MDHS SUPPORTING WOMEN IN SWiM INSPIRING STORIES

**DR NGAREE BLOW: The visibility of First Nations women**

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**NATALIE HANNAN:** I would like to acknowledge that today I am on the lands of the Wurundjeri people of the Kulin Nation, who've been custodians of this land for thousands and thousands of years. I wish to take this opportunity to acknowledge and pay our respects to their Elders, past, present, and emerging, and also the traditional owners of the lands that you are on today. Thank you all for joining me today. I'm Associate Professor Natalie Hannan, the Associate Dean, Diversity and Inclusion for the Faculty of Medicine, Dentistry and Health Sciences. And I believe we have the right to a fair and equitable workplace, where gender, sexuality and sexual orientation, disability, mental health issues and individual's background or race should not be a barrier to reaching their full potential. We are surrounded by impressive women breaking barriers and challenging the status quo regarding women and what women can achieve. And yet, in 2020 women still remain underrepresented at the leadership level within our faculty. And I hope that by having conversations that inspire leadership from within, this will not only support our talented women in our faculty to reach their full potential, but also shine a very important light on the barriers that women face. In addition to me having the privilege of talking to incredible inspiring women, I will open up the conversation to all of you to ask questions of your own. I then encourage you all to extend this conversation in more intimate discussions in groups of around eight in breakout rooms. And as always, if you do not wish to participate in this, that's fine, but we just ask that you leave before we allocate those rooms, so that we can make sure we've got nice full rooms. And just one more, I guess housekeeping note, is if you can please leave your videos off until the Q and A session, So it's not distracting for myself and for my guest. And then also you can leave your video on for the subsequent breakout rooms.

I'm thrilled today to welcome one of our faculty's own inspiring women to talk about the visibility of Indigenous women and also how equity is actually beyond equality. Dr Ngaree Blow is a Yorta-Yorta, Noonuccal, Goreng-Goreng woman living on Wurundjeri country. She's the director of First Nations Health for Medical Education at the University of Melbourne here. She is also a medical lead in the COVID-19 Case, Contact and Outbreak Management team at the Department of Health and Human Services. Ngaree completed both her Doctor of Medicine and Masters of Public Health degrees and is now completing her advanced training as a public health physician. She was recently recognised for her incredible work when she was named as a 100 Women of Influence by the Australian Financial Review. And now is a board member of the Australian Indigenous Doctors' Association. And she's been involved in many First Nations health, research and education roles. Ngaree, I must say, you're a dynamic inspiration. Thank you so much for joining me today.

**NGAREE BLOW:** Thanks, Natalie. Thank you for having me on. And I too, just wanna echo that acknowledgement and pay my respects to the traditional custodians of this land, the Wurundjeri and Boon Wurrung people have looked after the land, the skies, the waterways and the dreaming for a long time. And so I do want to acknowledge them because I have grown up on this country for most of my life. And also acknowledge the theme last week with NAIDOC, 'It always was and always will be Aboriginal land'. And we are on Aboriginal land somewhere around this country and sovereignty is yet to be ceded. And that's an important thing I think to acknowledge as well. And I want to pay my respects to Elders, ancestors of those lands and extend that acknowledgement and respect to any Aboriginal and or Torres Strait Islander people on this call today. Thanks very much.

**NATALIE HANNAN:** Thank you. So you're a clearly a leading voice in Aboriginal and Torres Strait Islander health. You work passionately to improve health inequities for First Nations Australians. Can you tell us a bit more about this work?

**NGAREE BLOW:** Well, first of all, I want to start by saying that everything I do is based on, I guess the community values that I've been brought up with. So I would never say that it's my work solely alone. It's something that is a collective effort and something that I've really taken those values of the inspirational women around me and particularly in my aunties, my mum, but also my extended community as well. So a lot of that, the work that I'm doing always comes from our ancestors and those people before us. And I think that's what's kind of inspired me to work in this area and it started from growing up around my uncles and aunties being quite involved in the 70's activist movement, particularly around health rights for our peoples and then also just being around, I guess, a lot of people who are quite passionate about our community having choice in what we're doing and how we, I guess, look after our own health. So I think that's kind of really where that passion has come from in terms of looking at health inequities. And so I think all the work that I've done at the moment has really been based on that and my experience in the education system. And I think particularly, going through a medicine degree, where it wasn't, I guess, front and centre learning about Aboriginal health, yet knowing that the statistics that get thrown at you every day make it quite clear that it's an important area of healthcare. That's why I sort of headed into this role. But I think also as a doctor, I always had that interest more in the public health aspect of it and the systems and the structures in place that are actually either enabling or disabling our ability to change those health inequities. So a lot of my work is focused on education, because I do believe that education is really key, particularly educating people who are in a privileged position, particularly doctors, and then also working, I suppose in systems that historically have had negative association with our community. So I think working in the Department of Health and working in the government, where there's been pretty, I guess, tenuous relationship between our communities and the government, I wanted to be kind of in that system to sort of see how it works and what values that the system goes by and, I guess, how that's played out with this pandemic. And so that's kind of also why I've been involved in the pandemic response, really focusing on working with the priority communities in the Case and Contact and Outbreak Management.

**NATALIE HANNAN:** Yeah, and I've seen some of the messages that you've put out to the community in order to try and help contain the spread of this virus. And I think it's clearly evident that you are a person of influence and an amazing leader. And I think it's wonderful that you always acknowledge the others and those that have inspired you to do the great work that you're doing. So when we're talking about these health inequities, they range and there's so many diverse reasons why our Indigenous peoples have such terrible inequities in the health system. Is this worse for women? Is this something that the Indigenous communities face that's a greater problem for women? Or is this equal across the board?

**NGAREE BLOW:** I suppose if you look at the evidence, it's essentially equal across the board for both men and women when we're talking specifically about Aboriginal communities. And it is interesting because we think about the systems that are in play that I guess, contribute to a lot of the health inequities. And we do live in, I guess, a patriarchal society, which is very different to a lot of our communities. I can't speak on behalf of all the 250 different language groups, but I know both my mother's people and my father's people, which are different ends of the east coast, are both matriarchal communities and have very different, I guess, ways of doing things and lens in which we look after our own health. So I think it's interesting, because I think overall, there's no particular strong difference, but at the same time, if you do look at the policies for healthcare, anything related to Aboriginal women tends to be around pregnancy and child care. And Aboriginal men, it tends to be towards mental health. So there's also, I guess, a particular focus that is gendered, which doesn't actually reflect the statistics if you look at what health conditions are most represented based on gender. So, yes. So I suppose I think there's more reason to look at more broadly and actually not gender health policies.

**NATALIE HANNAN:** Yes, and you touched on earlier, in many Indigenous communities, that there is that real sense of that matriarchal, that the women, the Elders, the aunties, they're actually more holistically respected. And then you come into settings like the University, academia and we see a more patriarchal structure. We've got very different way of leadership and things like that. Is that jarring for you to come from different situations? And then you're also in the health sector with other health professionals, again there's a lot of patriarchy there. So, what is that like for you in those settings?

**NGAREE BLOW:** it's a good question, because it's something I've reflected on a lot in the last couple of years, because I was really only introduced to the world of academia a couple of years ago. And I found it a very different system and structure even to the hospital systems, let alone to my own sort of upbringing and community values and mentality. And I remember having a conversation with one of my mentors, she's pretty phenomenal writer and academic at UQ , Chelsea Bond. And I said to her, "I'm struggling with trying to be really strong with what I believe and what I want to do and then being also told that I need to take it slow, and I need to step back and convey my messages in a different way." And she said, she's like, "You don't need to hold back. You need to actually be strong in what you think and believe, because no matter what, whether you're quiet and shy, or whether you're out there and over the top, you're gonna probably be painted as the angry black woman." And that's really common. As soon as a woman is assertive, we are aggressive or angry, and I've seen it happen with our aunties as well, when they stand up for our rights, I suppose. In our communities, often the women, I mean, you think about the protests that have happened around Melbourne and the women who have stood up and made a voice and the type of scrutiny that those women have got compared to a lot of the men who are sort of standing up for similar causes. And so I think that was just something I really hold on to, is that don't be afraid to be the angry black woman. And now we joke every time, "That's all right, I'll just be the angry black woman".

**NATALIE HANNAN:** And that’s so important that you have a mentor that says, "Don't be quiet. You don't have to shrink to make society feel comfortable around you." You actually are here, you've got a message, and you've got someone who's actually encouraging you to say that. I can't tell you how many times people say even things to me. "Oh, just wait, it's not your turn yet. "You can talk later." Kind of thing. So I just think it's so important that we actually have inspiring women to tell us, "You know what, maybe now is the time. Now is the time to talk." So if people want to paint us in different ways and they want it to say that we're angry or aggressive because we believe in something we're passionate about, I think, well, that's their problem. So I think it's really great that you've got a mentor that encourages you to stick to who you are and be yourself. You talked a bit earlier as well about other amazing Indigenous women. Our Senator Lydia Thorpe is this really strong advocate for gender equality. And she really advocates that we need to first address racial inequities before we can bring down barriers for women and move towards gender equity. What are your thoughts on this? Would you agree with that?

**NGAREE BLOW:** Yes, I would definitely agree with that. I think when we think about feminism and the feminist movement, we do have to acknowledge that it is white feminism. And a lot of the, I guess the battles at the beginning, didn't think about the intersections of race and I guess the added barriers or things to overcome when it comes to racial inequities, as well as gender. And I think when it comes to racial inequities, they can also be less visible and seen as... We've heard people talk about microaggressions and people sort of brushing it under the rug. I think it's really interesting when we think about people talking about Trump and what's going on in the USA and talking about the USA being such a racist country. And yet there, isn't a lot of conversation about the racism within this country. And there's almost a denial or "We're not gonna talk about that here". And I think people are afraid to talk about it. And when people are afraid to talk about it, that just increases those barriers and increases those inequities. But if we're happy to have that conversation the way that we have now. We talk a lot more about gender disparities, and I think because we're talking about it more, there's more action related to it. And I think the same thing has to happen with racism. And that's something that I bring up with the medical students really early on, because we often talk about the social determinants of health being things around housing and income and a whole bunch of other sort of employment, other social determinants, but no one ever defines racism as a social determinant, when it actually is one of the biggest social determinants there is for health inequities. And that's not just with Aboriginal and Torres Strait Islander people, that's with any, I guess, race that experiences discrimination. And so I would say that it's important to talk about those racial inequities first up. Like I said, with the health outcomes, we just have to actually improve the health for all Aboriginal and Torres Strait Islander people first before we can even think about the specific gender health issues.

**NATALIE HANNAN:** I think that's so important. What we're saying now is having these conversations, they are awkward and they are hard, but if we don't talk about it, it doesn't make the problem go away. It just means that we don't get to the solutions. And I think I look towards you and many others in the community to think what are the ways that we might be able to break down these racial inequities? And also by doing that, we may also move towards gender inequity as well. Because as you say, it's about these marginalised groups, it's about these people who are continuously forgotten or pushed off to the side. We don't want to address it because it's painful sometimes and we feel shame with some of the things that we do. But if we can embrace that and start talking, we might actually lead some change in this space. So what are your thoughts of major themes that we might be able to do in the health system, but also in the University?

**NGAREE BLOW:** I think it all comes down to us reflecting on ourselves. I think that a lot of the challenges about having those difficult conversations, or worried about not knowing enough, is because often people aren't sort of doing that self-reflection. And I think we as Aboriginal people, we've kind of been forced to do that from day one. In one point, we're not considered Aboriginal enough and then other points were considered too Aboriginal. And so we're constantly thinking about our identity and how we fit within our communities which fits within a different society. And so I think that's something for me personally, growing up, that was something I was always thinking about and about, I guess, how my views were different to others or how my views might be... not working with other views. Whereas I think people who have grown up, I guess with elements of privilege, and we all have privilege in different ways and disadvantage in different ways, but when you've been grown up with privilege or in a society that really isn't keeping with your understanding of the world, you never are challenged with that. And so then you don't reflect on your own actions. And that's something that we focus on with the students quite a lot. As a future doctor, how are your biases, or your unconscious biases, or even conscious going to influence or interact with the patient in front of you?

**NATALIE HANNAN:** Yes, because we're training the next generation of medical practitioners, healthcare workers. If we can't get them to question them themselves within and what privilege they've had and how they can change that for who they treat, then yes, we're not doing our jobs. So yes, I commend and thank you so much for all your work that you're doing in medical education, because we know how important that is to change and to move forward to a better place and a more equitable future for all Australians. So I guess I also wanted to touch on, last year, I had the privilege of hearing from the very inspiring Nova Peris, who not only is an incredible athlete, but she's also the first Indigenous female parliamentarian. And when I listened to her, she was talking about when she was a young girl growing up in the Northern Territory. And she said, and I quote, "I dreamt big. Most people would have looked at an Aboriginal girl from the Territory, where the statistics point to every reason why I should not succeed, but I was determined to be successful." How important do you think it is that we see these incredibly talented Indigenous women in our society and also at the University? Tough one I know.

**NGAREE BLOW:** I think it's very important. And yes, Nova is someone I consider as a mentor and role model as well. And she's actually been actively involved in the Australian Indigenous Doctors' Association, even though health is not her particular area. And I've had a few conversations with Nova and others about this, how we always get framed to statistics. I'd love to see the day where our people are framed for who we are and not the numbers that are constantly shown about us. And I think that was the most difficult thing going through med school, constantly being referred to as statistics. And it's something I actively avoid when I'm teaching. And those statistics, we've also got to think about who's writing them, and what lens they're coming from and what values and understandings of the world that comes from. Because, you know, you look at those statistics around the Year 12 attainment, but no one's actually flipped that around and thought, "Maybe Year 12 curriculum is the thing that actually needs to change, not the Aboriginal students particularly attaining this Year 12 level". And again, same with statistics around incarcerations. It's often, "This many people are, Aboriginal people are incarcerated". What we don't say is, "This many police incarcerate Aboriginal people". It's about framing as well. And so it is really important to see our women for the strong values- Yes, of the world rather than just that we're overcoming some statistics that are made up by a society that actually isn't in keeping with a lot of what we've been growing up with and what we've been understanding from our uncles, aunties, ancestors for thousands of years, well before this nation was called Australia.

**NATALIE HANNAN:** I think that's so true what you're saying. Visibility is not just about seeing numbers. It's actually about the people. Who is the person behind that number? And what are they doing? What are they contributing? What are their values? And that's got to be important. That visibility to really see someone has to be important. So, yes, thank you for raising all of these points. You mentioned earlier, you had a brilliant mentor when you were talking about Chelsea. I was wondering who your main role models have been when you're looking I guess for your career, but also who you are and what your values are as a person.

**NGAREE BLOW:** I find this question so hard. Because there's so many. Like I mentioned, Associate Professor Chelsea Bond, Professor Sandra Eades, I met her as a doctor before I was even interested in academia and to meet a doctor who's not just passionate about academia, but also public health was really significant for me. But I think my biggest inspiration is from the community here and particularly N'arweet Carolyn Briggs and Di Kerr who have been, I guess, significant aunties in my life. And then there's Aunty Ferguson and there's so many people who have, I guess, shaped my journey that I don't think that's one.

**NATALIE HANNAN:** Yes, you can't narrow it down to one. And I'm sure they all know and watch with great fondness of what you do day in, day out. Thank you so much for that, Ngaree. I was wondering if you would like to impart a pearl of wisdom with us today, something you want leave us with.

**NGAREE BLOW:** I think I'm just going to come back to collaboration, not consultation. I think in the end it's about not just working, not just talking to someone from a different cultural or what it may be, but actually working closely alongside and actually advocating where you have privilege and others don't.

**NATALIE HANNAN:** Yes, well, that's brilliant. Collaboration, not consultation. I really, really like that. And finally, if you wake up tomorrow and you were boss of the University, so you're appointed Vice-Chancellor and you could change one thing for the University to enhance diversity, equity and inclusion, what would it be from you, Ngaree?

**NGAREE BLOW:**  I think I've said this a lot already, but it would be genuine community engagement. Because the fact is, we're never going to know everything about every culture, gender, sexuality. We're only going to know our own lived experience is and unless we're actually consulting with communities that have that lived experience, we're actually not going to improve diversity and inclusion across the University. And also acknowledging where that comes from, because diverse to what? And so we are all already assuming a norm. So not assuming a norm and actually having genuine community engagement would be my key.

**NATALIE HANNAN:** Your key change, yes. No, that's brilliant. I think that's fantastic. I really want to thank Ngaree so much for joining us today and discussing the importance of really seeing our Indigenous women and how we now must move to strategies to bring about equity. Thanks to you all for joining us today. And I hope that you can all join me next month. So on December 15th, we've got our final Inspiring Stories for the year and I will be joined by Marguerite Evans-Galea many of you will know her. So I'm looking forward to a really great conversation with Maggie and I hope to see you all then.

**END.**