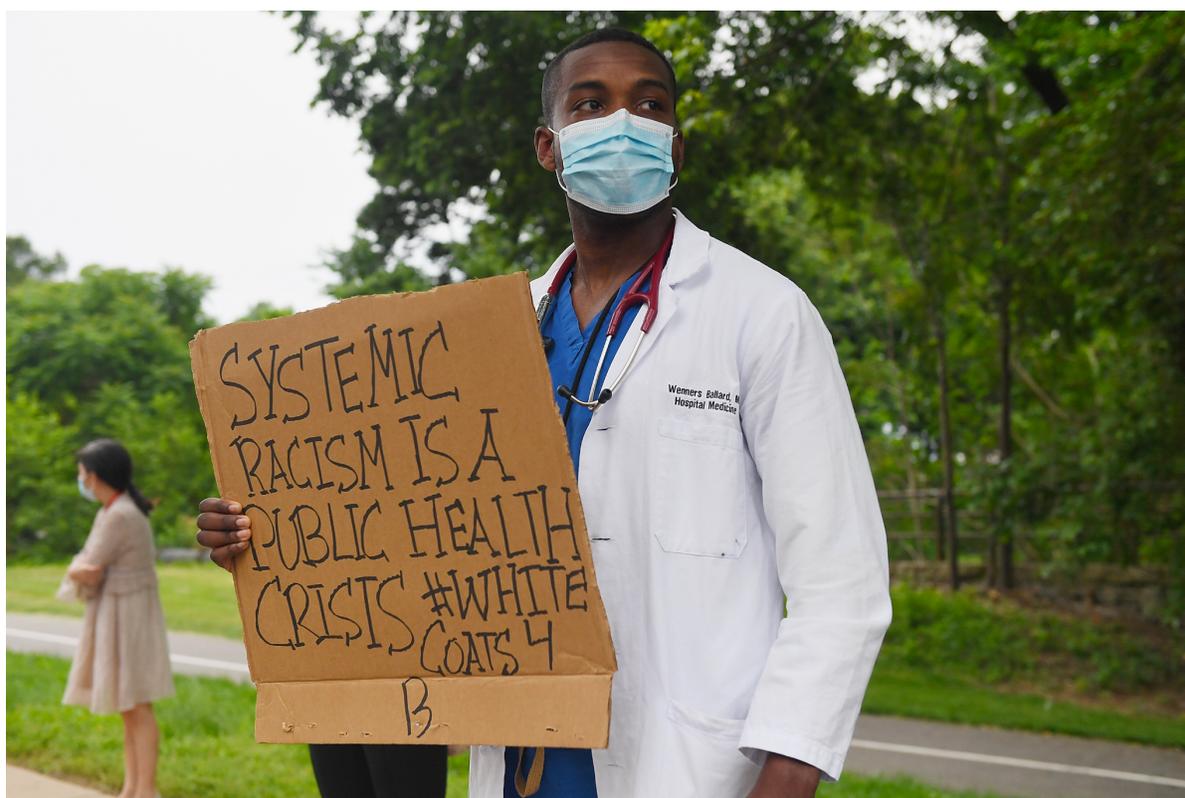


Forum: World Health Organization

Issue: Addressing Racism as an Obstacle to Health Equity

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Photography by Matt Miller. White Coats for Black Lives demonstration on the Washington University Medical Campus in June.

Guiding Questions as you read!

- How is racism a determining factor in the access and quality of care for an individual?
- How did systemic racism come to be and what can be done to change it?
- What are the long term consequence this global issue?

Introduction

Key Terms

Racism
Health Equity
Marginalized
Healthcare
system

Racism has been institutionalized in a way that permits the establishment of patterns, procedures, practices, and policies within organizations that consistently penalizes and exploits people because of their race, color, culture or ethnic origin, including the healthcare system. Such discrimination against patients of color limits their access to healthcare and the quality of it. These tendencies have been documented in numerous studies that indicate disproportionately negative **health** outcomes for patients of color in comparison to their white counterparts. Additionally, the quality of the medical care received by disadvantaged groups can exacerbate existing social factors that further divides our communities.

The health equity of an individual is determined by the social, economic, and political factors that make up the place where someone grows up in. Often, wealthier blocks and neighborhoods have significantly better health equity than when compared to those who grew up in underdeveloped communities. The environment that surrounds an individual determines their health equity as everything they do in their daily lives is interacting with these factors, regardless if they are good or bad. It is outrageous that a less fortunate community and a predominantly wealthy suburb located a mile away has a gap in life expectancy of 18.3 years. The difference between these communities is astonishing and highlights the effect the environment that surrounds our daily lives has on our health. Not only are the facilities and quality of care worse for underdeveloped communities, medical students are taught that black patients have a higher pain threshold. As a result, they are frequently prescribed medicine that doesn't adequately treat their illnesses. Therefore, education is also a focus point, as education needs to be separated from racial bias.

Comprehension Question:

How does structural racism affect an individual's right to healthcare?

How is racism a determining factor in the access and quality of care for an individual?

Definition of Key Terms

Race: Race is an idea developed by humans to create and categorize differences among groups of people based on physical features like skin color and hair texture. Race is used to create and maintain a social hierarchy, with human value assigned based on how close one is to Whiteness.

Racism: Racism is a cultural and structural system that assigns value and grants privileges and opportunities based on race. Racism exists in all aspects of society including politics, economics, history, culture, institutions and social systems. Contemporary racism is pervasive and is often subtle and ordinary. Racism functions on multiple levels¹² and through various forms (ex: cultural and structural) to create and reinforce beliefs, prejudices and stereotypes, and to normalize discriminatory practices.

Health Equity: The state in which everyone has a fair and just opportunity to attain their highest level of health. (CDC 2022)

Life expectancy: The term “life expectancy” refers to the number of years a person can expect to live. By definition, life expectancy is based on an estimate of the average age that members of a particular population group will be when they die.

Health Disparities: Health and health care disparities refer to differences in health and health care between groups that stem from broader inequities

Marginalized Healthcare Systems: In sum, marginalization in nursing has been referred to as an abstract process through which people and groups have limited access to power, social and political resources and are subjected to differential treatments because of their position in society (Vasas, 2005).

Socioeconomic Status: The current situation of an individual regarding income, education, and occupational status.



Current Situation

Racism within institutions and society influences how opportunities for health and well-being are distributed. The COVID-19 pandemic has further highlighted the disparity in healthcare treatment and quality of care between communities. These health inequities are considered as differences in health that are unfair and unjust. Often, they can be linked back to racism, location, and socioeconomic status (income, education, occupation). According to Harvard alumni and current Professor of Public Health, David R. Williams, "research suggests that minorities receive poorer treatment and less intensive care (in the United States). " There are countless stories of medic malpractices towards minority communities. An example cited by Professor Williams is the fact that White women are diagnosed with breast cancer earlier due to more frequent checkups and higher attention received during them. Evidently, we cannot generalize that this is the case in *all* hospitals but these patterns and tendencies are hard to ignore.

Presence of the United States with regard to Health Disparities

It is important to understand the current situation in the United States because of its influence around the world. Often when the United States is undergoing a problem, it is expected that several other countries around the world will be experiencing the same problem. The United States of America is one of the most influential countries on the globe, from Hollywood to its political views. As one of the most powerful state actors in global politics, the US works to influence and suddenly manage other countries in the world.

Impact of Wealth Inequality in Health disparities.

It is essential to understand that systemic racism is not only shown in the medical field. Sadly, we encounter systemic racism in many parts of our lives. One of the most impacting ways we see systemic racism is in the social structure. After conducting a study, Brookings concluded that compared to 15% of white adults, 42% of Black adults in their sample were living in poverty. 32% of Black adults were in the bottom fifth after

having parents who were in the bottom fifth, compared to just 5% of White individuals in that same situation. Only 1.2% of white adults, or roughly one in every 100, were in the bottom fifth after having grown up with parents and grandparents who were in the same situation. However, the percentage for Black adults is much higher, coming in at 21.3%. Now how, and why does this happen? It is no secret that all types of systemic racism are interconnected, wealth inequality stems from workforce discrimination and so much more. The American job market still exhibits a significant amount of racial disparity and discrimination. Black people have a double the likelihood of being unemployed and make over 25% less money when they do find work as opposed to white people. This can then lead to poverty and once again all links back to systemic racism.

Health Inequalities relating to Life Expectancy

Now, more than ever, we can see the clear correlation between health inequalities and life expectancy. After experiencing a pandemic first hand we are able to pinpoint the role that race plays in health inequalities and how that relates to racism. According to King's Fund, due to COVID-19, mortality rates have been higher in more impoverished areas as opposed to wealthier areas. "Up to March 2022, the Covid-19 mortality rate was 2.6 times higher for the most deprived decile in England than for the least deprived decile." (Kings Fund) Now, as we read previously because of systemic racism it is easier for a person of color to stay in the bottom fifth after growing up there compared to a white person in the same situation. "Blacks represented 13.2% of the total population in the United States, but 23.8% of the poverty population. The share of Hispanics in poverty was 1.5 times more than their share in the general population." (Census). With this information it is clear to see that people of color are more likely to be affected by health inequalities and therefore shortening their life expectancies.

Major Parties Involved and Their Views

United States



The US has recently implemented a recovery program for people from marginalized communities who have COVID-19-related long-term problems. The COVID-19 pandemic has brought to light and exacerbated the sad reality of health disparities suffered by racial and ethnic minority groups in the United States. These groups continue to have unequal access to care and

immunizations despite having a disproportionate number of COVID-19 infections and fatalities among their members. Racism in the system The lack of fair access to high-quality healthcare is mostly the result of US health care, which disadvantages racial and ethnic minority communities and benefits the White majority. As of November 2021, Black, Latino, American Indian, and Alaska Native people all saw higher rates of COVID-19-related hospitalizations and fatalities than White people. These gaps are mostly brought on by the fact that racial and ethnic minority populations continue to have unequal access to healthcare as a result of systematic racism in health care policy. The four primary payers or sources of revenue for health care are employers, insurers, the federal government, and the states. Laws and practices across the various payers have created a two-tiered health care system that denies racial and ethnic minority populations equal access to high-quality care. (Yearby, Ruqaiijah, et al.)

Brazil / Latin American Country (Mexico)

As of 2013, 52.9% of the Brazilian population self-identified as black or brown. Although this is the case available data shows that the black and brown Brazilian population have the highest morbidity and mortality, the highest illiteracy rates and the lowest educational levels, the highest rates of poverty, infant and maternal mortality, mortality

from diabetes, hypertension and violent deaths, and accumulate all these social disadvantages, as compared to the white population. Diseases are more prevalent in the black population; sickle cell disease, hypertensive disorders of pregnancy, arterial hypertension, and diabetes mellitus amongst others. Although this is unjust and unfortunate it is important to recognize the attempts that Brazil has made to fix these issues. Specifically, over the last 20 years actions have been taken to compensate and correct racial inequities.

Brazil believes that healthcare is a fundamental right, sadly this does not stop a division separating public and private healthcare from forming. As many Latin American countries do, Brazil has both public and private care, although **only around 23% of the population are able to afford and receive private health care**. This, combined with what was said previously, proves that in many Latin American countries sanitized, safe and 'better' hospitals or health facilities become inaccessible to the public, especially ones who are already being targeted for their race.

Belgium / European Country (Germany)

The Belgian healthcare system is **one of the best in Europe**, this system is divided into private and public sectors, although the difference is that both sectors have payable fees. The state system is funded by mandatory health insurance which allows residents to access subsidized services such as doctors, hospital care, dental care, maternity costs, and prescriptions. As for racial equity it is important to notice the lack of data and reliable sources in Belgium, "For example, **there are no reliable figures on access to health care based on so-called 'racial' criteria.**" Did everyone get the same access to health care during the corona pandemic? We simply don't know. There is also a lack of reliable data on discrimination" (Unia). It is important for Belgium to tackle this problem as The lack of reliable data is problematic, reliable data is essential for civil society organizations, policymakers, or academics to set things in motion. They help to identify issues and to solve them through policies based on facts and not on intuition.

Australia

Although Australia is known to have one of the best health care systems, it is reported that many people, both doctors and patients, experience racism and as a **result fear to seek medical attention or practice medicine peacefully**. Indigenous Australians, **Aboriginal and Torres Strait Islanders**, are likely to be discriminated against in the public health care system, both systematically and confrontational. Indigenous doctors are 5.5 times more likely to report bullying as a major source of stress, 10 times more likely to experience racism, and 27% of Indigenous health students reported being very stressed by racism.' (Australian Indigenous Doctors' Association) These encounters can result in decreased self-reported health status, a reduced perception of the quality of treatment, underutilization of services, postponed medical attention, disregard for advice, mistrust, care disruptions, and avoidance.

'Systemic racism in the health system directly influences Indigenous Australians' quality of and access to health care services.' (9 Australian Indigenous Doctors' Association)

India

India has a **sizable health care system**, yet there are still significant quality discrepancies between public and private health care, as well as between rural and urban areas. Despite this, due to its affordable private hospitals and good standard of care, India is a favorite destination for medical tourists.

It is important to note that, although India is one of the most diverse nations in the world, both ethnically and religiously, there is still so much systemic racism built into its everyday life. The nation is sharply **divided by caste, culture, language, regionalism, and sexism**, despite not being split by race. Beyond racism, we wish to draw attention to institutional inequality within the Indian medical community. In actuality, it encompasses all forms of discrimination based on a deeply ingrained presumption linking social status and superficial physical distinctions with intellectual characteristics.

UN Involvement

Committee on the Elimination of Racial Discrimination



A broad debate on the proposed general recommendation on racial discrimination and the right to health was held today by the Committee on the Elimination of Racial Discrimination. Three panel discussions covering the following topics were held throughout the day: monitoring, accountability, and redress for racial discrimination in the right to health; racial discrimination in health as experienced by individuals and groups; and legal obligations regarding the prohibition of racial discrimination and the right to health under international human rights law.

UN Addressing Systemic Racism

- The Office of the United Nations High Commissioner for Human Rights (**OHCHR**) organizes a fellowship which offers participants the chance to learn more about the UN system for protecting human rights, with an emphasis on issues that are particularly important to those of African descent.
- In order to address the widespread lack of knowledge about African history, **UNESCO** has created pedagogical content based on the General History of Africa (including curriculum outlines, teacher's guides, textbooks, films, radio programs, and illustrated books) for various levels of education.
- In 2017, **OHCHR** and **DGC** held two workshops on racial profiling in Brazil that were aimed at both the government and the public.

(United Nations)

Timeline of Events

Date	Description of Event	Effect
17th Century	Slavery → People were taken from africa throughout the 17th and 18th centuries, and sold into slavery in the American colonies.	In the US during slavery, medics used people of color to carry out medical equipment as they thought POC had a higher pain tolerance.
1840	Slave women from Alabama named Anarcha, Lucy, and Betsey altered the course of gynecology history. Dr. J. Marion Sims created medical devices and surgical methods that were connected to the reproductive health of women in the 1840s. Dr. Sims experimented on these women without their knowledge or under the influence of anesthesia.	In previous times, and even nowadays, it is not unlikely for a person of color to be easily exploited. In history there are many occurrences where white people took credit for the work of the POC. This greatly impacts systemic racism. It is important for us to be educated properly as this can lead to structural racism.
2 April 1861 – 9 April 1865	During the American Civil War, it was employed to examine the bodies of Union soldiers and evaluate lung capacity. Due of white soldiers' greater lung capacity, doctors wrongly assumed that Black soldiers had inferior	This further sustained the idea that black people were somehow 'inferior' to white people. The spirometer, a widely used medical tool in today's world, also illustrates racial diversity. According to

	bodies. Spirometers are typically "race adjusted" even today.	researchers, history demonstrates that this behavior may be an example of unconscious bias, discrimination, and racism that hides economic and environmental causes.
19th Century	During the 19th century the most common forms of justifying slave ownership was phrenology . Phrenology was the theory that the shape of an individual's skull could justify their behavior and personality. Calvin Cadie claimed that the skull of an African was shaped differently to a white person; Cadie stated that black people allegedly had an enlarged part at the back of their cranium that led to "submissiveness".	This theory led to the justification of slaves in many parts of the United States and Europe.
19th Century	The bodies of Black people who were enslaved were used to establish various elements of US medical education in the 19th century. Enslaved Black bodies were used by medical schools as "anatomical material," and their abundance was advertised to attract students in southern regions.	This further sustained the idea that black people were somehow 'inferior' to white people. And once again led to structural racism as it shaped minds in the medical field to view people of color as anatomical material. This is important as it plays a huge role in systemic racism

		in healthcare nowadays.
1932	The Tuskegee study: 600 impoverished Black men from Alabama were enlisted by US government researchers for a syphilis study in 1932. According to the advertisement, "Free Blood Test; Free Treatment." Aside from being followed until they passed away, the 399 members of the group who had syphilis were never treated. But this information was never shared with them or their relatives. It wasn't finally terminated until 1972, when the study was made public.	In the 1900s Medical experiments exploited black people as subjects. Once again this was a building block for structural racism in healthcare. This once again led to the long term impact, already mentioned, that affects black people in today's day and age.
1960-1970	Thousands of Native American women were subjected to involuntary sterilizations by the Indian Health Service in the 1960s and 1970s, causing deep psychological and cultural harm to the women, their families, and their communities.	People of color were used as experimental subjects in medicine in the 1900s. This served as another cornerstone for institutional racism in healthcare. Once more, this had the long-term effects that were previously described and still afflict POC in the modern world.
2019	In 2019, it was discovered that a healthcare management algorithm used by 200 million Americans consistently discriminated against	people who self-identified as Black had lower risk rankings from the computer than their white counterparts,

	Black people. P	<p>according to research published in the journal Science, which resulted in fewer recommendations for medical attention. Black patients' treatment expenditures were, on average, lower over the course of a year than those of white patients, thus it looked that the computer sent them fewer referrals (despite the Black patients being sicker). This then leads to higher mortality rates in POC.</p>
COVID-19	<p>Racial and ethnic minority groups, particularly non-Hispanic Black individuals, experience a disproportionate burden from COVID-19, with higher rates of infection, hospitalization, and death compared to non-Hispanic White persons. 20% of COVID-19 cases and 23% of COVID-19-related deaths are ascribed to Black Americans, despite their comprising 13% of the US population.</p>	<p>Black Americans' mortality rates are much higher than those of all other racial and ethnic groupings, except for Indigenous people, according to the APM Research Lab. As of March 2, 2021, the coronavirus had claimed the lives of roughly 256 Indigenous people, 179 Black people, 176 Pacific Islanders, and 147 Latinx people per 100,000 Americans (of their respective group), as opposed to 150 White</p>

		people and 96 Asian people.
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Past International Action

- The International Journal of Environmental Research and Public Health, in Canada has released a paper called 'Implementing Anti-Racism Interventions in Healthcare Settings: A Scoping Review'.
- **Bolivia, Chile, Ecuador, Greece, Kazakhstan, Lithuania, and Serbia** reported that discrimination on the grounds of race has been declared punishable by law.
- **Uruguay** has adopted a law on affirmative action policies to ensure equal access to higher education and to the public labor market, stipulating a quota of at least 8 per cent for people of African descent.
- The Congress of Deputies of **Spain** has approved a law on the memory of slavery, with the recognition and support of black communities, African people and people of African descent in Spain.
- **Argentina, Colombia, Ireland, Mexico, South Africa, Spain, and Turkey** enacted laws prohibiting racial profiling and racial discrimination.
- **Italy** reported that its foreign policy supports investment in African countries.
- **The Netherlands** reported that its anti-discrimination policy shifted from a specific ethnicity-oriented policy to a problem-oriented policy, encompassing all forms of discrimination.
- In **Mexico**, the national program for equality and non-discrimination 2014-2018 includes 13 lines of action for the Afro-descendant population, including to increase the participation of Afro-descendant and indigenous women in the political sphere and in positions of popular representation.

(United Nations)

Possible Solutions

- **Hire and promote black and other underrepresented healthcare providers**

It is no secret that there is a complete lack of diversity in many fields, one being the medical field. By hiring and promoting people in minority groups you will be giving voices to those who know what it is like on the receiving end of discrimination. This will generate a more diverse workforce and little by little will help dismantle the systemic racism in the workforce.

- **Incorporate antiracism lectures and historical context into the curricula of medical schools**

Education is key, an uneducated person can be seen as an ignorant one. By incorporating antiracism lectures and historical context into the curriculum of medical schools, you are addressing the problem closer to its roots. By educating future physicians you are creating a new generation of educated and accepting people.

- **Hire experts trained in addressing institutional racism in health care and medical education**

Offices and departments dedicated to diversity and inclusion are an essential lifeline for Black students, but sometimes involve the utilization of an institution's few Black faculties as multipurpose employees tasked with both providing lectures and also being the sole voice of minority students and/or employees. Which is why it is best to create a team of experts trained in addressing institutional racism in health care and medical education

- **Create meaningful relationships with surrounding communities**

Numerous medical schools and institutes are situated in communities with sizable Black and other underprivileged populations. Although student-run community enrichment initiatives and pipeline programs have a great impact, there is still much that can be done to establish long-term relationships with the community.

Sustainable Development Goal (SDG)

The Sustainable Development Goals (SDGs) lay out a new roadmap to improve the lives of people throughout the world over the next 15 years. When addressing this issue it is clear that it would go under the Goal 3 category, **Good Health and Well-being**, this

SDG works to ensure healthy lives and promote well-being for all at all ages. When Addressing Racism as an Obstacle to Health Equity it is important to understand that this SDG is in close relations to COVID-19, although this SDG is specifically referring to COVID-19 it can be placed into many contexts. GOOD health and Well-being states that all people regardless of their race, age, sex, etc. deserve equal treatment. Corona affects more than 500 million people worldwide and is responsible for more than 15 million deaths, not only did corona shine a light on the importance of good health, but also on the deeply rooted systemic racism in healthcare facilities. Everyone deserves to receive help when needed and as a society we should fight for all individuals to receive this proper treatment and that is what the SDG states.

Bibliography (links used for research in MLA format)

"BRAZIL | Summary." *Columbia Public Health*,
www.publichealth.columbia.edu/research/comparative-health-policy-library/brazil-summary+. Accessed 12 Sept. 2022.

"---." *Columbia Public Health*,
www.publichealth.columbia.edu/research/comparative-health-policy-library/brazil-summary+. Accessed 12 Sept. 2022.

Expatica. "Belgian Healthcare systems" *Expatica Belgium*,
www.expatica.com/be/healthcare/healthcare-basics/the-belgian-healthcare-system-100097/+. Accessed 12 Sept. 2022.

"Still Too Few Figures on Inequality and Discrimination in Belgium." *Unia*, 19 June 2021,
<https://www.unia.be/en/articles/still-too-few-figures-on-inequality-and-discrimination-in-belgium>.

"Racism in Healthcare." *ANTaR*, 27 Apr. 2021,
<https://antar.org.au/racism-healthcare>.

"Healthcare System in India." *International Student Insurance*,

<https://www.internationalstudentinsurance.com/india-student-insurance/health-care-system-in-india.php>.

Mehta, Hitaishi, et al. "The Multifaceted Aspects of Structural Discrimination amongst Medical Community in India." *Indian Dermatology Online Journal*, Wolters Kluwer - Medknow, 3 Mar. 2022, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8917489/>.

student, Third-year medical. "Ways to Eradicate Systemic Racism in Health Care and... : Academic Medicine." *LWW*, https://journals.lww.com/academicmedicine/Fulltext/2021/06000/Ways_to_Eradicate_Systemic_Racism_in_Health_Care.4.aspx.

OHCHR. "Committee on the Elimination of Racial Discrimination Holds Day of General Discussion on Its Proposed General Recommendation on Racial Discrimination and the Right to Health." *OHCHR*, www.ohchr.org/en/news/2022/08/committee-elimination-racial-discrimination-holds-day-general-discussion-its-proposed. Accessed 12 Sept. 2022.

Yearby, Ruqaiyah, et al. "Structural Racism in Historical and Modern US Health Care Policy: Health Affairs Journal." *Health Affairs*, 1 Feb. 2022, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.01466>.

"Django Unchained and the Racist Science of Phrenology | James Poskett." *The Guardian*, Guardian News and Media, 5 Feb. 2013, <https://www.theguardian.com/science/blog/2013/feb/05/django-unchained-racist-science-phrenology>.

"A Brief History of Racism in Healthcare." *World Economic Forum*, <https://www.weforum.org/agenda/2020/07/medical-racism-history-covid-19/>.

"The History of Racism in Health Care." *NCSD*, <https://www.ncsddc.org/the-history-of-racism-in-health-care/>.

Nuriddin, Ayah, et al. "Reckoning with Histories of Medical Racism and Violence in the USA." *The Lancet*, Elsevier, 3 Oct. 2020,

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32032-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32032-8/fulltext).

"Discrimination in the Job Market in the United States: The Abdul Latif Jameel Poverty Action Lab." *The Abdul Latif Jameel Poverty Action Lab (J-PAL)*, <https://www.povertyactionlab.org/evaluation/discrimination-job-market-united-states#:~:text=Considerable%20racial%20inequality%20and%20discrimination,less%20when%20they%20are%20employed>.

Winship, Scott, et al. "Long Shadows: The Black-White Gap in Multigenerational Poverty." *Brookings*, Brookings, 9 Mar. 2022, <https://www.brookings.edu/research/long-shadows-the-black-white-gap-in-multigenerational-poverty/>.

Brown, E R. "Income Inequalities and Health Disparities." *The Western Journal of Medicine*, Copyright 2000 BMJ Publishing Group, Jan. 2000, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070714/>.

"Actions Taken." *United Nations*, United Nations, <https://www.un.org/en/observances/decade-people-african-descent/actions-taken>.

Useful Links for Research (links for delegates to find research)

Racial Discrimination in Healthcare:

<https://www.stkate.edu/academics/healthcare-degrees/racism-in-healthcare>

Actions Taken:

<https://www.un.org/en/observances/decade-people-african-descent/actions-taken>

Structural Racism In Historical And Modern US Health Care Policy:

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.01466>

Video on What is health equity, and why is it important?

<https://youtu.be/NWNgUXyvDuo>

What are Health Inequities?: 5 Key Answers and Questions

<https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/>

Health Inequities and their causes | WHO (World Health Organization)

<https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes>

Inequalities in Life Expectancy in Latin America

[https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(19\)30235-9/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(19)30235-9/fulltext)

Understanding inequities in health and health systems in Latin America and the Caribbean: a thematic series

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-021-01426-1>

Structural Interventions to Reduce and Eliminate Health Disparities

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6356131/>

Health Equity | WHO (World Health Organization)

https://www.who.int/health-topics/health-equity#tab=tab_1

