

Abstract | 6. Community Health Konferenz

Titel

Racism and health: Inputs for Community Health in Germany

Autor*innen

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Place is one of the key determinants of health and has different meanings and qualities for

Health equity is a central goal of community health. While analysing health inequity ethnic groups or BIPOC (black indigenous person of colour) are often facing higher morbidity rates and shorter life expectancies compared to white people living in the same city, region or nation.

Talking about race, racism and health inequity of communities facing racism is missing words and narrative in Germany. Therefore, the Robert-Koch Institute developed a guideline on discrimination sensitive language in public health and migration. Furthermore, in Germany there is a great focus on health and migration and effects of migration, but less on racism as an independent fact.

Therefore, community health has to go deeper, understand more to act against health inequity in relation to groups facing racism. To eliminate disadvantages it is essential to understand structures of racism. In other countries like USA and Netherlands there is a rich body of research, literature and community activism that could bring the debate for Community Health in Germany forward.

In our double-session we deal with questions like: How should people within community health in Germany

- analyse racism in its roots and not just on the surface?
- relate race to other diversity dimensions from an intersectional perspective?
- include a discussion on the power of the white privilege including social practices, law and discourse?
- include voices of marginalised communities?
- talk about, publish and frame health inequalities that we observe in health studies?

To deal with these questions we bring presenters from Netherlands, USA and Germany together. This includes scientists and activists. These inputs will be commented by different practitioners from the Ruhr to support the transfer of international theory to the German situation. The session is planned as two 1.5 hours session. Each with 2-3 main presenters and additional commentators from the Ruhr. As speaker Devon Payne Sturges will present on the need to confront Racism in Environmental Health Sciences. Heike Köckler will present on lacks dealing with racism in Community Health in Germany.

Black Health Europe: race, racism and color blindness

Abstract Why do patients of African ancestry experience greater mortality of cardiovascular disease? Why do Black mothers die more often during childbirth than White mothers? Based on her personal experience as a medical doctor and her scientific work on high blood pressure and heart health, Lizzy Brewster will present a critical analysis of race, racism, and so-called “color blindness” in medicine in the Netherlands and mainland Europe, where “race” does not exist by law. She discusses how this culture may affect the survival of people of color, at the intersection of “race” and gender, and proposes methods to address these inequities and create a medical science that serves all people, regardless of their racialized or sexualized identity.

Biosketch Dr. Lizzy Brewster MD PhD FESC (mail@lizzybrewster.net) is a medical doctor from Suriname, working and living in Amsterdam, the Netherlands. She holds an MD and a PhD from the University of Amsterdam, graduating in the top 1% for both (summa cum laude). Currently she is affiliated with the CK Research Foundation and with the Amsterdam Institute for Global Health and Development, a partnership between the Academic Medical Center of the University of Amsterdam and the Free University of Amsterdam. She is the author of peer reviewed papers and book chapters on ethnicity/ancestry and cardiovascular health. She is a registered medical specialist in Society and Health of the Royal Dutch Medical Association (KNMG), a fellow of the European Society of Cardiology, and the Science Lead of the Women in Hypertension Research Committee of the International Society of Hypertension.

‘Schwarze Hautfarbe’, ‘originaires d’Afrique subsaharienne’, ‘negroide ras’, and ‘rasy czarnej’: Exploring the use of race-based diagnostics in Europe

Abstract Race is a highly contested social construct of which the use in research and medicine has been highly debated. Often race-based health technologies and knowledge are imported from the US for use in Europe, and subsequently altered to be used in the specific national context. For example, the racebased diagnostic equation used to determine renal function (the MDRD and CKD-EPI formulas) takes on different contours in different European countries. The original formulations refer to “Black” patients in the US. In Germany, however, this becomes related to black skin-color (“schwarze hautfarbe”), in France to sub-saharan African origin (“originaires d’Afrique subsaharienne”), in the Netherlands and Belgium to “negro race” (“negroide ras”), and in Poland to “black race” (“rasy czarnej”).

In this paper the use of race-based health diagnostics in specifically clinical guidelines and laboratory guidelines in Europe is explored. Based on case studies of the use of two everyday diagnostics, namely spirometry and eGFR equations, the racial thinking by which such guideline warrants the use of these diagnostics is investigated. For this research content analysis was conducted of clinicals guidelines for the use of spirometry and eGFR equations in Belgium, the Netherlands, and France.

Environmental Racism in Germany

For over 60 years, environmental justice research has examined the relationship between environmental pollution and race. Research on environmental justice in Germany often fails to situate the relationship between environmental injustice and race. In this presentation I argue for the importance of positing race as a central factor in the analysis of the distribution of environmental benefits and burdens in Germany. Drawing on a case study on environmental racism against German Sinti and Roma in Heidelberg, I show how the injustices Sinti and Roma have historically faced in

Germany have rendered Sinti and Roma in Germany particularly vulnerable to disproportional exposure to environmental harms. However, environmental racism in Heidelberg did not end with the demolition of the old buildings formerly mostly inhabited by German Sintis. In the industrial and isolated area accommodation was built for 220 refugees, thereby other racialised minorities are now exposed to environmental pollution. The study highlights the ongoing challenges and disproportional exposure to environmental harms experienced by these communities, even after specific instances of environmental racism have been addressed. Thus, this research aims to contribute to a better understanding of environmental racism in Germany and the need for comprehensive solutions.

Concepts, language, categories on the way to more healthy equity – how can discrimination-critical research and communication in public health succeed?

Language is powerful: It can reinforce power hierarchies and (re)produce exclusion, but it can also build bridges and create trust.

While anti-discriminatory language has long been an important topic in the education and media sector, and has also been discussed in international public health research since the 1980s, the issue has so far achieved only little consciousness in public health in Germany.

Public health authorities, research institutions and services have a normative role and a specific responsibility in regards to anti-discrimination, inclusion and reflection of risks of stigmatization and (systematic) exclusion. This includes the use of anti-discriminatory language and continuous reflection on terms, respectful and inclusive ways of communication, cooperation and research approaches.

Therefore, a guideline and an overview on relevant terms, concepts and categories for a discrimination-sensitive language around migration and health was developed at the Robert Koch Institute within the scope of the project “Improving Health Monitoring in Migrant Populations”.

Furthermore, accuracy, comparability and continuous reflection of descriptive terms and analysis categories regarding methodological and ethical aspects are highly important for good quality in public health research. Within this scope, we developed recommendations for the collection and evaluation of migration-related as well as further relevant social and structural determinants of health.

Discrimination- and racism-sensitive language and communication in research and practice has to be inclusive – with the aim of minimising the risk of stigmatisation, false generalisations and misattributions, following the ethical principle “Do No Harm”. These are fundamental and highly important components of a needs- and diversity-oriented community health – on the way to more health equity.

We will reflect together on the categories, concepts and terms we use in our research and practice - and embark with participants on an open and ongoing learning process.