry a lot that Indigenous people *might* be radically different, and that their efforts might have the effect of diminishing this cultural difference and making Indigenous people less different to White people.

We return here to the fear that White people have of hurting Indigenous people. The main component of this fear of hurting is the fear of being assimilationist. Ever since the 'Bringing Them Home' report was released in 1997 and brought the issue of the 'Stolen Generations' to national attention, the figure of the assimilationist has loomed large in the fears of the White anti-racist (Human Rights and Equal Opportunity Commission 1997). When colleagues at the institute described what they try not to do, or criticised other researchers, they commonly used the word 'imposing'. As one phrased it, 'we shouldn't impose a Western idea of length of life on people'.[21] Or as a researcher explained her plan for an exercise programme in a remote community: 'I want to reintroduce exercise by saying it is an Aboriginal concept; it is not just imposing a Western view' (McDonald 2003: 23). She feared imposing a Western view, of exercise in this case. She feared it because it casts her in the role of modern-day assimilationist or modern-day missionary, a subject I take up in Chapter 6.

If Indigenous people really have radically different priorities, then the project of improving their health, of making the lines on the graph converge, becomes a burden imposed upon them. As one colleague mused about a project he was involved in, 'The thing that bothers me is if it hasn't been taken up well and the community don't own it, well do they really want it?' There is a dual threat contained here: the fear that Indigenous people are not the innocent moral victims of structural causes but are actively determining their own radically different fates, and the fear that White anti-racist efforts to help them are merely the most recent colonial imposition. The moral status of White anti-racists and disadvantaged Indigenous people are intimately related.

White anti-racist beliefs serve as a defence against this twin loss of viable subjectivities. Remediable difference staves off this scenario and preserves a space for ethical White action, a space where White anti-racists can try to help Indigenous people without harming them. But once the possibility of radical difference has reared its ugly head, for many White anti-racists there is no return to certainty. When this belief system unravels, White anti-racists are left living with the uncertainty

of a sullied subject position. They can no longer ensure that they are not damaging Indigenous people when they try to help them, and the possibility of an ethical White anti-racist subjectivity is severely threatened.

The disconcertment that remains once White anti-racist beliefs are unravelled can be understood through two dilemmas: the dilemma of 'history continuity' and the dilemma of 'social improvement'. The first dilemma refers to the inconvenient truth that history is continuous. It is the fact that the health department of the Northern Territory government of 2015 is the continuation of the health department of the 1930s that participated in stealing children. It is the fact that many Aboriginal communities were missions and are still called missions by the locals, and that White anti-racists fill many roles that were for many decades filled by missionaries. And ultimately, it is the fact that the authority of Australian governments is continuous with the authority of those who invaded the land. White anti-racists try to create historical *discontinuity* to show they are different from their predecessors, but the fact that we have to do that reveals that we are worried we might not be any different from the forebears we consider to be racist, or at best, misguided. My point is not to argue that we are or are not different from our predecessors (we are undoubtedly the same in some ways, and different in others), but that to worry about this is integral to White anti-racist subjectivities.

The dilemma of social improvement is the fear that improving Indigenous health will inevitably make Indigenous people resemble White people. As discussed above, this has much to do with the concept of radical difference. If you believe, or even suspect, that some Indigenous people have a radically different idea of what it means to be healthy, it may follow that our ideas of good health are imposed on people. As one colleague put it, 'who are we to say what's right and what's wrong and what's healthy and what isn't?'[22] Once White anti-racists begin to suspect that dominant definitions of being healthy are not necessarily universal, they worry that making Indigenous people 'healthy' may be a form of assimilation.

There is a statistical way of looking at this. I have argued that statistical inequality – 'closing the gap' – is the focus of remedialism. But Indigeneity is not the only gap. There are others. There is the income gap, the education gap, the class gap, and the gap between privileged and deprived neighbourhoods (Turrell et al. 2006).[23] Whichever graph you care to look at, those who have the best health and are always represented on the top line of the graph are White, middle-class, educated people. It is a mix of structural and agential factors that is responsible for their good health – everything from exposing young children to books, having only a few people per house, buying and cooking nutritious food, not smoking,

experiencing less stress, and regularly accessing high-quality health care (Australian Bureau of Statistics 2003). To the extent that the statistics we measure construct what we mean by 'healthy', 'healthy' is equivalent to having a good income, a professional job, a high level of education, and living in a privileged area. These are characteristics racialised as White.[24]

As the 'gap' narrows, the more closely the ways of life of the lower line resemble that of the upper line. The question that irks the White anti-racist is whether a culturally distinct way of life gives you a different line on the graph. If so, when we eliminate the gap, do we eliminate this distinctiveness? Lea expresses the dilemma this way, 'Can the good health that arises out of the historical symbiosis of capitalism, colonialism and neo-liberal democracy in the modern era be generalised across colonised spaces without imposing its own structuring (Indigenous-culture-destroying) social and historical inheritance?' (Lea 2002: 12).

As a prominent Indigenous researcher put it in an institute seminar, 'we [Indigenous people] might one day have the same health statistics as everyone else but not at the cost of being indistinguishable from non-Aboriginal Australia'.[25] Historically, 'indistinguishability' – incorporation into the White majority – has been the destiny of minority groups that are socioeconomically successful (Ignatiev 1995; Brodkin 1998; Zhou 2004). But unlike other ethnic minorities, Indigenous Australians are defined in opposition to White settlers. Being indistinguishable is thus tantamount to social death, and remedialism becomes cultural genocide.

Dominant White anti-racist beliefs avoid this quandary by associating the gap exclusively with unsanitised difference. Indigenous ill health is attributed to oppression. Therefore, when oppression is lifted, Indigenous people will shed their unsanitised difference (the substance use, the gambling, the truancy, the violence) and become healthy subjects. As unsanitised difference is divorced from sanitised difference (cosmology, hunting, art, kinship), the 'good' aspects of Indigenous culture can be quarantined from this transition from unhealthy to healthy.[26] Once the transition is made, these elements will remain to ensure that these newly healthy subjects are recognisably Indigenous. While this form of reasoning is highly effective in Indigenous health discourse, it ceases to protect White anti-racists from the dilemma of social improvement once the distinction between sanitised and unsanitised difference has been undermined. White anti-racists begin to suspect that Indigenous difference cannot be effectively divided into good difference and bad difference. The moral certainty of remediable difference is replaced with the impossible choice of either radical difference or sameness.

* * *

The process I have described of White anti-racist beliefs unravelling in the face of radical difference is common, but by no means universal. For some White anti-racists, remediable difference serves them well, preserving their own morality as 'facilitators' of improvement, and the morality of Indigenous people as deserving and self-determining recipients. For this group of White anti-racists, their experiences may reinforce their beliefs that Indigenous-led programmes are more likely to succeed; that Indigenous agency will seek to 'close the gap' when given the opportunity; and that programme failure is always attributable to inadequate funding or inadequate Indigenous control. Those White anti-racists who are exposed to radically different Indigenous ways of life, or who experience serial programme failure, may be more likely to experience the challenge to their belief system posed by the dilemmas I have outlined.

Neither the persistence of White anti-racist beliefs and remediable difference, nor their collapse, is wholly good or bad. Any belief system offers opportunities and presents limits. Remediable difference provides an assurance that Indigenous people do want to change to be more like White, middle-class people and will retain essential differences when they do, and that White anti-racists who effect these changes are not like assimilationists or missionaries of the past. The limits of this belief system are that there is no guarantee these assurances are true, and that it necessitates a partial view of Indigenous life, partitioning sanitised and unsanitised difference and filtering out those aspects of experience that threaten to contradict the division.

Similarly, as I will return to in the Conclusion, the breakdown of White anti-racist beliefs offers an opportunity for rethinking Indigenous affairs, but also extreme limitations. There is no good solution to the tension between equality and difference. The tension is managed by each paradigm of Indigenous affairs until the weaknesses of that belief system leads to its undoing – typically, thirty years after its emergence. Protection, assimilation, self-determination, and whatever era is emerging now are all attempts to manage this tension, each with their strengths and weaknesses.

Where this unravelling of White anti-racist beliefs does occur, it is dealt with in a variety of ways. Some who experience it leave Indigenous affairs for good. I suspect this explains much of the phenomenon known as 'burnout'.[27] Others cling tightly to their belief system, warding off the threat that the dilemmas of historical continuity and social improvement pose to remediable difference. If some person or situation suggests that we are just like the missionaries or assimilationists of the past, they will argue that we are different because, unlike them, we really respect Indigenous

culture, or that nowadays Indigenous people are leading projects themselves. If some person or situation suggests that improving Indigenous health might erode the cultural distinctiveness of Indigenous people, they will reject this strongly and perhaps stress that Indigenous people want the same things that we want, if only they were given the opportunity to get them. This strategy works well for many people who manage to keep these dilemmas at bay.

Another response is what I call 'the fantasy of White withdrawal'. This is when a White anti-racist muses about a future time when we can withdraw our damaging influence altogether and leave Indigenous people to their own devices. This view, which was not very common, could reflect a belief that efforts to 'close the gap' were assimilation and should stop, or alternatively that Indigenous people had superior ways of improving their health and social circumstances that would only manifest when the contaminating influence of White people was removed.

Finally, there is the strategy of acceptance. These White anti-racists were aware of the ethical quandaries inherent to their subject position, but they keep on working anyway. They do this not by rehabilitating the sullied subjectivity of White anti-racism, but by abandoning it altogether. As one colleague put it: 'I don't have any great illusions about, you know, what I might achieve working in Aboriginal health compared to somebody else. But, you know, I would prefer to be doing that; I would prefer to have this sort of complexity'.[28] Others expressed this sentiment in terms of friendship: 'You realise you're not going to make a lot of difference. I came to a place [an understanding] where I was happy to… journey with people, and see the common humanity, the normal aspects of friendship'.[29] Rather than defend the right to think of themselves as 'anti-racist' – as countering the legacy of colonialism through their work with Indigenous people – these whites retreated from anti-racism. They supplanted the centrality of doing good with other factors on which to base their work in Indigenous affairs, such as their personal preference for interesting and challenging work, and the pleasure of working cross-culturally.

* * *

While remediable difference is powerful and useful, it often fails to match up with the experiences of White anti-racists, and may ultimately be a dead end. As discussed above, and as I will return to in the Conclusion, a strand of political theory argues that a situation where a privileged group tries to help a disadvantaged group is bound to fail, because, paradoxically, the very act of identifying an oppressed group (such as 'Indigenous people') condemns them to remain oppressed, even when they are identified solely for the purposes of helping them.

This argument would predict that the only way out of this circular situation is to forge new identities for White and Indigenous people that are not oppositional.[30] However, the political implications of giving up 'White' and 'Indigenous' subjectivities are fraught. It is difficult to know whether placing pleasure or 'normal friendship' at the centre of Australian race relations would be a radical act that transcends oppressive identities, or a conservative 'colour-blind' step that conceals and intensifies racial inequality. Such a move may imply giving up the gains made through the politics of difference, such as native title, Aboriginal funding programmes and the entire Indigenous bureaucracy, which apart from anything else is the major employer of Indigenous Australians.

As I will return to in the Conclusion, it is not a matter of standing by or abandoning dominant modes of subjectivity in contemporary Australia – we are stuck with them for the foreseeable future, and many agree that they have provided some measure of social justice. The point is to understand the limits and opportunities of our current modes of subjectivity and recognition, and to think through the limits and opportunities of the alternatives.

Notes

1. The other scholar to do this systematically is Tess Lea (2008).
2. My use of 'subjectivity' draws on Foucault's notion of subjection, Bourdieu's notion of habitus and Elias's historical analysis of the Western subject (Bourdieu 1977; Elias 1978; Foucault 1983). For a collection of anthropological work on subjectivity that draws on a range of different genealogies of the concept, see Biehl, Good and Kleinman 2011.
3. This definition of 'White' draws on the field of 'whiteness studies'.
4. Literature from the early 1970s on Indigenous disadvantage sets a tone that was followed very closely for the next thirty years – see, for example, Tatz 1972. Things have changed over the last five to ten years, as I discuss in the Conclusion.
5. My thinking about improvement has been influenced by Tania Murray Li (2007).
6. My understanding of radical difference draws on literature on alterity; see, for example, Taussig 1993 and Povinelli 2001, 2002b. Van Alphen usefully identifies three broad philosophical approaches to alterity. Much post-Hegelian philosophy takes a *hermeneutical* approach that sees alterity as a device that gives meaning to the self, either through a struggle to assimilate the other into the self or through the act of excluding the other. The *epistemological* approach focuses on how knowledge about both the self and the other is produced, an approach typified by Foucault. The *psychological* approach draws on Freudian theory to argue that the 'other' is actually a part of the self that is repressed and thus becomes both strange and feared. Importantly, in all of these modes of inquiry, alterity does not exist in isolation but is the result of a relationship. Although alterity is so often, perhaps routinely, transformed by the

viewer into an essence intrinsic to the person viewed as different, it is important to remember that *alterity is a relation*. What functions as alterity for one person may, in turn, see them as alterior (van Alphen 1991).

7. John Gray describes the core principles of liberalism in this way: '[I]t is *individualist*, in that it asserts the primacy of the person against any collectivity; *egalitarian*, in that it confers on all human beings the same moral status; *universalist*, affirming the moral unity of the species; and *meliorist*, in that it asserts the open-ended improvability, by the use of critical reason, of human life' (Gray 1995: 86, my emphasis).
8. The term was inspired partly by Briggs's use of 'sanitary citizenship' in a somewhat difference context (Briggs and Mantini-Briggs 2003).
9. Child sexual abuse in Indigenous communities has frequently been splashed across national headlines, particularly from the mid-2000s (Australian Broadcasting Corporation 2006). My inclusion of these extreme behaviours in the ledger of unsanitised difference is not intended to imply that these phenomena do not occur in White disadvantaged communities (or in White privileged communities for that matter), or that these things are tolerated in the communities that suffer them.
10. This idea has a long genealogy in the social sciences; see, for example, Benedict 1934.
11. This division is also a feature of anthropological discourse. 'Unsanitised' cultural aspects, such as gambling, swearing, fighting and alcohol use generate a greater range of explanations and academic controversy than 'sanitised' cultural aspects. For example, Macdonald's discussion of alcohol use among the Wiradjuri argues that fighting 'should not simply be attributed to too much alcohol (for often it is absent altogether), to violence characteristic of those of low socio-economic status (as in a culture of poverty thesis), or to the ravages of colonisation'. Her argument is that fighting is 'an integral part of the social system and essential to its working', a functional and instrumental aspect of Aboriginal culture. So, drinking might be straightforward deviance in the context of substance abuse; or a reflection of class oppression; or the effects of colonial oppression; or (her argument) a rational and culturally based dispute-resolution process. This is a far broader range of explanations than those offered for kinship practices elsewhere in that collection (Macdonald 1988: 187, 191).
12. I am far from the first to raise these questions. Tim Rowse, for example, posed them in the context of the Community Development Employment Program (CDEP). CDEP is similar to a 'work for the dole' programme, where participants work four hours a day for pay similar to unemployment benefits. Community organisations coordinate CDEP programmes, and the goal is to create jobs. Rowse asks whether the demonstrated inability of CDEP to create mainstream employment is a defeat for the goals of equality or a victory for the goals of difference, as Indigenous people choose the flexible and unorthodox work practices accommodated by CDEP (Rowse 2002; see also Rowse 2012). Note that CDEP programmes were radically scaled back as part of the Northern Territory Emergency Intervention (discussed in the Conclusion).
13. For classic accounts, see Bourdieu 1977 and Giddens 1990. For a useful reformulation, see Hays 1994.
14. The following few paragraphs are adapted from Kowal and Paradies 2005.
15. Workshop participants gave written consent for de-identified minutes of the workshop to be used for research purposes. The workshop is now called 'Race, Culture, Indigeneity and the Politics of Disadvantage'. The twelve workshops I have run subsequently have all shown very similar results to those reported here.

16. These problems are well known to practitioners in Indigenous health (Trewin and Madden 2003).
17. This tension between focusing on 'upstream/distal' structural causes or 'downstream/proximal' behavioural causes of disease is the subject of much debate in public health, sometimes staged as a contest between social epidemiology and biomedicine – see Lupton 1995.
18. There is a growing scholarship on 'political correctness' that highlights the multivalence of the concept; see, for example, Friedman 1999 and Fairclough 2003. I argue here that in this case 'political correctness' corresponded to White anti-racist beliefs.
19. White anti-racists may not always agree with the belief system dominant within Indigenous affairs (particularly after they have been exposed to radical difference, as I will explore in the next chapter), but they know they are supposed to agree with it. One workshop participant exhibited mock-contestation when considering whether a reason for Indigenous ill health needed a star to indicate it was 'politically incorrect': 'Janice discusses the reason "poor knowledge of hygiene" her group has come up with: "Is this politically incorrect? I don't know. I know it's supposed to be!" She chuckles and marks it with a star' (Field Notes, 6 Apr. 2005).
20. This limitation of White anti-racist action to structural domains is implausible for two quite different reasons. First, improving health necessarily involves changes in individual behaviour, whether or not this is the direct 'aim' of an intervention. Second, changing structures is incredibly difficult and generally outside health professionals' sphere of influence, whether one is talking about the redistribution of resources through progressive taxation or the provision of affordable housing.
21. Field Notes, 5 Nov. 2004.
22. Transcript 9, 13.
23. People with blue-collar jobs, the less educated, the poor and those in poor neighbourhoods are more likely to smoke, be obese, add salt to their food, and suffer poorer health (Turrell et al. 2006). Note that these gaps in income, education and place of residence also apply *within* the Indigenous population – for example, there are large differences in the health status of Indigenous people from remote versus non-remote areas (Australian Bureau of Statistics 2004b). The gaps are substantial; for instance, Indigenous males in New South Wales are more urbanised, richer, and better educated than Indigenous males in the Northern Territory, and have a median age of death which is nearly ten years higher (Australian Bureau of Statistics 2004a).
24. It is difficult to identify the 'White' population in Australia, as 'White' is not an ethnic identifier in statistical collections, as it is in the United States. For a long time we have only identified the country of birth, with a question on 'ancestry' included in the 2001 census. Nevertheless, the culture of the educated middle-class is predominantly a White one in Australia, as in most other English-speaking countries. The success of migrants from south-east and south Asia and their descendants in recent decades does not necessarily threaten the racialisation of privilege as white – see Wu 2002; Zhou 2004.
25. Field Notes, 3 Jun. 2005.
26. In some Indigenous health discourse, sanitised culture is not only depicted as unaffected by the substantial societal change required for remote Indigenous people to share the same statistics as other Australians, but is considered to be the therapy that will improve health – see Sutton 2001; Brady 2004; Kowal 2006a.
27. 'Burnout' refers to professionals becoming frustrated with their work environment and leaving. It is a serious problem in Indigenous health, compounding critical

personnel shortages and lack of continuity of care. For recent discussions of the problem see Hayes and Bonner 2010; and Roche et al. 2013.

28. Transcript 6, 17.
29. Field Notes, 6 Apr. 2005.
30. For a review of work on dichotomous identities in Indigenous affairs, see C. Dalley and R. Martin (forthcoming 2015) *Dichotomous Identities?: Aboriginal and Non-Aboriginal People in Australia*, a special issue of *The Australian Journal of Anthropology*.