



Moving Beyond
Solidarity Rhetoric
in Global Health



EXPLORING AND ENABLING THEORIES AND PRACTICES OF SOLIDARITY AND ADJACENT CONCEPTS IN AUSTRALIA, AOTEAROA NEW ZEALAND, AND THE WIDER PACIFIC

WORKSHOP REPORT



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INTRODUCTION AND BACKGROUND

The aim of the “*Moving Beyond the Solidarity Rhetoric in Global Health*” (Global Health Solidarity) project is to enrich current understandings of the concept of ‘solidarity’, in order to develop tools that will help support greater practical expression of solidarity in global health in the future, in contrast to the lack of solidarity witnessed during the COVID-19 pandemic.

The Australia, Aotearoa New Zealand and the wider Pacific Workshop is the third in a series of regional workshops being held, in different languages and different parts of the world, to surface different meanings of solidarity and its practice, including understandings of connectedness and responsibility to each other, community, the land, and the spirits. This exploration will, we hope, lead to revised, richer understandings of what solidarity could or should mean in the context of global health. A core feature of the project is the desire to take both ‘top down’ and ‘bottom up’ approaches to understanding solidarity: both drawing on philosophical scholarship from diverse traditions and seeking to ‘de-silence’ ways in which solidarity may be understood and routinely practised by different communities across the globe. It is recognised that there is an inherent tension in this approach, in that by seeking practices that share some features of solidarity, this necessarily implies some kind of working *description* of solidarity, if not a formal definition. Each workshop has been structured to open with a tour de table or yarning circle (see overleaf), offering all participants the opportunity to express their own associations with, or understandings of, the concept of solidarity, and hence contribute to the framing of the discussion over the following two days. The workshop programme also explicitly invites discussion of concepts ‘adjacent’ to solidarity.

It is important to note that a wide range of views were expressed throughout the workshop, and this report seeks to capture that breadth of input, including the identification of tensions and contradictions. Contributions have been drawn together under broad themes, and may not necessarily follow the precise chronological order of the two-day programme.

It should not be assumed that all present agreed with any particular statement expressed. All those attending the workshop have reviewed this report, and are listed in the Annex.

A Welcome to Country

Songwoman Maroochy, an Elder of the Turrbal People and a direct descendant of Daki Yakka, Chief of the Old Brisbane Tribe, welcomed all participants to the ancestral lands of the Turrbal People, and shared her own understanding of solidarity: the importance of understanding and recognising each others’ differences, and not pretending that everyone is the same.

Participants were also welcomed by Caesar Atuire, on behalf of the Global Health Solidarity Project, and David Kirchhoffer on behalf of the Australian Catholic University (ACU).

SESSION 1: YARNING CIRCLE: IMMERSING IN SOLIDARITY AND ADJACENT CONCEPTS – PERSONAL EXPERIENCES OF SOLIDARITY

The workshop began with a yarning circle facilitated by members of the ACU First People's Directorate, inviting all participants to share their own understandings or experiences of solidarity and adjacent concepts, whether in a personal or professional capacity. Small group and plenary discussions then explored the key factors or elements underlying what was understood as solidaristic action; emerging contradictions or tensions; and what this might mean for global health.



Yarning circle: participants share their own understandings or experiences of solidarity and adjacent concepts.

Examples shared included:

- **Being part of an organisation that really cares** – evidenced through the supportive response of work colleagues to an Iranian colleague's distress when women in Iran were fighting for their rights – not only expressing solidarity through words but also taking actions to support her work and coming together to campaign and advocate on the issue;
- **Being offered food by people you don't know** – because you are there and 'it's humanity';
- **Being emotionally and practically supported by wider family and friends at time of severe illness, at cost to them**, even when those relationships are not necessarily easy or close in normal times;

- **Providing care for others out of love**, responsibility and connection and thereby ‘growing in’ together – in contrast to monetised forms of care-giving;
- **‘Being present’** for the person for whom you are caring;
- Being **connected to ancestors** and having **spiritual connection to land**;
- The acts of people who **‘lift others up’ without benefit to themselves**, and leave the world a better place;
- **Standing together to fight for justice** – for example, for single women’s access to assisted reproductive therapies, for the legal rights of sex workers, and for access to condoms in the early days of HIV/AIDS – and the **role of allies** from different social groups and demographics in achieving these aims;
- **Expressing allyship** in ways that are authentic but also show epistemic humility, recognising your own lack of knowledge;
- **‘Showing up’ for those who have experienced injustice**, for example through lining the streets to support the return home of political prisoners in South Africa, or through wearing ‘I’m HIV-positive’ t-shirts to challenge stigma – and the social and political (re)imaginings associated with these acts;
- **Coming together to fight against an aggressor** – as in the history of tribes in North-East Ghana who stood together against slavery, and in the annual re-enactment of that coming together;
- **Willingness to pay into the system to ensure everyone will have access to healthcare** – and experience of the lack of such willingness in response to the introduction of mandated health insurance in the US;
- **Mutual aid and support**, particularly between members of stigmatised groups, in response to shared experiences of trauma, or in communities with strong volunteer traditions such as volunteer fire services;
- **Evolving relationships**, where people move from being a student receiving support from others to being able in turn to provide that support and expertise;
- Solidarity found both in playing **sport** and in supporting one’s national team, while also recognising the negative aspects of associated tribalism;
- The celebration, enjoyment and belonging through sport experienced in the 2023 Women’s World Cup regardless of allegiance, where **gender solidarity appeared to transcend the usual tribalism** between teams’ supporters;
- Solidarity between **students and striking workers**, influenced by close physical proximity on campus, but undermined by discomfort at some of the behaviours of the strikers;
- **The ‘willing and choosing’ of connections** experienced by families who have moved from place to place, and do not have a default ‘home’ community to align themselves with.

Key elements or factors in the experience or enactment of solidarity

Elements or factors that were thought to be key in these experiences included:

- The **need for relational foundations** before we can have solidarity: understanding others' lived experience, trust, cultural humility. These take time to build, and this time should be taken before acting in solidarity;
- An element of **shared identity** and hence **belongingness**; this could include **recognition of one's own vulnerability in others** (the recognition of one's own vulnerability distinguishing solidarity from charity);
- **Recognition of similarity as opposed to sameness**, including acknowledging the differences that may accompany similarities, and acknowledging the importance of imbalances of power and privilege;
- Being **action-oriented** in order to distinguish solidarity from other emotional and relational concepts such as friendship, sense of connection and empathy;
- **Commitment to a common goal**, while recognising the need not to mask differences or deny sovereignty;
- **Mutuality**, but without the need for commensurate action in response (ie not direct reciprocity);
- The **bearing of burdens or costs or the making of sacrifices**: these may include the loss of friends and relationships when standing up for an unpopular cause, and the **giving up of power** or the **appropriate use of privilege** as part of allyship;
- The role of **physical proximity** or other factor that helps overcome the sense of otherness;
- A commitment to **connection over time**: being open to '**walking a journey**' with others that **can lead to transformation**; enacting obligations and responsibilities owed to your ancestors in ways that enable you to create space for your children into the future.



One of the group discussions during the workshop.

Contradictions and tensions

- ① Is it possible to be in solidarity with **everyone** (for example through the recognition of shared human frailty and vulnerability), or does solidarity by its nature exclude? (in-group versus out-group solidarities).
- ① Is it appropriate to **include connections to land and non-human animals**, however important, within a concept of solidarity? This disagreement goes to the heart of different conceptions of what it is to be human and the role of connection with land and spirits in our human identity.
- ① Does solidarity require **affiliation to a just cause**?
- ① Is solidarity **instinctive or chosen**? If instinctive, does it lead inevitably to unthinking responses and allegiances ('this is what people like me do')?
- ① When thinking about solidarity at an **institutional rather than personal level**, how can it be possible for **emotion to be a requirement**?
- ① Solidarity can be used **cynically**; or **can lead unintentionally to harmful outcomes** to others.
The role of **politics: political culture** affects people's emotional or instinctive response to calls for solidarity (as in differential responses in Australia and the US to the ideal of universal healthcare); solidarity associated with national or regional identity can be **manipulated for geopolitical reasons**; solidarity may be experienced precisely in **reaction to prevailing political conditions**.

Implications for global health

- We need greater clarity as to what is meant by 'global health'. Is the focus on **global health equity**; on coming together to **meet common health ends**; or on the **current infrastructure of global health institutions** (which perpetuate power imbalances in different ways)?
- Can solidarity emerge as a value or virtue in society without first addressing **asymmetries of power** and the **need for reparations** for past and ongoing injustices?
- If solidarity always involves an **'out' as well as 'in' group**, what does this mean for global health equity?
- While geopolitics and national interests tend to dominate in international treaties, coming together in the language of solidarity can be positive **in putting pressure on nation states to take action**.
- **Timing** is crucial: there is a need to take time to build up trustworthy relationships before rushing into action, with listening as integral.
- Practical ways in which solidarity could be manifested in global health include in the way **research priorities are set**, involving communities from the beginning; and through **ensuring Indigenous voice and representation in mainstream services in non-token ways**, including through drawing on Indigenous understandings of social and emotional wellbeing.

SESSION 2: INDIGENOUS UNDERSTANDINGS OF SOLIDARITY AND ADJACENT CONCEPTS

Indigenous scholars from Australia, Aotearoa New Zealand, and Samoa and Fiji introduced workshop participants to Indigenous understandings of solidarity and adjacent concepts such as relationality, drawing on concepts of relational beingness, insights from Indigenous solidarity movements, and cultural governance within mainstream healthcare. Key themes from the presentations and subsequent plenary and group discussions are summarised below:

Pacific philosophies of relationality



One of the participants talking about Pacific philosophies during the workshop.

- Three related principles that underlie Pacific philosophies of relationality are the way in which everything and everyone is connected and integrated (**we don't 'have' land, we 'are' land; we don't 'have' relationships, we 'are' relationship**); the interweaving complexities of this way of being which means that there **cannot be simple or linear solutions**; and a recognition of the **fluidity and continuity of life**, which cannot be pinned down by fixed systems and structures.
- Contradictions are understood as mutual, rather than competing, thus enabling us to live in a world of multiple realities: **recognition of mutual contradictions requires constant negotiation so that no-one is excluded**, just as large families 'grow in' together by navigating their differences. This contrasts with the western approach of seeking to eliminate or negate competing elements in a vain search for a single 'truth'. Deep solidarity occurs in these moments of mutual contradiction, with their opportunities for transformation.
- Life rotates around **probabilities and opportunities, not certainties** – and these uncertainties

*We don't 'have' land, we 'are' land;
we don't 'have' relationships, we 'are' relationship.*

are the 'birthing grounds' of solidarity because they allow space for flexibility, a new kind of inclusiveness and a new kind of resilience.

- Relationality is underpinned by an **ethics of restraint**: recognition of the need to slow down, pause, take time to regenerate, walk at the pace of those who cannot keep up, thus facilitating the vision of **no-one being left behind**. We need to redefine our philosophy of time to incorporate 'island time': a recognition of the seasonal flows of time and its cyclical nature, **servicing relationships rather than immutably fixed**. We need to wait for knowledge – recognising that it will be shared with us when we are trusted. An ethics of restraint also underpins deep living connections with the environment: an understanding of 'stewardship' that is about **'being with'** rather than **'caring for'**.

Insights from Indigenous solidarity movements



Participants discussing indigenous understanding of solidarity and adjacent concepts in the context of Australia and New Zealand.

- Our links with our ancestors and with the places where they lived and travelled to are intimate parts of who we are: this is why orienting stories and proverbs are so important. Māori orienting stories from the far north of Aotearoa illustrate, for example, how **destinies of peoples and lands are closely intertwined**: when the fountain at Taumarere on the east coast is empty, the fountain at Hokianga in the west overflows – and vice versa.

Flourishing begins where our relationships with each other and with the natural environment meet.

- For Māori, relationships (whanaungatanga and whakapapa) are both centrally important and **widely inclusive** – they connect not only human beings and human communities, but also non-human animals, flora, fauna and natural entities such as land and waterways, transcending time to include ancestors and those yet to be born. For many Māori, good relationships are fundamental to wellbeing: **flourishing begins where our relationships with each other and with the natural environment meet**. These relationships are also captured in Māori orienting stories.
- In Māori thought and practice, **kinship** relationships are crucial in community-building, responsibility-taking, and working to understand diverse worlds. Kinship is not limited to immediate family or biological lineage; rather it is understood as a **category of relationship that we have with one another** that can connect *anyone* together, within and between societies and beyond to non-human worlds.

Kinship involves responsibility, understood as bonds of mutual caretaking and guardianship.

- **Kinship involves responsibility, understood as bonds of mutual caretaking and guardianship**, accompanied by practices of care that connect and reinforce these relationships and responsibilities. These responsibilities are exercised through **mutual respect** (mana) and **reciprocity**: living in ways that honour and respect our relatives, pursuing wellbeing in mutually beneficial ways, and recognising how our wellbeing is intrinsically bound up with the wellbeing of others and the natural environment. If we fail others, we also fail ourselves.
- Distant relatives – like migrating birds – connect us with the rest of the world through their journeys and stories, **bringing us gifts that build bridges of understanding**. We need to reclaim their orienting stories, stitching them together in solidarity and, where necessary, weaving new narratives to rebuild the trust that has been lost.
- Polynesian narratives – narratives of ancestral migrations across both land and ocean, embedding connections and responsibilities across the generations – also provide us with conceptual tools to **ground the responsibilities of the current generation to future generations**, as part of a far-reaching intergenerational community.



How can these ideas of kinship and multi-generationalism be embedded into our policies and systems? And what kind of stories do we need to be telling to help shape a world we can aspire to leave to the next generations?

Cultural governance in health systems

- Key concepts relevant to culturally-informed healthcare were identified as: **reciprocity**; **kinship** (understood as interconnectedness and shared responsibilities, fostering care and collective action); and **collective care** (prioritising the health and wellbeing of community).
- The public health implications of these concepts include the need for **inclusive systems integrating Indigenous principles**, and a **shift from individual-centred paradigms to family and community approaches**. The ways in which this approach was realised in one health district in New South Wales during the COVID-19 pandemic are set out in Box 1. Systems were underpinned by:
 - A **strengths-based approach** in the organisation of healthcare that supports collective, self-directed action within Aboriginal communities, challenging the prevailing ‘deficit discourse’ that characterises Aboriginal peoples as ‘at risk of being sick, dying or dead’, rather than addressing systemic factors detrimental to health, including racism.
 - A **‘three pillar’ approach to health system governance**, that seeks to embed Aboriginal needs and perspectives within mainstream healthcare, rather than treating these as separate. This involves a ‘cultural governance’ pillar allowing for Aboriginal input and debriefing in a safe environment; an ‘implementation pillar’ of non-Aboriginal leaders; and a ‘population health joint governance’ pillar that brings all leaders together with either equal or majority Aboriginal representation.

Box 1 Features of cultural governance in Hunter New England Health District, New South Wales, during COVID-19

- Key features: **shared decision-making** and **cultural governance**;
- Advocated early for an Aboriginal Public Health Lead as part of the Incident Command System, supported by a Public Health Aboriginal Team;
- Data collection allowing for identification of Aboriginal peoples engaging with services enabled more targeted response, including shifting focus from individual to household-based support;
- Understanding of the nature and role of Aboriginal kinship structures, and engagement with trusted leaders and Elders, improved surveillance data and mapping, and facilitated earlier activation of support;
- First Nations Community Panels, using yarning sessions, evidence and deliberation, contributed to the evidence base;
- High vaccination rates were achieved through culturally-informed strategies and the use of culturally-appropriate services, leading to increased trust in health services.

Discussion around common themes



Participants engage in group discussions during the workshop.

- **Sovereignty:** while solidarity is not a term used by Indigenous Peoples from Australia or New Zealand, they should have sovereignty over how they define the concept and its associated actions. How Indigenous Peoples understand solidarity should be defined by them for them, as opposed to by non-Indigenous persons.
- **Reciprocity does not need to work in a linear way:** the relational responsibilities described are not exercised with the expectation of immediate return. 'It will happen when it happens' – and benefits may arise for someone quite different. This understanding is particularly important in thinking about our relationships with the non-human world who are not 'linguaging' with us. The rivers, oceans and trees have a very different language of reciprocity: **'we are giving them death but they are giving us life'**.
- We need to **'embrace the tragedy that exists'**, engaging with a complex reality, rather than looking for absolute answers. Sometimes we just have to let relationships go, but often they can be repaired – **most people are open in some sense to building relationships**, and even neighbours who have not spoken for years may be able to work together in the right circumstances. This is why fluidity of time – accepting the notion of second and third chances – is so important. **Solidarity is always possible.** ("We don't always like each other but we love each other dearly.")
- **Trust** should not necessarily be seen as a pre-requisite for solidarity, but rather tested constantly in action: as part of the **process of building relationships**, of **finding what you can agree on.** ('We always knew when the Thai sex worker group were having internal conflicts because people turned up to meetings with their sleeping blankets – no one is going home until it is resolved.') Trust also involves a willingness to 'unlearn', to be open to other ways of thinking and acting, to **give up power**, stepping aside to give others space to flourish.

- **Is it right to talk about ‘Indigenous’ concepts**, given that the concept of ‘Indigeneity’, or the classification of people from many tribes/kinship groups as ‘Māori’ or ‘Aboriginal’, could be seen as colonial constructs? Whose purposes do these classifications serve – do they align with how people identify? It is also important to be wary of the risks of idealising or over-simplifying the complex relationships that the many different Indigenous communities have with nature.
- Is there a **risk of making the term ‘solidarity’ stretch too far**, to cover too many different forms of relationship? Is it really the best concept to describe the embedded and interconnected relationships between humans and their environment?

Implications for global health

- The recognition of how people are **‘experts in their own lives’**, and the **intrinsic value of relationships** illustrated by Indigenous accounts of kinship need to be central in global health thinking. This requires **resources and time** – relationships cannot be built at the last moment or in an emergency.
- It also requires a **giving up, or devolution, of power** – with implications for how communities are empowered, how resources are allocated, what research takes place, and how health systems are governed (for example through the embedding of cultural governance, rather than through the precarious and laborious need to influence particular individuals with power).
- An ethics of restraint challenges our obsession with power: it roots and humbles us, in contrast with the driving forces of production and profit. But there is **no place at present for restraint in our global structures**: the checks and balances that exist do not include the need for pause, for holding back and for slowing down. There needs to be a balance between expansion and contraction but we are only expanding.
- We need to **find stories that capture and share awareness of the multi-generational nature of our existence** to inform our global health frameworks. The recognition that we are all interconnected (across time and also across nature, rather than nature serving our needs) provides a **different way of approaching our problems**. We need to work with and as part of nature to thrive together.

SESSION 3: APPLIED ETHICS FOR SOLIDARITY



A participant narrates how concepts of solidarity are applied in the work of St. Vincent's -a Catholic healthcare provider in Australia.

The third session in the workshop explored ways in which concepts of solidarity are applied in different branches of applied ethics: in Catholic social teaching (the work of St Vincent's, the largest Catholic healthcare provider in Australia); in bioethics (drawing on the example of data-driven research) and in environmental ethics. Key themes from the presentations and resulting discussion are set out below:

Catholic social teaching

- Solidarity is a core part of Catholic social thought and entails “**recognising human interdependence not only as a necessary fact but as a positive value in our lives**”. The corresponding vision of St Vincent's in Australia is that “every person, whoever and wherever they are, is served with excellent and compassionate care”. This vision is realised through:
 - the way that staff engage with patients: **looking beyond people sometimes being ‘difficult’** to focus on their dignity: seeking to understand what they are experiencing, and how they need to be cared for;

“Recognising human interdependence not only as a necessary fact but as a positive value in our lives”.

- a commitment **never to abandon patients**, including when seeking care that is legal in Queensland but not acceptable with Catholic social teaching such as assisted dying;
 - **going out to people wherever they are** at their time of need, for example through outreach services to people who are homeless or experiencing domestic violence (see Box 2);
 - recognising the problematic history of the church in colonisation, and the distrust that some people continue to feel, while seeking to give back to the community in a positive way.
- Key factors in such care are **respect, equality and safety**, enabling patients to feel sufficiently safe to engage with care (“I don’t like this ‘changing nurses’ all the time, you know? You’ve got to be able to relate to someone before you feel comfortable.”)

Box 2 Working with women experiencing family and domestic violence

St Vincent’s Australia, working with Micah Projects in Brisbane, has funded a clinical nurse specialist to respond to increases in domestic violence through:

- going into motels and hotels directly to support women;
- accompanying women into public hospitals to provide advocacy and support;
- educating public hospitals about domestic violence and the needs of survivors;
- drawing on the advice of diverse women with lived experience of domestic violence through the peer support group RESOUND; and
- being open to challenge by members of that group.

Bioethics: trust and inclusion in data-driven research

- Health-related research is increasingly ‘data-driven’, highlighting the need for inclusive approaches to recruitment to ensure that diverse communities and experiences are represented in that data, and have the opportunity to benefit from that research (while recognising the importance of not over-claiming those benefits). Yet there are also well-founded concerns about extractive and exploitative practices in the collection and use of data from minoritised communities that act as barriers to the trust necessary for such inclusion to be possible.
- Practices of solidarity that potentially have a part to play in demonstrating the trustworthiness of research proposals include:
 1. **Relationship** – not just between human beings but also in the form of ‘**imagined relationships**’ with entities we can hold accountable, even if we do not have direct contact with them;

2. **Shared understanding of past harm** – ‘a willingness to learn and unlearn’ – that comes from acknowledging why distrust is indeed a legitimate response; and
3. **Co-governance** – recognising the importance of ‘people like me’ having some control over how the innovation in question will be governed.

Slowing down to create space to build trust.

- One approach being used in Aotearoa New Zealand is that of **Ngā Tikanga Paihere**, a te ao Māori framework for access to national level micro-data about people and households in the Integrated Data Infrastructure. This adds an additional layer of data governance that recognises that data is a living taonga (valued resource) for Māori (the Indigenous people of Aotearoa), and hence systems need to incorporate Māori data sovereignty. Ngā Tikanga Paihere requires data users to have appropriate expertise and skills; the development of relationships between researchers and communities; clarity as to the purpose of the research and data use; data standards and practices that maintain public confidence and trust; and the balancing of benefits (including community benefit) and risks. As explored in the earlier workshop session, these practices involve exercising restraint: **slowing down to create space to build trust**.
- In many parts of the Pacific, **affirmation** or **celebration** – starting with positive acknowledgement of the gift of life or land, or in this context potentially data, before moving to identify points of dispute or negation such as the recognition of past harms – also has an important impact on the development of relationships of trust.

Environmental ethics and One Health

- Within humanist traditions, concepts of ‘nature’ and ‘environment’ have traditionally been used as a way of ‘**othering non-human entities**’; as idyllic places to visit and enjoy; a place to ground oneself; something to be protected or saved. This contrasts, for example with Fiji traditions where **every child is born into a totem (my tree, my fish, my bird)** which is an intrinsic part of their identity and part of how they introduce themselves.
- Global organisations are now deploying the evolving concept of ‘**One Health**’ to seek to govern socio-environmental relations (with little recognition as yet, beyond the rhetorical, as to what could be learned from Indigenous understandings of the relationships between the human and non-human worlds). There are at least three distinct strands of thought underpinning One Health:
 - a focus on **minimising harm** while avoiding where possible the restriction of personal liberty (Mills’ harm principle);
 - egalitarianism: recognising that **health and wellbeing are relational and also entail stable ecosystems** and sustainable resources (drawing on the [Ottawa Charter](#));
 - communitarian: emphasising the **co-flourishing** of individuals, species and communities.

- While non-human animals and environments are often construed as a threat (climate change, novel viruses) ‘more than human’ solidarity captures **important aspects of people’s identities** and ways of life; **respects the commitments inherent in people’s relationships with places, plants and non-human animals**; and is a means of exercising the **accountability that comes with privilege**.
- Interventions motivated by humanist solidarity can extend towards non-human entities, and interventions may also focus first and foremost on non-humans. However, it is necessary to recognise that these **commitments and interests can and will come into conflict** (just as in human medicine, intervening to save one person may lead to another being neglected). While, as illustrated in the case of the Hendra virus (see Box 3), it may be possible to find courses of action that respond to multiple interests for different reasons, **tensions will still be inevitable**.

Box 3 Response to the Hendra virus in Australia

The Hendra virus is found in the ‘flying fox’ bat population, whose habitats have been disturbed by changing land use around the east coast of Australia, leading them to feed on fruit in gardens and plantations. Engagement with the human world is a source of stress, leading to greater virus shedding, infecting horses, which then infect humans. The bats are too numerous to kill (the default response). Instead, the policy response is:

- public education to minimise transmission (eg changing behaviour around sick horses);
- strict enforcement of legislation that protects flying fox populations and helps reduce their stress (benefitting both bats and humans); and
- development of a vaccine for horses (based on military research undertaken in response to fears about bio-terrorism, thus linking animal and human interests).

A further proposal is to create corridors of land to help create landscapes that humans and flying foxes can share (‘seeking conviviality’). There is widespread agreement on this approach as a policy aim – but complete disagreement over who should bear the burden of such ‘more than human’ solidarity by paying for it.

SESSION 4: ACTIONABLE SOLIDARITY: FIVE VIGNETTES

The final session of the workshop focused on five vignettes of actionable solidarity. These vignettes are summarised in Box 4 below, followed by an overview of common themes from the presentations and subsequent plenary and group discussions. Workshop participants were encouraged, in particular, to draw out tensions within the situations described, and identify possible approaches to resolution, addressing barriers and possible strategies.

Box 4 Actionable solidarity: five vignettes

1. Refugees, asylum seekers and migrants: solidarity and feminism

The **Multicultural Centre for Women's Health (MCWH)** is a national, community-based, not-for-profit organisation led by, for and with women and gender diverse people from migrant and refugee backgrounds. MCWH increase migrant and refugee women's and gender diverse people's opportunities for health and wellbeing in Australia through research, bilingual health education, training, advocacy and leadership. It follows a feminist intersectional approach that analyses how structures of power can produce or reinforce gender, racial and social inequity for migrant and refugee women and gender diverse people.

MCWH demonstrates solidarity by ensuring its research and programmes lead to practical outcomes that inform advocacy, policy, and systemic and social change to benefit migrant and refugee women and communities in Australia. This commitment is upheld through:

- **Community engagement** – engaging with migrant and refugee women through consultations, sharing circles (focus groups), and in-language health education conversations to understand their needs.
- **Action-based research and advocacy** – conducting equitable, co-produced research, advocacy, and policy work with tangible outcomes, centring the voices, evidence and solutions of migrant and refugee women and gender diverse people.
- **Capacity building** – strengthening bilingual health educators' capacity by providing training and developing resources based on research findings and identified community needs.
- **Culturally responsive programmes** – delivering in-language health education and programmes to communities, led by trained, accredited bilingual health educators.

MCWH discussed how they view solidarity as an everyday practice that is foundational to their work: it involves engaging in continuous reflective practice and

Box 4 (cont) Actionable solidarity: five vignettes

it requires centring and amplifying the voices of migrant and refugee women and gender diverse people. However, they also highlighted several challenges that impact the practice of solidarity, including limited sustainable funding, inequitable collaboration and unethical engagement, power imbalances, and lack of prioritisation of community voices and needs.

Despite these challenges, MCWH emphasised the importance of coming together in solidarity to adopt an intersectional framework, address structural and systemic barriers, and actively challenge stereotypes and assumptions about migrant and refugee women and communities.

2. Sex worker solidarity

Unlike professions such as teachers, sex workers have no union – and yet face myriad threats of harm including prosecution under hostile legislative frameworks, absence of labour rights, media-shaming, and from the 1980s the emerging threat of HIV. In response, the **Aotearoa New Zealand Sex Workers' Collective** brought diverse sex worker communities together, under the symbol of the red umbrella, to fight for shared interests. Even after decriminalisation, sex workers have had to fight to be seen as fully-deserving citizens, challenging public perceptions of less or more 'deserving' sex workers (for example those who are trafficked, coerced or murdered), and the implications of such classifications, for example in immigration decisions. The terminology of 'sex work' has been key in creating this solidarity across those practising many different forms of sex work – and in reinforcing that sex work is work.

3. Solidarity with people with disabilities in times of crisis

The question on the Downing Street whiteboard at the height of panic in the early days of COVID-19 of 'Who do we *not* save?' highlighted how the identification of 'relevant similarities' in order to engage solidaristic action is ethically laden. During the pandemic, policy in the UK and Australia shifted from inclusive ideals of solidarity ('we're all in this together') to an emphasis on personal responsibility for individual protection. Once 'people like us' (by implication younger, without long-term health conditions or disabilities) were understood to be at lower risk of dying from COVID-19, those who were physically or socially more vulnerable were then 'othered': no longer seen as being similar in a relevant respect. This othering contributed to a failure to understand differential impacts of policies on people with disabilities, exacerbated by pejorative assumptions about the value that they bring to society, and potentially also fear/denial (we are all one accident away from living with life-changing disabilities and we will all grow old). How can we challenge such othering, and incorporate justice when setting the boundaries of 'relevant similarity' – both in everyday life and in emergencies?

Box 4 (cont) Actionable solidarity: five vignettes

4. Solidarity between Te Tiriti partners in Aotearoa New Zealand

Te Tiriti o Waitangi is the Treaty signed between the Māori and the UK Crown in 1840 between the Tangata Whenua (Indigenous Peoples of the land Māori) and the Tangata Tiriti (the people of the Treaty – those who are not Māori), setting out the rights of the newcomers (Māori already having rights). The aim was partnership – making room for everyone. Māori were betrayed by the colonisers' failure to keep the promises made in the Treaty, and this remains a cause of grief and anger. The Treaty, however, still offers opportunities for partnership – especially as understanding grows that it is there to protect everyone in Aotearoa New Zealand, Māori and non Māori alike. The organisation **Iwi United Engaged** draws on the Treaty to advance health and well-being for Māori through research, working through partnering workshops to improve research ideas, help researchers navigate respectful engagement with Māori partners, and ensure that research is articulated in appropriate language and uses appropriate frameworks. Importantly, as part of this process, non-Māori researchers are invited into Māori spaces such as the Queen's marae. Such practices help 'remove the hoha' – the sources of suspicion that get in the way of trustworthy relationship.

5. Healing and sovereignty through Aboriginal art

Art and culture is all-encompassing for Aboriginal peoples: it is not just 'what we do', it's 'part of who we are'. Widely recognised examples of Aboriginal art as constituting well-being include the Yirrkala Bark Petition (an 80 square metre canvas of the Great Sandy Desert, created by 19 traditional owners, to illustrate and explain their connection to Country and oppose mining on their land); and the Djuki Mala dances, originally created to thank the palliative care nurse who had cared for the sister of one of the dancers.

Humour has a particularly important role to play in art, as a means of honouring cultural history and as a means of portraying First Nations in ways that dismantle cultural stereotypes, acting as a transformative force within society. It operates as a weapon against oppression; as a key tool for truth-telling; and as a means of survival, affirmation and resistance. Aboriginal Australian 'Blak' humour can foster community resilience and healing; and act as a powerful catalyst for understanding and bridging divides. Examples shared at the workshop included scripts by Angelina Hurley for an Aboriginal comedy series called Reconciliation Rescue – addressing themes of identity, sovereignty, and empowerment – and a short film *Aunty Maggie and the Womba Wakgun*, based on the life of the author's grandmother, presenting her as a strong matriarch, eccentric and funny, rather than defined by the hardship in her life.

Common themes in presentations and discussion



One of the sessions where participants recounted their experiences and reflections on solidarity and adjacent concepts.

- The challenge of **invisible structural violence** played a key role in many of the vignettes, highlighting the important role of **lobbying as well as service provision** in making such violence visible, aiming to open the way to the possibility of greater solidarity. However, these forms of structural violence would not persist the way they do if they did not cohere in some ways with public opinion: they speak to the **emotional withdrawal of empathy that leads to othering**. The public appeal of these ‘othering’ instincts must thus be challenged, alongside advocacy for specific changes in legislation or policy.
- The **way in which advocacy is exercised** can itself demonstrate solidarity through its inclusivity – illustrated by the way that the Scarlet Alliance aims to ensure that images used in the media capture the diversity of sex work, for example through including images of male workers and migrant workers.
- The use of **humour can be central in cutting through othering instincts**, defusing tensions and challenging stereotypes in non-threatening ways that help engender trust. At the same time, it is important to recognise that Black and White humour can also be distinctive, and may sometimes only be safely shared within existing trusting relationships.
- **Instinctual responses can be positive** where they lead not to othering but to instant emotional recognition of similarity – as illustrated by the pastor’s wife in Le Chambon in France during World War 2, whose instinctive response ‘come in’ to Jewish refugees contrasted with her husband’s more hard-headed calculation of the relative risks to the rest of the village. Yet the limits of such instinct also need to be acknowledged: **this recognition of similarity might be mistaken**, and you might be making an imaginative leap that is inappropriate, ‘recognising’ something that is not there.

- Focusing on things that are shared can lead to the **risk of overlooking or eliding differences**, such as those between the many different groups of migrant and refugee women in Australia; and yet **connections can still be made on the basis of difference**. Do we need to find other ways of grounding solidarity? Is it about **finding common purpose for different reasons**: as illustrated by the shared dislike of the police by sex workers, regardless of different views among sex workers about the merits of decriminalisation? Or can it be about the **recognition of shared needs?** – seeing how others have similar needs to you, even though they are not ‘like you’ in the identity sense (recognising the parallels here with human rights discourse)?
- **Allyship** is very much valued – there will not necessarily be complete alignment between the views of allied groups, but there may be scope to build bridges, foster trust and improve one’s space in the world. In standing with others, as an ally or as part of an ‘in-group’, it is also important, where appropriate, to **recognise your own privilege**: for example where your passport identity does not attract the kind of scrutiny that others face.
- The metaphor of the **Te Tiriti Treaty as a marriage** was illustrative of both tensions within solidarity and approaches to resolution: in recognising the work involved in the creation of a shared identity and the role of common commitments; as a reminder at times of stress that there was a reason why a couple got married in the first place; and at the same time, recognition that many married partnerships in practice are unequal and may be exploitative.
- While the Treaty has provided a baseline for contemporary explorations of what equal partnership could look like, it is an open question whether the existence of such a text would have been helpful in other contexts, given arguments about interpretation and lack of accountability for enforcement. **A willingness to ‘sit and listen’** and move forward together may be more important than a written text.
- **Practical factors identified as acting as a constraint** on, or barrier to, practices of solidarity included:
 - **limited sustainable funding**, with funding being ‘drip-fed’ project by project in response to the priorities and requirement of funding organisations;
 - **inequitable collaborations** and lack of ethical engagement associated with such funding models and partnerships;
 - **power imbalances** – between funders and community organisations, and also between organisations and the communities they seek to serve;
 - lack of prioritisation of community voices and needs – for example where partners approach community organisations when an **agenda has already been set** or are unwilling to engage with a meaningful diversity of voices; and
 - **lack of knowledge**, often underlying the fear or disgust that leads to othering.
- Emotional or cognitive factors that act as a constraint on, or barrier to, practices of solidarity include **beliefs (acknowledged or unacknowledged) about the superiority of dominant cultural practices and ways of knowing** (as in White supremacy), and also the **guilt** that gets in the way of negotiating meaningful relationships (as in White guilt).

- Examples shared of **embedding solidaristic practices** included:
 - **seeing solidarity as foundational, and not as an ‘add on’**– for example in the way that the Multicultural Centre for Women’s Health is structured around the centring and amplifying of migrant and refugee women’s voices, with ways of working that demand continuous reflective practice;
 - developing **partnerships that are concerned with equity, rather than with precisely equal roles and contributions**; for example, where partners approach community organisations with genuine curiosity and humility, with flexibility for a project to evolve in response to their contribution;
 - ensuring that people have the right expertise, and are the right person to do a particular job; and
 - always being willing to challenge yourself whether you are making assumptions about other people’s cultures.

The workshop concluded with participants returning to the metaphor of the Treaty as a marriage and what this might mean for strategies to support solidarity

“Before you get married, you get engaged: people don’t get engaged without intending to get married. It’s a process – the goal is solidarity but you need the process and engagement first. We need to keep coming back and re-engaging.”

ANNEX

WORKSHOP PARTICIPANTS



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Moving Beyond
Solidarity Rhetoric
in Global Health

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