

National Coordinator against Discrimination and Racism (NCDR)

Wednesday 26th of June 2024

Stakeholder Network Conference
The Right to Health of People of
African Descent



Nationaal Coördinator tegen
Discriminatie en Racisme
*Ministerie van Binnenlandse Zaken en
Koninkrijksrelaties*





Content

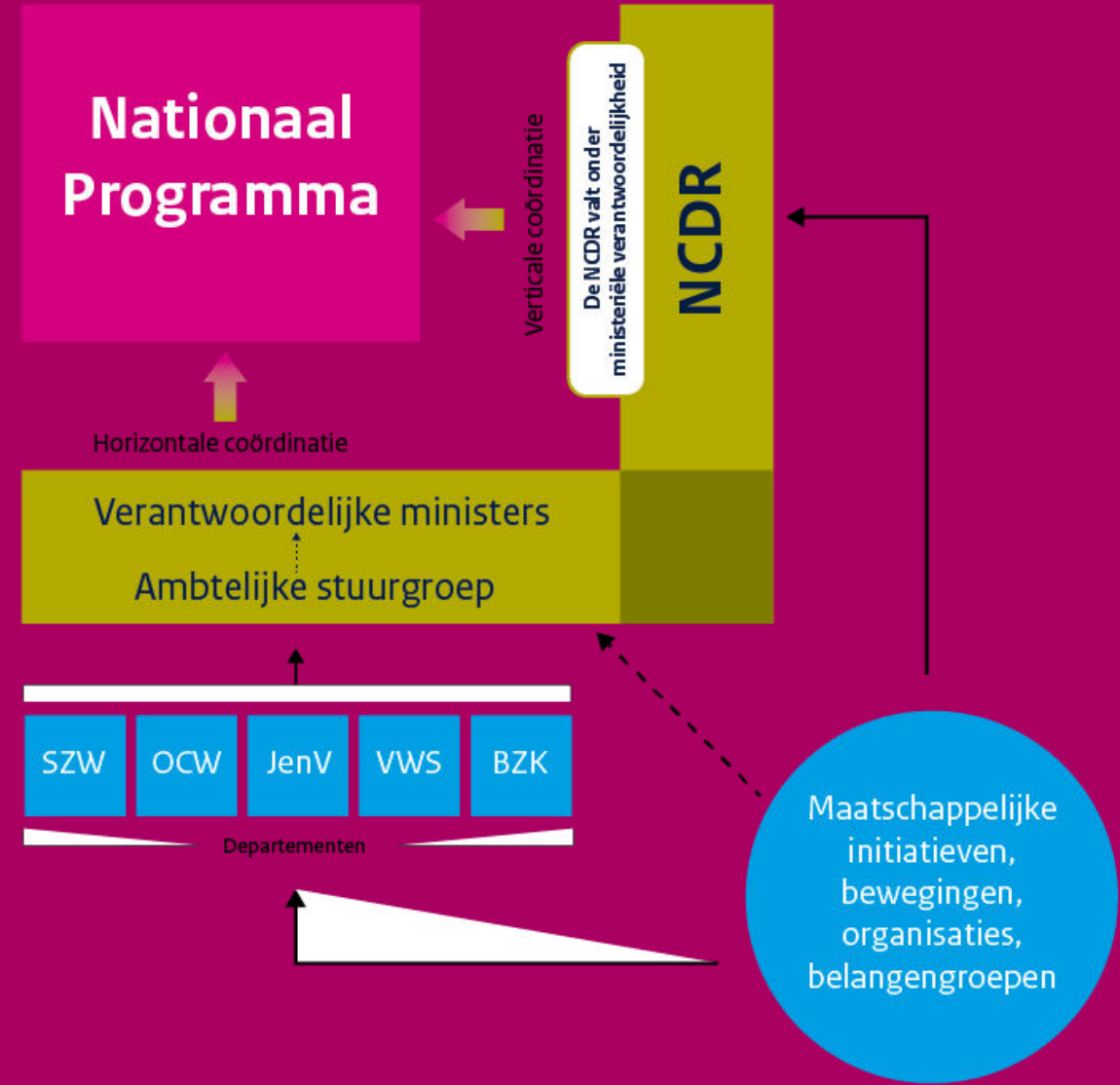
- ❑ Role and task of the NCDR
- ❑ Some examples
- ❑ Main challenges
- ❑ Health discrimination and racism discussion
- ❑ Solutions and structural change

***‘If you leave stones on the road, your children will trip over them’
(- Surinamese saying)***

Role and task NCDR



- ❑ Originated from a call from society
 - BLM movement in NL
 - Dutch childcare benefit scandal
- ❑ Main tasks: an annual National Program and an annual National Congress
- ❑ 3 roles: Connector, driving force, watchdog
- ❑ I take that as:
 - Connecting government, politics and society
 - And 'getting out there': through town hall sessions, expert meetings, conferences and an annual National Congress
- ❑ In reality: *pushing back against the pushback*





Some examples I

- The Dutch Association of Banks profiles on ethnicity: the NCDR has requested and received attention from the banks and from the Ministry of Finance / the Cabinet for the discriminatory effects of the Money Laundering and Terrorism Financing Act (Wwft)

<https://radar.avrotros.nl/artikel/vanavond-in-radar-onveilige-reddingsvesten-en-discriminatie-bij-witwascontroles-banken-60604>



Some examples II

- Apologies of the Dutch Government and the Dutch King Willem-Alexander for the Dutch history of slavery

“the times have changed. Den keti koti, fu tru!
... the chains have truly been broken,”

[Dutch king apologises for country’s historical involvement in slavery | Netherlands | The Guardian](#)





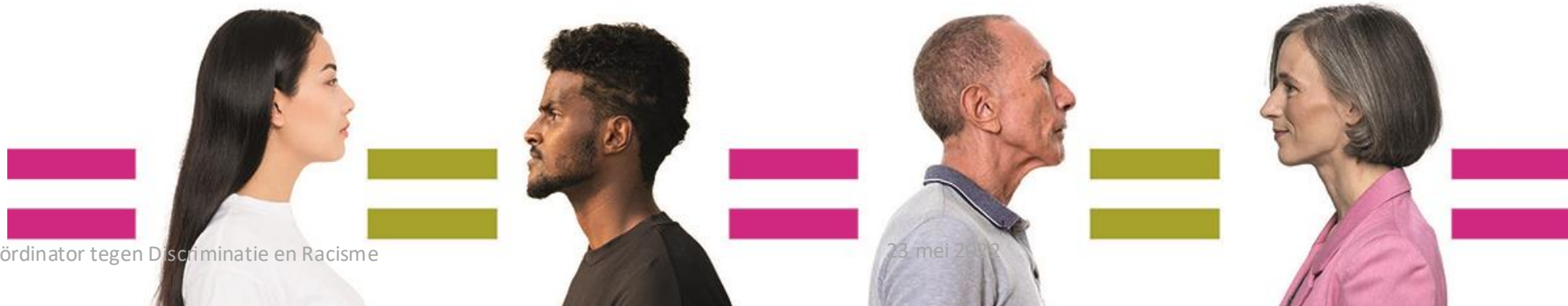
Some examples III

- Pleas for the **equalization of social arrangements (pension, etc.)** between the European NL and the Caribbean NL,
- For the realization of (the right to) the so-called **transition leave** for employees
- for the development and application of **accessibility standards in the construction of new homes**
- letter to the minister with a plea to include **unilateral government action in the equal treatment legislation (Awgb)**,
- attention to compliance with the **implementation of the so-called rainbow ballot box agreement** by the cabinet
- Internship discrimination (MBO internship pact)



Main challenges

- ❑ Everyday discrimination and racism
- ❑ Institutional racism
- ❑ Polarisation or: political racism





Everyday racism

Everyday racism occurs in the form of belittling, creating social or spatial distance, social or physical aggression, victim blaming.

Examples:

- Violence based on gender, gender identity, sexual orientation or gender expression
- Misogyny, also in politics
- Discrimination against LGBTIQ+ people
- Anti-Semitic chants in football.
- More anti-Asian racism
- And above all: discrimination on the basis of origin.





Institutional racism

Institutional racism is a social phenomenon in which processes, policies and (written and unwritten) rules of institutions have a discriminatory effect. Structurally ingrained and often not immediately recognizable. We can clearly see the distressing effects.

Examples:

- Legislation, regulations and policy (Wwft, Partial Ban on Facial Covering Clothing Act)
- Reports on institutional racism Min Foreign Affairs & municipalities
- Discrimination in the workplace
- Gender inequality in the Netherlands is large
- Inaccessible buildings and online world
- **In (health) care**





Polarisation or: political racism

- Unwanted polarisation is very visible
- Hate expressions have ample scope

Examples:

- Verbal and physical violence against the LGBTQ+ community has increased
- Xenophobic ideas and racism in public debate, see also migration debate
- Institutionalized distrust





Health-discussion I: the (ab)use of outdated and unscientific distinctions

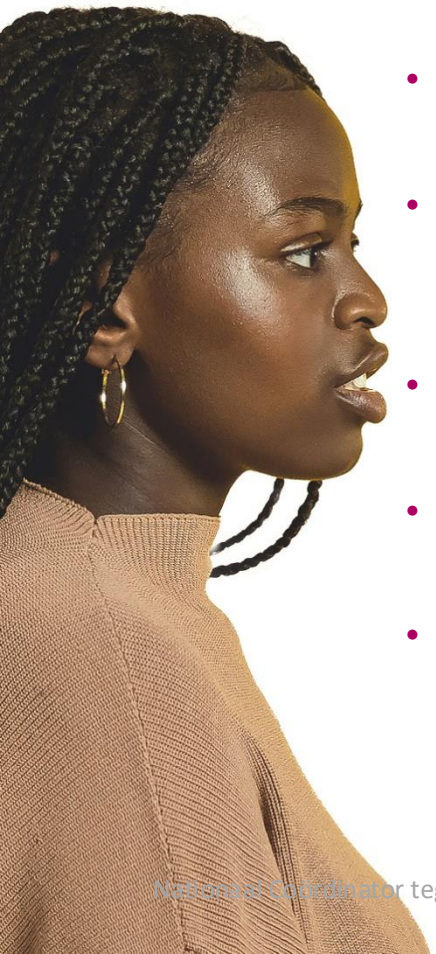
- Myth of 'higher pain threshold among migrants' remains a problem in healthcare
- Patients are at risk because health care still takes 'race' into account
- Minister is concerned about 'race' in healthcare, but does not interfere with adjustments
- Discrimination and racism are still a problem within youth care, especially for youth with a migration background
- Knowledge center takes tenth of site offline: information about migrants is incorrect
- Doubly disadvantaged – report on intersection of gender & disability in the Netherlands





Health-discussion II: the lack of inclusion in knowledge

- [Woman, black and ADHD: 'all white care professionals didn't understand me'](#)
- [Waiting years for a diagnosis, because autism is something for white people, right? 'Autism is color blind'](#)
- [Doubly disadvantaged – report on intersection of gender & disability in the Netherlands](#)
- [Men and women experience physical complaints differently](#)
- [Minister Dijkstra: 'Women are sent away by doctors with their pain complaints'](#)





Health-discussion III: discrimination in the workforce, and consequences for a non-representative workforce

- [Inequality of opportunity in selection procedures limits diversity in higher education: An intersectional study of Dutch selective higher education programs \(rug.nl\)](#)
- [Diversity in the pathway from medical student to specialist in the Netherlands: a retrospective cohort study – ScienceDirect](#)
- ['Female surgeons do better work than male colleagues'](#)
- [If only they thought I was the nurse](#)
- [Selection for medical studies is being overhauled to increase diversity](#)
- [Students with a migration background are often underestimated - also Elnaz: 'Started at pre-vocational secondary education, now a doctor'](#)





Combatting discrimination and racism in health care of people of African descent

1. We need to combat discrimination and racism within systems and in biases of health professionals.
2. And we need to push for more diverse and inclusive knowledge.
3. At the same time there is an urgent need for more representative intersectional diversity in health care professionals.

HOW:

- National Program 2023: Health care policies, protocols and underlying research need to be inclusive and effective: intersectional, specific and narrowly defined and evidence-based
- We need to get rid of unscientific and biomedical irrelevant standards
- Public Sector Equality Duty (example from Ireland and the UK): a big stick for health care institutions such as hospitals to achieve more diversity in the workforce





Q & A