Trapped in the Gap

TRAPPED IN THE GAP

Doing Good in Indigenous Australia

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To Yin, Maya and Eden, Sara, Ramona and Mandy.

Aboriginal and Torres Strait Islander readers are warned that this book may contain images of deceased persons.

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PREFACE

'You're an anthropologist and you study… White people?' I regularly receive a puzzled look from people when I tell them what I do. Anthropologists are supposed to study Indigenous tribes in remote locations, aren't they? Or at least something exciting, like drug addicts or slum dwellers. When I explain further that I study White anti-racist people in Australia who work in Indigenous health, the confusion often dissipates. 'I see, so you look at their motivations for working with Indigenous people', they say, assuming that my goal is to question the motivations of White people and show that really they are racist. 'No, I don't look at their motivations exactly. I am more interested in what it means to identify as an anti-racist, and what this tells us about the whole project of helping Indigenous people.' By this stage of the conversation, people either know exactly what I am talking about, or are more confused than ever.

Finding this object of study was the starting point of this book. It also marked the end point of ten-year journey that began at university in Melbourne in the early 1990s and ended in Darwin, four thousand kilometres and a world away. I was born and raised in Melbourne, the cosmopolitan Australian city, as the grandchild of four Jewish Holocaust survivors who fled rural Poland after the war. They worked in factories and sent their children to public schools where they excelled, went to university, and made the transition to the middle classes. I was brought up in an inner Melbourne suburb full of old White ladies and private schools. As I was a smart girl, good at maths and science, medicine was the obvious option, though I tempered it with a concurrent arts degree in history and anthropology. From the time I started at Melbourne University in the early 1990s, I was an activist, fighting against the introduction of university fees and for a free East Timor and women's rights. It seemed obvious to me that since I was so lucky, blessed with education and material security, I should devote my spare time and energy to helping those less fortunate – the oppressed of this world – whose suffering my privilege depended on.

I first became interested in Aboriginal justice issues in 1996 when I was in the national capital of Canberra to protest against budget cuts to the education sector by the conservative federal government led by John Howard. I was vaguely aware that the budget of the Aboriginal and Torres Strait Islander Commission (the government arm for Indigenous service delivery led by elected Indigenous leaders and later shut down by the Howard government) was also being cut. The day after the main protest at Parliament House was an Indigenous Day of Protest. A huge number and range of Indigenous groups participated from around the country. I was deeply affected by their stories. I decided then that the struggle for justice for Indigenous people was the primary struggle of this country. This became a kind of mantra, directing my energies away from other causes and into Indigenous activism.

I became involved in a newly formed Indigenous solidarity group on campus. Our work centred on educating non-Indigenous people about the history of colonisation and of Aboriginal resistance, issues in the contemporary Aboriginal community, and racism and the workings of Whiteness in our society. We collaborated with the local Koori community, and particularly with Kooris studying at Melbourne University. Near the end of my medical degree, I arranged to spend three months based at the Aboriginal community-controlled health centre at Utopia, a remote community in Central Australia. I loved the desert and the people there. I felt for the first time that I had found a medical job I could imagine myself doing – a doctor in a remote Aboriginal community. As soon as I finished my medical degree, at the age of twenty-five, I bought a second-hand four-wheel drive and drove four thousand kilometres to Darwin to begin my internship at the Royal Darwin Hospital (RDH), the only public hospital in Darwin and the referral centre for all of the Northern Territory and neighbouring parts of Queensland and Western Australia.

I arrived in Darwin between Christmas and New Year's Eve. Humidity was at its annual peak, and for three days I felt I was in a fog, unable to think of anything but the oppressive heat. I soon began work at RDH, where at least 60 per cent of the patients were Aboriginal, most of those from remote communities. The air-conditioned hospital was too cold for most of the Aboriginal patients, and the concreted area outside the main doors was always buzzing with life, with young kids running around and family groups sitting and talking in various Aboriginal languages, eating chips from the cafeteria and passing around cigarettes, with tubes and bags of bodily fluids protruding from hospital gowns.

During my last years of medical study I was drawn to prevention and public health, as it seemed the most effective way to improve the health of everyone, and a way to stem the massive flow of public money spent on overpriced drugs and diagnostic tests. Once someone sought medical attention it showed society had failed to improve the social conditions that made that person sick, and would make them sick again. It was clear to me that public health was where investments should be made.

It was not long after starting work in the hospital that I became interested in the Indigenous health research institute close by, the Darwin Institute of Indigenous Health. They held weekly meetings that many hospital staff attended, and I eagerly listened to tales of community health promotion projects where researchers supported local people to identify and resolve their own health priorities. Their presentations were littered with happy snaps of Indigenous people cheerfully participating in the research, kids playing up for the camera, island beaches, lily-strewn billabongs and damper roasting on the fire. In my personal journey of methodically applying myself to what I thought to be the most important cause in the most effective way, the Darwin Institute seemed the next logical step. Having trained as a doctor, Indigenous health was the most important area to work in; within Indigenous health, public health was the most effective way to improve health; and to ensure that public health methods worked as well as they could, we needed good quality public health research. I began infiltrating the institute, introducing myself to people after lunchtime meetings, having coffee with researchers after ward rounds, even learning a local Indigenous language in anticipation of remote community work. After a year of exhausting hospital work, I had lined up my first job at the institute as a public health researcher.

Finally, it was me that was flying on a tiny plane to a remote community, shyly meeting the council chairman and thanking him for letting me visit, explaining our project to Aboriginal Health Workers at the health centre with the aid of a brightly coloured flipchart, and tentatively trying out the Aboriginal language phrases I had learnt. White people who come to be known in an Aboriginal community through residence or frequent visits are ‘adopted’ into an Aboriginal family. Soon I too was adopted into the community I visited most as the sister of a single woman I was working with. I was instantly slotted into a kinship network that spanned the entire region, and I dutifully began to use the correct kin terms for the people I had already got to know – they turned out to be my mother-in-law, my brother’s son, and my maternal grandmother.

After two years of intermittent remote community work, combined with long stretches in front of a computer in town, translating the work into quantifiable outcomes and lists of remaining challenges (accompanied by photographs like those I had once envied at the weekly seminars), I felt I was developing a sense of what Indigenous public health research was about. There were plenty of fabulous non-Indigenous people

Figure 0.1 The author at Utopia with Patsy Ross, 2002. Photograph: Yin Paradies. Used with permission.

working at the institute – skilled, friendly, and committed to Indigenous self-determination – and there were a few people who seemed to be primarily concerned with furthering their own careers. The Indigenous staff at the institute, while in general less formally educated than most of the non-Indigenous staff, were mostly diligent and great to work with, although a few seemed to work short hours and to be more interested in self-promotion than getting the job done. While many staff tried to be innovative in their work, they sometimes complained that their bosses or their funders would not let them work in a way the community really wanted them to.

In other words, the institute was not that different from any other bureaucracy. But the rhetoric of the institute promised so much more. The buzzwords were all there: *Indigenous control of research*, *working with communities*, *capacity building*, *doing things differently*. There were all the structures that made the institute a space where there was an attempt to invert dominant power relations, through mechanisms like the Indigenous ethics committee with veto rights over projects that failed to meet Indigenous ethical principles, and the requirement by some funders to have Indigenous co-investigators, Indigenous reference groups, and the incorporation of Indigenous methodologies into research designs. I knew the legacy of exploitative, disempowering research practices, and I saw that the only solution to Indigenous health was for researchers to truly commit to Indigenous control (Humphery 2000; 2001; Henry et al. 2002a; Thomas 2004). For two years, I tried to work that way, and was impressed by the skill and commitment of many of my colleagues.

Having reached the pinnacle of my own instrumentalism, the place where the rhetoric and level of resources meant there was the most potential to find the 'real' solutions to Indigenous health, I found myself disillusioned. My callow enthusiasm was disappointed, for instance, at the power plays that went on between staff that overshadowed the cooperation that was needed; at the way that some projects which were widely promoted by the institute and government as 'the answer' seemed full of dysfunction on the inside; and at the ease with which staff would criticise other projects as disempowering or even racist, but would not offer any useful assistance. Above all, I came to question the arguments circulating within the institute explaining why research had not worked in the past and why Indigenous control would fix the problem. The tendency to demonise White researchers in particular seemed, once I had got to know many of them and of course become one myself, an inadequate way to explain the situation.

I became increasingly aware that the moral politics of race and identity played a prominent role in public and private exchanges at the institute. In a seminar, for example, a question from an audience member about the method of payment of Indigenous community research staff could imply that the White researcher was not paying their Indigenous staff sufficiently and was therefore exploitative or racist. A detailed explanation and justification would always follow such a question to deflect the implication, whether or not the implication was intended. Where projects were presented to the public, White researchers would take great pains to present an 'Indigenous face', editing themselves out of videos, preparing presentations for Indigenous colleagues to deliver but remaining silent themselves, and perhaps exaggerating the role of community members in the project. Conflicts between Indigenous staff could include questioning of the person's stated tribal affiliation or their very indigeneity. Whites were reluctant to question anything an Indigenous person said, even if it was clearly wrong. As I cynically wrote in my journal in the first months of my research: 'In the political world of Indigenous health we don't have arguments, we have positions. And the position of the "authentic Aboriginal voice" [see Chapter 5] trumps even the most eloquent argument, and has no need for it'.

Over time, I came to realise that much effort expended in the name of improving Indigenous health was directed at creating and maintaining racialised identities. In an *Indigenous* health institute, those who walk through the front doors every day are not just *people*, they are Indigenous people or non-Indigenous people. The institute is an always already racialised space. When the racial identities circulating in people's minds are examined more closely, they immediately multiply: the Indigenous people could be '[remote] community people', or 'urban people'; the non-Indigenous people could be 'White people' or both non-White and non-Indigenous; the Whites could be 'rednecks' or anti-racist (people who are both non-White and non-Indigenous are somewhat immune from being considered 'racist'); those not yet known to the viewer could best be classified as 'possibly-Indigenous' until their Indigenous status has subtly been ascertained. Much work went into maintaining one's racial identity. For non-Indigenous people, this meant maintaining a specific racial identity as a 'good' White person and not an ignorant, exploitative, 'racist' White person: part of the solution and not part of the problem.

I began to form an answer to that fundamental question I sometimes asked myself in times of frustration, a question that haunts many White anti-racists described in this book: 'What the hell are we White people actually doing here?' In the course of the research that led to this book, this question developed further: 'When a group of relatively intelligent, well-meaning people, supported by the state, attempt to enact a mode of difference that is non-oppressive, does this make any difference?' *Trapped in the Gap* is an attempt at an answer.

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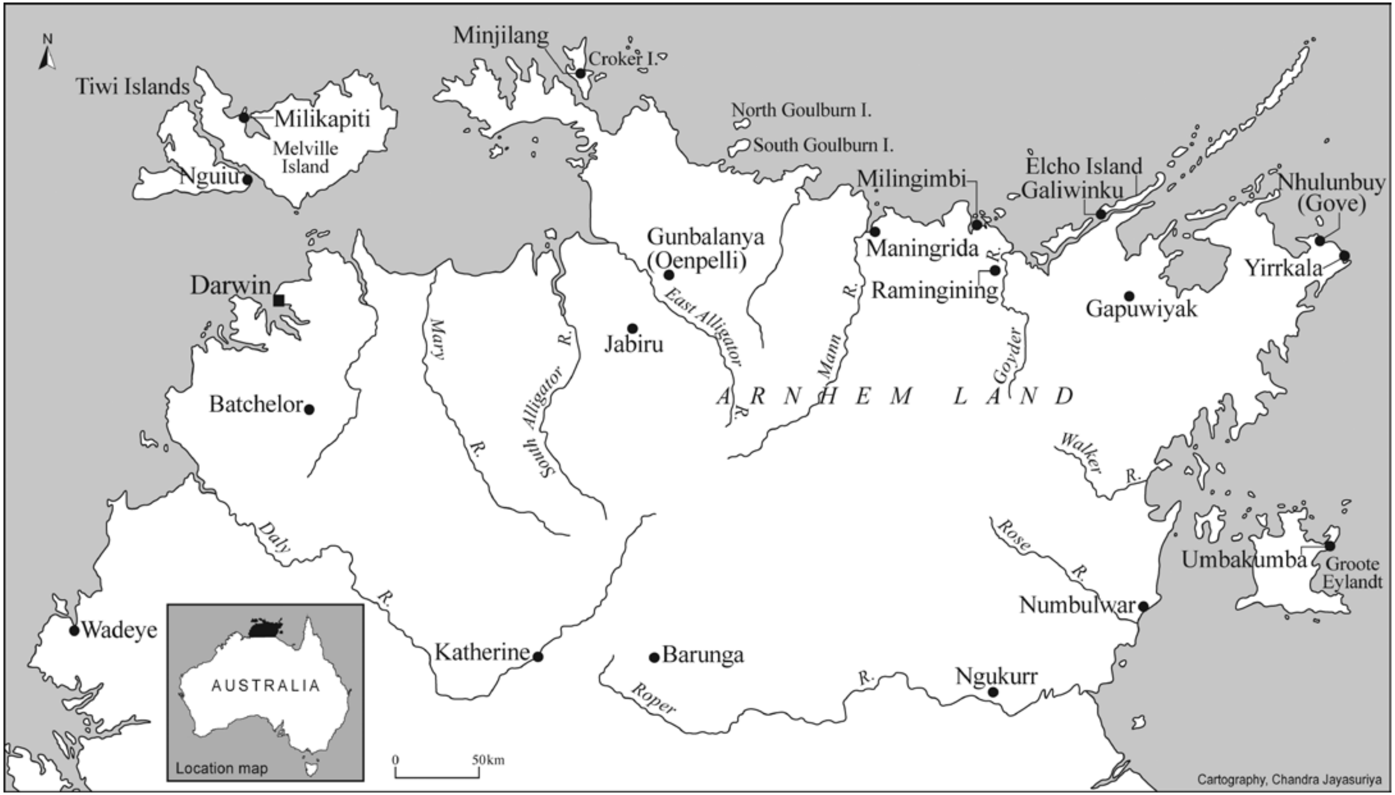
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Nhulunbuy (Gove)
Yirrkala
Darwin
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Gapuwiyak
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South Alligator R.
Jabiru
East Alligator R.
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Numbulwar
Daly R.
Wadeye
Katherine
Barunga
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AUSTRALIA
Location map
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Cartography, Chandra Jayasuriya

The top end of the Northern Territory showing Darwin and larger remote communities

INTRODUCTION

Picture this: the remote coast of northern Australia, early in the twenty-first century. Endless unspoiled beaches framed by Casuarina pines. Soaring escarpments cradling spectacular twenty-thousand-year-old rock art galleries, roaring waterfalls and Edenic pools. Lush rainforests interspersed with tropical savannahs, teeming with birds, possums, wallabies and goannas. Food sources are everywhere: rivers brim with barramundi, oysters cling to rocks in the shallows, and nests of turtle eggs lie just beneath the sandy surface of the beach. But it is the world of the mangroves, those strange salt-loving trees that form dense forests along the shore, where the real bounty is found: plentiful crabs, shellfish and fish, and edible snakes and worms waiting for those who can decipher the subtle patterns of holes in the mud that reveal what lies beneath.

This is what white Australia knows as Arnhem Land:[1] ninety thousand square kilometres of Aboriginal land in the north-eastern corner of Australia's Northern Territory. From here it is six hundred kilometres to Darwin, the closest city and the territory's capital. Slightly closer than Darwin are the coasts of Papua New Guinea and Indonesian West Papua across the shallow Arafura Sea. This vast wilderness is cared for by Aboriginal Traditional Owners whose cosmology has a place for every living creature, physical feature and weather pattern within their dense kinship network. The European colonisation of Australia in 1788 made no immediate impression here. It took over eighty years before Darwin was founded in 1869, and it remained a small town of a few thousand people for another eighty years. Missionaries first moved into Arnhem Land when an Aboriginal Reserve was officially declared in 1931. They built five mission settlements that were handed over to local control in the 1970s, a move that reflected the politics of the dawning 'self-determination' era. It was not until the opening of a Bauxite mine in 1970 that 'development' made any impression at all, and the one mining town (Gove) is still the only place in Arnhem Land where there is a hospital, motel, restaurants or a high school.

Far from Darwin or Gove, our protagonist stands knee-deep in mangrove mud. The fetid smell of the mud is overpowering, and it distracts her from the intense humidity, the sting of sunburn and the itch of dozens of sandfly bites. She holds tight to a mangrove branch to retrieve her legs from their muddy enclosure with a sucking sound, then stumbles as she climbs over the branch and plunges again into the mud. The Aboriginal women and children she is with turn to wait for her, their own progress through the maze of mangroves seemingly effortless.

Anna is a White woman approaching forty.[2] She grew up in Sydney, the famous international city built around a stunning harbour. She recognises that her upbringing was privileged: a fifth-generation Australian of English and Irish heritage, professional parents, a stable nuclear family in a nice house, a good education at a private school and then university. But her progressive parents instilled in her a sense of responsibility to use her skills and knowledge to help those less fortunate than herself. As she moved into adolescence in the early 1980s, she began to realise that the vast majority of the world lived in poverty. Books that explored the race question in the United States, books like *Black Like Me* and *Roots*, influenced her growing critique of Western society. By the age of fifteen, she had decided that she wanted to work for the World Health Organization in developing countries.

At university in the late 1980s she was interested in health, so she did a science degree, majoring in health education and psychology. One day, a guest lecturer came to talk about her work with an Indigenous community, showing slides of the remote community where she worked and speaking passionately about the potential of self-determination to improve the poor state of Indigenous health. Anna was captivated. Suddenly, her desire to work for the WHO in far-flung places paled into insignificance when compared to the plight of Indigenous people in her own country. Embracing her new direction, she took all the Indigenous studies courses she could, hungry for knowledge about the history of Australian settler-colonisation and its devastating effect on Indigenous people. Indigenous people, she learned, lived twenty years less than non-Indigenous people. They suffered from nearly every health problem at much higher rates, from heart disease to suicide, and from kidney failure to drowning, as well as some diseases that are now hardly seen in the White population, like rheumatic fever and syphilis. The history of dispossession, oppression and racism had eroded the ability of Indigenous people to meet these health challenges. By the 1990s, the devastating and inter-generational effects of removing mixed-race Aboriginal children from their families – known as the 'stolen generations' – began to be widely known and loomed large in Anna's mind (Human Rights and Equal Opportunity Commission 1997). The cultural base of Indigenous society had been devastated, and with it, the spirit of its people. What was needed, she learned, was to empower Indigenous people to rebuild their culture and take back control of their communities.

Soon after finishing her degree, a position in Indigenous health promotion was advertised in Central Australia, and she jumped at the chance to work there. Over the next decade she had worked in a dozen different communities, developing culturally appropriate health education programmes and supporting Aboriginal Health Workers to deliver them. She eventually convinced her employer that health promotion is best delivered away from the health clinic, a place local Aboriginal people associate with sickness and generally avoid. She secured permission and funding for hunting trips where she takes a carload of Aboriginal people outside the community to nearby hunting grounds. Once the hunting or gathering is done, the group finds a shady spot on the beach and makes a fire for cooking the food and boiling water for tea. As the party sips strong sweet tea and feasts on grilled fish, crab and mussels, Anna produces a 'flip chart' from her bag. These large laminated books feature images of Aboriginal people engaged in health-promoting activities: buying canned fruit and vegetables and refusing sodas and crisps at the local store; hunting, fishing and walking to prevent obesity; or treating children for scabies sores and hanging clean sheets and mattresses in the sun (Figure 0.2).

The image of Indigenous men, women and children gathered on a beach to discuss the merits of various canned vegetables with a White woman who has travelled from afar to be there is pleasing to many White Australians. For decades, the poor health of Australia's Indigenous population – currently known as Aboriginal and Torres Strait Islander people[3] – has been of concern to many progressive white Australians. In the early 1970s, activists began to protest against the poor health status of Aboriginal people and call for government action to improve Indigenous mortality and living conditions (Tatz 1972). Aboriginal activists in partnership with activist doctors set up free health services staffed with volunteers in cities and towns around the country from the mid-1970s (Anderson 1988). It was not until the mid-1980s that Aboriginal

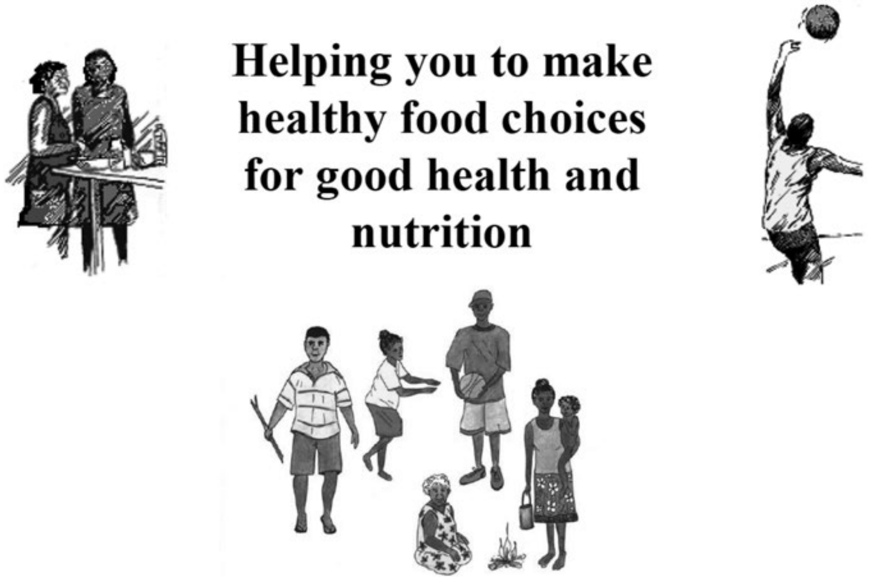

Figure 0.2 Helping you to make healthy food choices for good health and nutrition.

Source: The Aboriginal and Torres Strait Islander Guide to Healthy Eating Educator's Resource, Northern Territory Government, 2005.

health became a specific issue of concern to the federal government which directed the newly formed Australian Institute of Health (later renamed the Australian Institute of Health and Welfare) to collect data on Aboriginal health problems (Castles 1986). The first Aboriginal health strategy was released in 1989, followed by the first Aboriginal health textbooks (National Aboriginal Health Strategy Working Party 1989; Saggers and Gray 1991; Reid and Trompf 1991).

By the mid-1990s, the poor state of Aboriginal health was well known among White Australians. Central to the discourse of Aboriginal ill health that increasingly populated media sources was the most shameful health statistic of them all: Indigenous Australians have a life expectancy of twenty years less than other Australians. The immediate causes of this unequal burden of disease are chronic diseases such as heart disease, high blood pressure and kidney failure, respiratory disease and cancer related to smoking, and alcohol-related violence. The underlying causes, however, are recognised by progressive Australians to be colonisation, dispossession and the ongoing institutional racism that Indigenous people face in their everyday lives. The fact that this gap was far wider than comparable gaps between Indigenous and non-Indigenous life expectancy in Canada (seven years), New Zealand (five years) and the United States (three years) continues to be a source of national shame.[4] For many White Australians concerned about Indigenous health, these years of life not lived represent an organic barometer of continued colonial oppression.

The history of concern for Aboriginal health is closely tied to the politics of the self-determination era. In Australia, 'self-determination' has been the dominant trope for expressing the aspirations of Aboriginal and Torres Strait Islanders since the late 1960s. Self-determination was a reaction to the assimilation era (roughly 1950–70), when Indigenous collective life was judged to have been so damaged as to be irreparable, with the only humane course of action being the absorption of Indigenous people into 'mainstream' society. By the late 1960s, intellectuals such as C.D. Rowley and H.C. Coombs were arguing that Indigenous cultural life remained vital and should be encouraged (Rowley 1972b; Coombs and Smith 1994). Rather than Indigenous people assimilating to Western values, which Coombs thought indistinguishable from extermination (Rowse 2000), the proponents of self-determination argued that Australian legal and administrative structures should accommodate Indigenous forms of social life. In making this argument, these intellectuals took the lead from contemporaneous Indigenous leaders such as Joe McGuinness and Kath Walker (later Oodgeroo Noonuccal). Indigenous leaders effectively used the 'politics of embarrassment' over the plight of Indigenous people to leverage fledgling political commitment from governments and a strong affective response from White supporters in organisations such as the Federal Council for the Advancement of Aboriginal and Torres Strait Islanders (FCAATSI).[5] 'Cultural appropriateness' became a key mantra of activists and politicians alike, and the 'Aboriginal Corporation' was created to interact with government and service providers (Rowse 2005). From the early 1970s, Aboriginal health services, legal services, and housing cooperatives were set up as community-run organisations. The legal and administrative bases of the 'Aboriginal domain' (Rowse 1992) were expanded from the 1970s to 1990s by the Northern Territory land rights legislation (1976), the establishment of regional land councils and local government councils in remote communities, and later the national representative body, the Aboriginal and Torres Strait Islander Commission (ATSIC, established in 1990 and dismantled in 2004).

Since the late 1960s there has been an enormous increase in the number and diversity of people that identify as Indigenous. The definition of indigeneity shifted from various state and federal government definitions based on 'caste' to a pan-Indigenous approach advocated by

Indigenous activists. Since the early 1980s, the tripartite 'working definition' of indigeneity adopted by government agencies has been self-identification, descent (of unspecified amount) and community acceptance. As a result of these shifts, Indigenous people are highly diverse both within and between Indigenous communities, language groups and regions. Although less urbanized than the general population, 74 per cent of Aboriginal and Torres Strait Islander people live in urban and regional areas, and 26 per cent live in remote areas. Only 12 per cent of Aboriginal and Torres Strait Islander people speak an Indigenous language at home, with the remainder speaking English at home (Australian Bureau of Statistics 2010). Over half of all Aboriginal and Torres Strait Islanders have non-Indigenous partners, a figure that rises above 80 per cent in urban areas (Khoo, Birrell and Heard 2009). These patterns, similar to Indigenous demography in North America and New Zealand, contribute to a highly diverse Indigenous population in terms of appearance, ancestry, knowledge of traditional cultural practices and socioeconomic position.

By the twenty-first century, Indigenous health and welfare formed a small but significant part of state bureaucracy. In 2010–11, $4.6 billion[6] was spent on Indigenous health, which represented 3.7 per cent of total health spending. Per person, for every dollar spent on non-Indigenous health, $1.47 was spent on Indigenous health (Australian Institute of Health and Welfare 2013).[7] Although Indigenous advocates argue that spending remains inadequate given the scale of Indigenous ill health (Mooney, Wiseman and Jan 1998), spending on Indigenous health and Indigenous programmes in general is nonetheless significant.

With funding comes a workforce to address the plight of Indigenous communities. From the 1970s on, a generation of White people like Anna, armed with progressive politics and professional degrees, left their metropolitan homes to travel overseas to the global South or the 'fourth world' of their own backyard: remote Indigenous Australia. As they see it, the goal of White professionals is to facilitate community-led action on the health problems that most concern Indigenous communities.[8] This book explores the set of beliefs shared among White anti-racists about Indigenous ill health and disadvantage as an object to be studied. Within this knowledge system, 'community consultation' and 'self-determination' are vital terms. These concepts and associated practices have been elaborated in response to Indigenous critiques of Western development and research, critiques that are paralleled in the international development context (Escobar 1995; Smith 2012). They are what distinguish the work of White anti-racists like Anna from the work of earlier generations of White helpers, including the missionaries – the savers of souls – and the assimilationists, who sought to absorb Aboriginal people into the White population. As I explore in this book, these two historical roles, now seen as arrogant and imprudent, form the psychological backdrop to the practice and experience of White anti-racism in contemporary Australia. Their counterparts in the global context – missionaries and colonial governments – perform the same function for international development workers.

Innumerable books, articles and reports offer advice as to how White anti-racists should listen to Indigenous voices, prioritise Indigenous needs, and draw on Indigenous decision-making processes. Anna has read many of these, and has tried to incorporate their messages into her work. But despite her concerted efforts, or perhaps because of them, she cannot shake off the feeling that her work may just be another neocolonial project to make Indigenous people conform to Western lifeworlds. As her reading of Indigenous and development critiques has made clear, nearly every health promotion message she advocates conflicts with the social practices of the Aboriginal people she works with. To maintain a healthy diet, they must refrain from sharing unhealthy food when their kin offer it to them (Dussart 2009). To reduce overcrowding and vandalism, they must turn away relatives, especially those affected by alcohol or drugs, who may arrive at the house at any time of the day or night (Peterson 1993; Schwab 1995). To stop smoking or drinking, they must isolate themselves from the social practices of sharing tobacco or alcohol that are deeply embedded in community life (Brady 1993; Johnston 2008). To ensure their children attend school regularly, they must override the autonomy granted to children in Aboriginal society (Hamilton 1981). While the processes of community consultation and self-determination offer hope that these contradictions can be avoided or overcome, Anna fears this is false hope.

Anna sits and drinks her tea under the shade of the Casuarina pines. To the observer, it would look no different from any other health promotion trip she has made. There is general chatter around the fire, most of it unintelligible to Anna. Others nearby attend to children or peer out to sea, perhaps spotting a crocodile or turtle in the distance. But today the sense of unease that has been building for months or maybe years reaches a tipping point. The flipchart in her backpack seems to weigh a ton, and she dreads the moment she will remove it and begin delivering the script.

Disturbing questions percolate in her mind as she contemplates the health promotion task at hand. How can the project to improve Aboriginal health be separated from projects that are widely judged as colonial and neocolonial? Is it even possible for White people and organisations to help disadvantaged others? Or is the desire to help others indistinguishable from the desire to dominate them? 'What is the point?' she tells me later. 'Who are we to say what's right and what's wrong, and what's healthy and what isn't?'

Anna is deeply worried that the Aboriginal people she works with will reap no benefit from her efforts. She remembers that when she started working in Aboriginal communities, she longed for the time when she would develop deep relationships with people and truly understand their culture. Then, she hoped, her health promotion efforts would be effective.

But the longer she works in communities, the more she feels the messages she is delivering are irrelevant. She fears that all her efforts at incorporating local values and words from the local language are superficial, merely Western imperialism in sheep's clothing. Even worse, she suspects that the relationships she has developed mean that community members participate in her activities not because they are truly interested, but because of their ties with her.

Far from enabling her to work in a culturally appropriate way, her knowledge of the community where she works has further clouded questions of motivation and benefit. 'We bring money and resources into the community, and say "we've got this big bucket of money, it's for really good things and we could do this and we could do that"', she explains. 'The community feel obligated to take it on board. Obligated because of their connection with us, you know? I've been working there for a long time and they feel the pressure to say yes, so they're not disappointing us.'

Although she has tried for years to work in a way that is congruent with what she perceives as Indigenous cultural values, Anna feels her very presence in the community brings a Western influence that 'contaminates' the field. 'I think it's really hard when there's non-Indigenous people involved because you don't get a true representation of the Indigenous perspective', she tells me. Her comment suggests that Indigenous people are prevented from expressing, and perhaps even feeling, their true views when a White person is present. The picture Anna sketches here is one where White people attempt to mould Aboriginal desires, and Aboriginal people passively participate out of kindness, coercion or perhaps boredom.

Some would consider Anna's account to be a product of 'burnout', or her underlying racism towards Indigenous people, or perhaps evidence of inadequate engagement with Indigenous communities. This book argues that experiences like Anna's are not (just) a personal crisis or a flawed character, or even a symptom of policy failure, but a microcosm of the global politics of inequality and its alleviation.

Trapped in the Gap

This book presents a study of White anti-racists. Located at the intersection of anthropology, whiteness studies, and postcolonial studies, it challenges current understandings of racial inequality and its alleviation. It explores the gap between the promises of liberal multiculturalism and the experiences of Whites who seek to help Australia's Indigenous minority, generating new insights into the politics of difference in post-settler states. It also contributes to a growing literature on global inequalities in material and social goods, exploring the ways that White professionals mobilise concepts of race, culture and indigeneity in the name of improving the health of Indigenous communities.

The book is set in the contemporary city of Darwin, a key site for reckoning with the ongoing crisis in Indigenous health and well-being. Darwin's diverse population of 100,030 is made up of long-term Darwinians – multiracial families that embody a local history of Indigenous, South-East Asian and European contact – a large contingent of Indigenous visitors from remote communities, and the newcomers: White bureaucrats, military personnel and miners, as well as the liberal 'do-gooders' that are the focus of this book. Since the dawn of the Aboriginal 'self-determination' era in the late 1960s, many White Australians have personally taken on the challenge of improving the health and well-being of the nation's most disadvantaged group. For many of those who hope to right the wrongs of colonisation, and restore the good health denied to Indigenous people by dispossession and discrimination, Darwin is the destination of choice.

While the city itself is home to ten thousand Indigenous people, it is the engine room for efforts to help the forty-five thousand Indigenous people living in small communities scattered over a territory that is larger than most countries. Through carefully considered and culturally appropriate health programmes, White anti-racists hope to 'close the gap' between Indigenous and non-Indigenous health and social outcomes, normalising Indigenous life expectancy.

But the path to better health for Indigenous Australians has not been straightforward. Despite improved health services and better access to education and housing, Indigenous health has not greatly improved (Wilson, Condon and Barnes 2007). School attendance is poor, and 'lifestyle' diseases such as diabetes and heart disease are at endemic levels.

For the White people who have tried to help Indigenous Australians, their inability to close the gap is disturbing. Their belief in the project of

Indigenous health improvement is slowly but inexorably eroded by multiple misgivings. They experience two equal and opposing fears. First, they understand that improving Indigenous health requires systemic change, and they question their ability to overcome the institutional racism of post-settler society. While 'the gap' remains as an organic barometer of continued colonial oppression, they fear they are doing too little. At the same time, they fear they are doing too much. Encounters with radically different Indigenous ways of life leave White anti-racists concerned that their efforts to improve the health and social status of Indigenous people might be furthering the neocolonial expansion of biopolitical norms. If the 'gap' is due, at least in part, to the ways of life requisite to cultural survival, it follows that erasing the gap erodes Indigenous cultural distinctiveness. Despite the postcolonial mantra of community control, White anti-racists worry that their labours will be judged as indistinguishable from those of racist bureaucrats and missionaries of the past.

This ambivalence is common among those White people in the 'contact zone' (Pratt 1992), the place where anti-racism meets radical difference (see Chapter 3). Within these spaces, both White anti-racists and Indigenous subjects are 'trapped in the gap'. This polysemic phrase condenses the arguments of this book in three senses. First is the 'gap' between the promises of liberal multicultural policy and the reality of both government inefficiency and the radical difference of many Indigenous lifeworlds (Povinelli 2002b). Then there is the statistical gap between Indigenous and non-Indigenous outcomes that holds the promise of a future where full citizenship rights can be enjoyed (at such time when the gap is finally closed). As I will discuss, White anti-racists fear this statistical gap may also be where the distinctiveness of Indigenous people resides, whether this distinctiveness derives from cultural difference or colonial violence. The final gap, drawing on the psychic register, is that between self and other, and between one's self-representation and one's 'true' self. This untold story of the fears and doubts that plague White anti-racists 'trapped in the gap' epitomises the underlying dilemmas of the liberal multicultural project and international development efforts.[9]

The Culture of White Anti-racism

This book approaches White anti-racists as a transnational cultural group. As both 'White' and 'anti-racist' are highly contested and often provocative terms, my use of them requires explanation. In Chapter 3 I sketch the demography of this group and its internal divisions. Here I will focus on my theoretical and conceptual frame. My use of the term 'White' in this ethnography draws on whiteness studies.[10] It does not intimate that all my research participants had white skin, or even that they all identified as White (though both of these conditions apply to most of them). Rather, it implies that they willingly and unwillingly, knowingly and unknowingly participate in the racialised societal structure that positions them as 'White' and accordingly grants them the privileges associated with the dominant Australian culture. According to this schema, a non-White person (including an Indigenous person) with sufficient Western education, income, class privilege, and other forms of status can enact whiteness through dress, talk or behaviour, and receive its associated privileges.

The term 'anti-racist' is often used normatively to describe a person or action that is 'objectively' anti-racist. To use the label in this way immediately invites questions as to whether the object in question is 'really' anti-racist or 'actually' racism in disguise.[11] In contrast to this usage, I take an anthropological perspective and consider anti-racism to be a culture, discourse and identity. I am not interested in judging whether people are 'really' racist or not. Rather, I seek to understand what it means to be a person who identifies as anti-racist. The normative use of anti-racism, in particular the constant suspicion and self-questioning that accompanies it, are aspects of the subjectivity to be studied, rather than discourses to be reproduced.

While most in the group under study would not object to the label 'White anti-racist', they would more readily self-identify as 'non-Indigenous'. I choose not to use the latter term as it conceals rather than reveals important aspects of White anti-racist identity. The term 'non-Indigenous' is obviously defined in opposition to Indigenous Australians. But contained within it is a second dichotomy between conservatives and progressives.[12] Few Australians would actively define themselves as 'non-Indigenous', that is, lacking in indigeneity, or use this term in conversation. The majority of Australians would be more likely to call themselves simply 'Australian', and/or identify with their ethnic minority, and may object to being labelled 'non-Indigenous'. To claim the label of 'non-Indigenous' is an act of distinguishing oneself from other Australians who are not preoccupied with the plight of Indigenous people. It is partly for the purposes of illuminating this double dichotomy that I describe this group as 'White anti-racist' rather than 'non-Indigenous'. The use of this term also highlights the transnational aspects of this identity, and begins to explain why the views of a White Australian Indigenous rights activist are surprisingly similar to a Danish development worker in Tanzania (Eriksson Baaz 2005).

For so many engaged in the task of helping non-White populations, from the neighbourhood centre to the refugee camp, anxiety and confusion are common feelings. Those who identify as 'White anti-racists' experience a mixture of ambivalence and desire, suffering and humiliation, friendship and love. Their attempts to assist, help, encourage and facilitate racialised subjects profoundly influence progressive movements around the world, including anti-racism, Indigenous rights, development and multiculturalism. Yet because White anti-racists are not usually considered to be cultural group, they have generally escaped anthropological attention.

While scholars such as John Hartigan Jr., David Roediger and Matt Wray have extended our historical and anthropological knowledge of the White working classes, few scholars have considered either middle-class Whites or White anti-racists (Roediger 1991; Hartigan 1999, 2005; Wray 2006). The work that does exist is rarely based on empirical research on White anti-racists and consequently is ethnographically thin (Moon and Flores 2000; Bonnett 2000a, 2006; O'Brien 2003, 2009; Ahmed 2004).[13] Within the field of whiteness studies, for example, this group are often depicted as naive perpetuators of imperialism or as racists in disguise (see Chapter 6).

Furthermore, the whole concept of White anti-racism is questioned. It is argued that the structure of racial hierarchy means that actions intended by Whites to be anti-racist merely act to reinforce White privilege (see, for example, Jensen 2006). While such conceptions are useful for making whiteness visible and problematising it, they provide no traction in understanding White anti-racists or their concomitant bureaucracies and social movements. Rather than taking White anti-racism as a moral position to be defended, this book considers White anti-racists as a cultural group to be analysed emically.

This perspective allows for new insights into White anti-racism. *Trapped in the Gap* presents, as an anthropological problem, aspects of behaviour that have previously remained at the level of anecdote, such as the tendency of White anti-racists to erase White agency and amplify non-White agency, and their willingness to withstand and even seek out suffering that ranges from physical hardship to humiliation (see Chapter 6; also Kulick 2006).

Drawing on Erving Goffman (1959), we can think of White anti-racism as something that is 'performed'. Anti-racism is thus produced through a complex combination of conscious and unconscious gestures and words, intentional and inadvertent slips in the routine, and the various practices that allow groups to monitor and police performances of a shared identity. The performance of White anti-racist identities is most discernible in relatively public spaces, like in conferences, seminars and publications (see chapters 3, 4 and 5). But in the analysis of anti-racist performances, the 'backstage' is just as important as the front stage. Backstage is where the audience is not allowed and the members of the team can freely interact without the pressure of staying in character. The backstage has supportive functions such as teaching new members of the team how to perform and checking for offensive aspects of the performance (ibid.: 112).[14]

My own position as a ‘native ethnographer’ (a White anti-racist studying other White anti-racists; and see Narayan 1993) allowed direct access to the ‘backstage’ where performances of White anti-racism were rehearsed and deliberated. Physically, the backstage includes the corridors of the institute, the tearoom, closed meetings of researchers, and social gatherings on the large back verandas of Darwin homes. In the front stage (in public seminars, conferences, and in publications), the belief system and subjectivities of White anti-racists are carefully cultivated and preserved. It is backstage ‘where suppressed facts make an appearance’ (Goffman 1959: 12) and where White anti-racists ask the disquieting questions like those that Anna posed.

The Global Gap

Anna is not alone in questioning her ability to help, and even her right to inhabit the field of development. This state of unsettling self-reflection was a common feature among White anti-racists in the ethnography described in this book. It may, in fact, be a feature common to White anti-racists worldwide.

This latter claim is supported by studies of White development workers. One example is Barbara Heron’s *Desire for Development* (2007).[15] Heron is an ex-development worker with experience in Africa who conducted interview research on fellow development workers. She argues in her book that her research subjects were not sufficiently aware of their privileged position and their role in the oppressive global politics that are the real cause of ‘underdevelopment’. However, all of those she interviewed were troubled by their position of power to some extent. Most were concerned, for example, by the idea that they might be ‘changing the culture’ of development recipients and reinforcing structures of racial privilege.

Carol was perhaps the most reflective and self-critical of all the development workers Heron interviewed. Carol developed a love for Africa after travelling extensively through the continent and feeling a sense of freedom there that she relished. She returned to work as a teacher in a government school in ‘South Africa’.[16] At the time she was interviewed by Heron, she had left development work and was in graduate school. She revealed a high level of ambivalence about her ability to help as a development worker. We see this, for example, in her discussion of how she struggled to justify her presence in the development scene:

> What I told myself was, 'Well the [South African] government, which happens to be made up of all black [South Africans], apart from one who happens to be a White [South African], are building a lot of schools and they can't staff the schools with [South Africans] so they are asking for foreign teachers. So I'm not going as some missionary who believes she knows what's right, I am going because I've been requested.' And that was my way of justifying it. And then I sort of justified it by saying, 'Well if I can produce two teachers and put myself and one other expat out of a job, then I could justify being there'. And then I *further* justified it by saying, 'And besides, I'm not going there to teach, I'm going there to learn. And if I can bring *back* sensitivity and so forth to my own culture and change as a person, then that's for the best. So I'm not going to leave any marks on [South Africa], I'm going to have [South Africa] leave marks on me… So these were the reasons I told myself it was okay for me to go. But it's not okay because it is such an unbalanced relationship. (Heron 2007: 48)

As this quotation illustrates, Carol was highly aware of the privilege she received by virtue of being White. She attempted to counter the effects of this privilege by minimising her agency (an effect discussed in chapters 2 and 6). Her multiple justifications of her presence in [South Africa] diminished her agency in deciding to go ('I've been requested'), in stating that her presence would only be temporary (she aimed to put herself 'out of a job'), and in declaring that she would not 'do' anything herself, but would instead be acted on 'by' [South Africa]. Elsewhere in the book, she describes her efforts 'not to impose herself' by remaining silent as much as she could in staff meetings at her school. Her ultimate goal was 'to live a life that is as harmless as possible' (Heron 2007: 103, 135).

Both Carol and Anna shared a fear of dominating others, and harboured suspicions that their 'unbalanced relationship' with the recipients of development would make this domination inevitable. Both women actively tried to counter their privilege and found the experience wanting. They were left with disturbing and unanswered questions about their ability to help.

In Heron's book as a whole, as in other similar works, the questioning anti-racist is presented as the exception.[17] Heron and others argue that, for most development workers, anti-racism is a veneer that conceals a system of buttressing White anti-racist narcissism. Whites don't really love the marginalised; they love being the saviour of the marginalised. Paulette Goudge (2003) explores this argument through the concept of White privilege. White development workers are privileged in countless ways – they are in positions of power, they are paid more, they can come and go as they choose, and they are given special treatment. For her, White privilege is a constant reminder of the global oppression of the South by the North, and the privileged White body of the development worker can only reinforce this system of oppression, even in the act of alleviating it. She argues that White anti-racists deliberately ignore their privilege and the inequitable geopolitical relations it represents because of their narcissistic need to save and be loved by the oppressed. Goudge and Heron approve only of those few anti-racists who, like Carol, recognise the need to manage their inherent harmfulness.

But what about spaces where the questioning anti-racist is the rule, rather than the exception? What if the institutions that employ White anti-racists encourage them to recognise their privilege and act to counter it? What difference does it make? The White people involved in this study of anti-racists in Darwin more closely resembled Carol than the other, less sophisticated development workers that Goudge and Heron criticise. Perhaps due to their positioning as White settlers in the post-settler state, most found their racial privilege difficult to ignore and were often troubled by it. They worked at an Indigenous health research institute that encouraged and in some instances required them to work collaboratively with Indigenous people, and to both structure and modify their projects in response to Indigenous concerns.

Heron and Goudge would consider these anti-racists and this institution as success stories. But for me, they are the starting point. From my perspective, the troubled anti-racist is not the answer to global inequality, but the beginning of a new line of inquiry. Why does normative White anti-racism as espoused by scholars entail endless self-questioning to the point where the possibility of anti-racism itself is in doubt? Is it true that being privileged contaminates the act of helping, or development, irrevocably? And if so, what does this say about the possibility of help across racial and other lines of privilege? Are there any viable alternatives for White anti-racists who wish to help others without oppressing them?

By taking the White anti-racist as its object of study, this book offers some answers to these questions. I begin in Chapter 1 by considering how ‘good’ can be studied. Turning the anthropological gaze on people who are both privileged and trying to ‘do good’ raises suspicion of various kinds among participants and audiences. Rather than viewing these suspicions as a barrier to research, I draw them out to discuss the political and practical challenges of studying benevolence and the methodological tools I used to address them. Chapter 2 outlines the main argument of the book, which is that the efforts to improve Indigenous health and social outcomes since the late 1960s have relied on a particular mode of Indigenous difference I call ‘remediable difference’. Remediable difference works to manage the tension between two competing processes internal to Indigenous affairs: attaining statistical equality (explored as ‘remedialism’) and maintaining essential Indigenous difference (explored as ‘Orientalism’). I recount how remediable difference was commonly unravelled by contact between White anti-racists and radically different Indigenous people, threatening the perceived moral integrity of both.

Subsequent chapters of the book explore different aspects of the overarching argument and White anti-racist culture. Chapter 3 zeroes in on the suburbs of Darwin, where White anti-racists at the institute live, to examine the ‘contact zone’. An unremarkable suburban supermarket is the stage where radically different Indigenous ‘long grassers’ interact with White anti-racist residents. Other parts are played by Whites who openly object to the drunken disorder of long grassers, and activists who minimise long grassers’ impact and defend their ‘right to sleep’ in public places.

Chapter 4 focuses on the ‘performance’ of White anti-racist identities through an examination of ‘Welcome to Country’ ceremonies. These are ceremonies conducted at the beginning of an event where an Indigenous ‘Traditional Owner’ for a specific locality welcomes those present, usually in a short speech. A corresponding ritual is an ‘Acknowledgement of Country’, whereby a non-Indigenous person acknowledges the Traditional Owners. I analyse this rich post-settler colonial ritual as an ‘anti-racist speech act’ to illustrate its multiple and ambiguous meanings.

The ‘mutual recognition’ of White anti-racists and Indigenous people is the subject of Chapter 5. I show how the process of ‘conditional recognition’ described by scholars, whereby minorities are recognised by the state, is a mutual process. Alongside the recognition of Indigenous people, White anti-racists at the institute seek recognition as anti-racist. Indigenous people are invited to take up two conflicting modes of recognition (that correspond with Orientalism and remedialism): the ‘authentic Indigenous voice’ that attests to essential Indigenous difference, and the ‘self-improving’ Indigenous person who offers a path to statistical equality. White anti-racists seek recognition by recognising Indigenous people in dense performances that oscillate between these conflicting modes.

Chapter 6 explores the novel concept of ‘white stigma’. Although thinking of whiteness and privilege as stigmatised is counter-intuitive, it is a useful heuristic in spaces like the institute, where there is a deliberate attempt to invert colonial power relations. The management of white stigma explains some key behaviours of White anti-racists, such as a reluctance to claim any agency in Indigenous improvement and a tendency to tolerate suffering. I show how stigmatised whiteness is central to the normative discourse of whiteness studies and critiques of international development, fields where the management of white stigma is likely to be as important as it is at the institute.

The conclusion considers the consequences of the book's arguments for the current Australian political context and for the broader project of multicultural recognition. I finish with a reflection on the potential for alternative identity forms. Much of the book has interrogated White anti-racist identities and found internal contradictions that make them virtually unliveable for many. I relate these arguments to scholarship critiquing 'minority' identities – a category that includes indigeneity.

A range of scholars, including Indigenous Australian academics, have questioned whether identities rooted in past and present oppressions can only reinforce their own marginalisation. They argue that truly emancipatory identities must be grounded in a vision of an alternative future, rather than sourcing identity from the wounds of the past and the antagonisms of the present. This work suggests the fundamental problem with indigeneity, as it is recognised by progressive political forms, is that equitable Indigenous futures are bound to oppressive pasts.

I examine the various 'post-racial' options proposed that might transcend the 'wounded attachments' of minority identity, and find that forms of hybridity emerge as the most promising alternative.[18] Some scholars are refusing the mould of indigeneity, fashioning their own identities that may lie between existing categories. Such experiments in self-formation provide examples that White anti-racists may look to in conducting their own identity experiments when the space of recognition becomes too claustrophobic. The aim could be to form non-oppositional, non-stigmatised, non-settler identities – not to let White people 'off the hook' or to ignore white privilege, but to move towards a society that does not work against the flourishing of its citizens. Giving up current modes of recognition of indigeneity and White anti-racism would come at enormous political cost – a cost borne disproportionately by Indigenous people – but it may also offer new possibilities. Given the exhaustion of current modes of recognition, these possibilities are worth exploring.

Notes

1. In this passage I refer to an area that is technically north-east Arnhem Land but generally referred to as 'Arnhem Land'.
2. All names and identifying details of people have been changed to protect the privacy of research participants.

3. The acceptable term for Indigenous Australians periodically changes and is subject to contestation. Using the terms that will be developed in this book, one could say it is a key site for White anti-racist performances: knowing the right term and why the previous term is racist is an important skill for displaying one's anti-racism. Currently, the term 'first peoples' appears to be emerging in influential sites and may eventually replace 'Aboriginal and Torres Strait Islander'.
4. Note however that a revision in the method of calculating life expectancy means that the 'gap' is now much lower (12 years for men, 9.5 for women) and is comparable to the gap for Canada and less than some calculations, thus reducing the rhetorical power of the life expectancy statistic (Australian Bureau of Statistics 2009).
5. For an account of FCAATSI, including the intra-organisational racial politics that led to its demise, see Taffe 2005. For the 'politics of embarrassment', see Dyck 1985.
6. All figures are in Australian dollars.
7. To provide a sense of the increasing rate of spending, in 2006–7 just under $3 billion was spent on Indigenous health, which represented 3.1 per cent of total health spending, and a ratio of 1.25:1 compared to spending on non-Indigenous people (Australian Institute of Health and Welfare 2009).
8. For an early formulation of this approach, see Spark, Donovan and Howat 1991.
9. The research for this book consisted of fourteen months of participant-observation among health researchers at an Indigenous research institute in the Northern Territory, interviews with eighteen White health researchers from around Australia, and extensive document analysis of Indigenous health articles, policy documents, ethical guidelines and websites.
10. Foundational works include McIntosh 1990; Frankenberg 1993; and Dyer 1997.
11. As I discuss in Chapter 6, much scholarship in whiteness studies takes this perspective, as well as popular discourses.
12. These terms are necessarily generalising, as I explore in Chapter 4. I mean them here to refer to Australians who are concerned about Indigenous disadvantage and who think governments must take more action to assist (progressives) and those who do not see it as a crucial issue or who see the major fault lying with the Indigenous people themselves (conservatives). See Chapter 3 for more detailed description of 'progressives' and 'anti-racists'.
13. Hughey's recent work (2012) on anti-racists is based on a major empirical project and is discussed in Chapter 6.
14. Note that the 'backstage' is still a 'stage', and there are other aspects of any subjectivity that are hidden at all times or not consciously known. My combined use of subjectivity and performativity comes close to Haraway's use of the concept of 'figurations' (Haraway 1997: 11).
15. See also Kaufmann 1997; Crewe and Harrison 1998; Allahyari 2000; Goudge 2003; Eriksson Baaz 2005; Arvidson 2008; and Mosse 2011.
16. Heron substituted South Africa for the real country to protect the identity of the interviewee.
17. Through a circular logic used in whiteness studies (see Chapter 6), even where White anti-racists appear to be critical of systems of power they are often portrayed as simply reinforcing their own privilege. Thus Heron can describe how most of the development workers she interviewed were highly critical of the development enter-

prise, yet she focuses on how some viewed their own work as exceptions to this rule. She argues that therefore 'our critiques of [development] have the effect of enshrining us in virtue' (Heron 2007: 103).

18. On 'wounded attachments', see Brown 1995. For other theoretical approaches, see the conclusion.