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## Editorial

### Racism and Health Inequity

*“And then the black young lady here”* said the white man who was moderating the Q&A of one of the sessions at the WHO World Health Summit in October 2022, in Berlin. I was shocked. But as I was joining the session online, I couldn't feel the energy in the room or see if anyone else noticed or had an opinion about it. No-one said anything. Not the lady who was invited to ask her question, nor WHO's big boss who sat next to the moderator. With my science communication background, I might be more than averagely sensitised to 'people-first' language, which puts the person before the disease, disability, body shape, or indeed skin colour, but still, I was flabbergasted. Am I seeing things that are not there, or making a big deal out of something that I shouldn't as it distracts from the bigger issue? I believe I am not.

Racism is deeply rooted in our societies, stemming from historic power structures of colonialism that shape policies and practices still today. It manifests itself in different ways but can – depending on the source – be categorised into interpersonal, institutional, and structural racism. Science has unfortunately played a crucial facilitating role too. After all, it was Carl Linnaeus, Swedish physician, botanist, and zoologist (1707-1778), who created the four 'categories' of humans – white, red, yellow, and black – informed by racist, non-scientific distinctions that justify white supremacy. His book, *Systema Naturae* in 1735, describing these human categories with the most questionable characteristics like lazy, greedy, or females without shame, became the blueprint of racial differentiation, a system of superiority/inferiority that is still very much alive today.

*“Racism, xenophobia, and discrimination are fundamental determinants of health”*. It's only a few days ago that [The Lancet published a special issue](#), an impressive piece of work, with four research papers bringing together the strongest evidence and analysis on advancing racial and ethnic equity in science, medicine, and health. The authors examined how the historic systems of power and oppression, and discriminatory ideologies have shaped policies, and challenge and reject the belief that racial differences in illness and mortality, which cannot be explained by socioeconomic factors like income and education, are somehow inevitable and genetically determined. Although the body of evidence is becoming more overwhelming by the

day, the issue remains largely unrecognised and unconsidered in the public health domain.

This lack of urgency has also been felt by our members and partners, so early 2022 we started developing a strategy to tackle inequities in health through the lens of anti-racism and anti-discrimination. One strand of this work is to raise awareness of the many facets and vastness of structural racism and discrimination and the impact on health. This issue's articles on [gender inequalities in rare diseases](#), [inequities in organ transplantation](#), and the importance of [data in cancer inequalities](#) are examples of that work, and more is to come.

The EU advocacy strand focusses on the many European policies and strategies, including the ones on gender equality and anti-racism. To create momentum and visibility, we successfully applied for leading a Thematic Network – now titled '[DisQo - anti-discrimination & health equity](#)' – which brings together stakeholder organisations across policy domains with the shared ambition to tackle racism and discrimination for health equity. At the kick-off meeting last month we jointly brainstormed on the scope of our network and decided that anti-racism would be our case-in-point. From the discussions across the virtual tables, it became clear that language is a critical prerequisite for creating a safe space for constructive dialogue. It's the lack of clear definitions that has the potential to cause misinterpretations or even hostility. Take the words racism and racist, for example, these can be taken very personally, while the intention is to discuss these from their structural and institutional perspective. So, our first public webinar on 19 January, 11:00-12:00 will be about the importance of language (save the date!).

We look forward to building on these foundations in 2023 and collaborate and partner with many like-minded people and organisations to put a spotlight on structural racism and discrimination and the many systems that enable them to persist.

Coming back to the white moderator. I know, or at least strongly believe, that the man had no bad intentions. He appeared friendly, while skilfully moderating the session. But I also know that saying nothing is part of the problem. Or, as Ibram X. Kendi\*, founding director of the Boston University Center for Antiracist Research, put it: "denial is the heartbeat of racism, beating across ideologies, races, and nations. It is beating within us."



**Raymond Gemen**

*Senior Policy Manager for Health Equity, EPHA*

**\*Holiday reading tip:** *How to be an antiracist*, by Ibram X. Kendi (2019). Quite confrontational, or even uncomfortable, leaving no middle ground between racist and anti-racist, but definitely thought-provoking.

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## This Month's Top Stories



Gender inequalities and discrimination in rare diseases

By EURORDIS

[READ MORE](#)



Taking the Pulse: Tracking Cancer Inequalities in Europe

By European Cancer Organisation

[READ MORE](#)



Is Organ Transplant equal for everyone?

By The European Society for Organ Transplantation

[READ MORE](#)

### “They see us differently”: advancing health for Roma

As Europe's biggest minority ethnic group, Roma face continued discrimination in health care. Addressing the effects of antigypsyism, this article features many civil society organisation advocating for Roma Health, EPHA included.

[READ THE ARTICLE](#)

THE LANCET

## EPHA Updates



More ambitious targets are needed to ensure all children have access to quality early childhood education and care

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European Parliament adopts ambitious motion for a Diabetes Resolution

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Towards meaningful engagement of health civil society organisations in EU public health policymaking

[READ MORE](#)

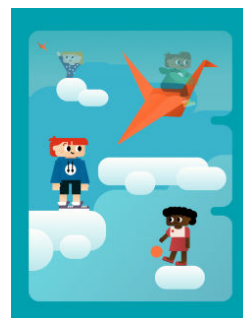
## News From Members

### Eurochild

**(In)visible children - Eurochild 2022 report on children in need across Europe**

This report highlights the recommendations and priorities that EU decision-makers and national governments can do to support the most vulnerable children and prevent widening inequalities.

[FIND OUT MORE](#)



## Alcohol Action Ireland

### Where is the urgency to reduce alcohol harm?

Alcohol Action Ireland publishes its review of progress in alcohol harm reduction during European Alcohol Awareness Week.

[READ MORE](#)



## AOECS

Scientists discovered a **75% underdiagnosis of coeliac disease** in what the researchers describe as the largest yet screening study of coeliac disease with biopsy-confirmed diagnoses and dietary intervention.

[READ MORE](#)



## European Cancer Organisation

ECO applauds the vote by EU Health Ministers that **expands cancer screening** in the EU. The new recommendations include strategies for earlier detection of cancer.

[READ MORE](#)



## AGE Platform Europe

Digitalisation of services: ensuring equal access to all, including older people of today and tomorrow

[READ MORE](#)

## Other News

### Science and Technology in Childhood Obesity Policy

#### STOP Policy Factsheets: Transferring Knowledge for Better Children's Health. Key Implications of the Findings for Policy Design.

The overall purpose is to ensure research extends beyond academic disciplinary boundaries, as well as providing a channel to engage and empower civil society.

[READ THE FACTSHEETS](#)



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