The right to health of people of African descent

26 June 2024 | 9:30-17:00 CEST
UN House & Online

Welcome

#HealthEquity #DisQo
Housekeeping

26 June 2024 | 9:30-17:00 CEST | UN House & Online

- Event is **recorded** and **pictures** will be taken
- When you hear a **bell**, it is time to get seated
- There a sound system in the room if you want to take the floor
  - Online moderation will be done by Tom ([tomas.dejong@epha.org](mailto:tomas.dejong@epha.org))
- This is a safe space, in case of concerns reach out to Lisa Becker (in the room, or via [lisa.becker@epha.org](mailto:lisa.becker@epha.org))
  - Insensitive remarks mean instant removal from the event
- EPHA Socials:
  - LinkedIn: European Public Health Alliance
  - X: @EPHA_EU
- Hashtags:
  - #HealthEquity
  - #DisQo
Introduction and opening statements

26 June 2024 | 9:30-17:00 CEST | UN House & Online

- **Elena Kountouri Tapiero**
  Office of the United Nations High Commissioner for Human Rights, Acting Regional Representative for Europe

- **Isabel de la Mata**
  European Commission, DG SANTE, Principal Advisor for Health and Crisis management

- **Rabin S. Baldewsingh**
  Dutch National Coordinator against Discrimination and Racism

- **Milka Sokolović**
  European Public Health Alliance, Director General

- **Jacqueline Bowman-Busato**
  Adipositas Pact, Co-Founder, Engagement and Projects Lead
EU Anti-racism Action Plan and Health

26 June 2024 | 9:30-17:00 CEST | UN House & Online

Vanessa Kabuta
European Commission, DG JUST,
Unit D2 Non-discrimination, Policy Coordinator
Anti-Racist EU. United in Diversity

#EUANTIRACISM #UNIONOFEQUALITY
EU ANTI-RACISM ACTION PLAN
2020-2025

“The right to health of People of African Descent”
EPHA/OHCHR joint event
26 June 2024
Vanessa KABUTA, DG JUST
Introduction

The 1st EU anti racism action plan
• adopted in September 2020
• a key initiative

For this presentation,
• Highlighting of some of the major accomplishments
• Focus on certain actions (by Anti-Racism team)
Features

The **EU anti racism action plan**

- Recognition of **different forms of racism**, incl. anti-black racism
- Recognition of **structural racism**
- **Intersectional approach** to be taken
- **Equality** to be **mainstreamed** into all EU policy areas (EU Pillar of Social Rights, EU4Health programme, etc.)

→ **Better use** of all the existing tools and measures
Legal protection

• Racial Equality Directive (since 2000)
• Non-discrimination in access to healthcare services = Basic principle of health law and of medical ethics

However, there is a need to strengthen the EU equality legal framework

• Publication of EC study (Nov. 2022)

To fill this gap, adoption in May 2024 of the Directive on standards for equality bodies (2024/1499)

• Useful role of Equality Bodies for victims of discrimination
Member States

Legislation needs to be backed up by policy measures: to tackle inequalities in health on grounds of ethnicity

- EU level actions encompassing initiatives in cooperation with MSs
- Maximisation by MSs of the possibilities offered by EU funding programmes under the Multiannual Financial Framework (MFF) and Next Generation EU.
- In the 2021-2027 programming period, EU funds promote, i.a., equal access to health- and social care for all, in particular for disadvantaged groups.

#EUANITIRACISM  #UNIONOFEQUALITY
Member States

Joint work with MSs for making a racism-free EU a reality:
• Adoption of NAPARs by the end of 2022
• 2021: creation of Subgroup of Member States experts
  ➢ Common Guiding Principles
  ➢ Monitoring checklist + reporting tool
  ➢ Compendium of good or promising practices of Member States.
• 2024: Stand-alone action plan for several Member States
Equality data

To address health disparities among racial and ethnic minority groups

➢ Collect and use data to build evidence that informs decision-making and action on key social determinants of health

Aware of the practical challenges in the national contexts
Equality data

To assist Member States in making informed policy choices:

• **2021**: the Subgroup of Member States experts on equality data
  ➢ Guidance note on the collection and use of equality data based on racial or ethnic origin.
  ➢ Guidelines belonging to the tools used by the NAPARs Subgroup.
Civil society Organisations

• strengthened participation of civil society organisations
• reaching out to and engaging more with civil society actors on the ground.

Healthcare professionals? Transcultural skills?

• 2021: Permanent Anti-Racism Civil Society Forum as consultation mechanism.

Nevertheless, challenges for civic participation
EC reporting regularly on the implementation of the EU ARAP 2020-2025 and of its national implementation.

- **2023**: targeted stakeholder consultation, incl. EPHA’s response.

➢ There is a need for further progress: safe and inclusive spaces for all.

The report will provide guidance to Member States
To be published hopefully before the end of 2024.
Conclusion

EU action in the field of public health needs to respect the competences of Member States => individuals may enjoy an unequal level of protection depending on their geographical location.

EC major steps in its approach to anti-racism (acknowledgement of structural racism)
Role of the IDPAD to tackle racial inequalities for Black people at EU and national level
Conclusion

EC major steps in its approach to anti-racism (acknowledgement of structural racism)

- Role of the IDPAD to tackle racial inequalities for Black people at EU and national level

EC is determined to help create a true Union of Equality
THANK YOU!

Contact: just-no-racism@ec.europa.eu

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The right to health of people of African descent

26 June 2024 | 9:30-17:00 CEST
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Coffee Break
11:30-11:45 CEST

#HealthEquity #DisQo
Office of the Dutch National Coordinator against Discrimination and Racism

26 June 2024 | 9:30-17:00 CEST | UN House & Online

Rabin S. Baldewsingh
Dutch National Coordinator against Discrimination and Racism
National Coordinator against Discrimination and Racism (NCDR)

Wednesday 26th of June 2024

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

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 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
Conclusion by the Moderator

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Jacqueline Bowman-Busato
Adipositas Pact, Co-Founder, Engagement and Projects Lead
The right to health of people of African descent

Lunch Break
12:30-13:30 CEST

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The right to health of people of African descent

WELCOME BACK!

Musical energiser provided by OTION, Master of Sceneries
The Right to Health and access to health insurance: a Dutch case study

26 June 2024 | 9:30-17:00 CEST | UN House & Online

Marciano Daans
De Hofnar Present BV, Director

Yvel Blokland
De Hofnar Present BV, Policy Advisor Safety and Transcultural Intervention
The right to health and access to health insurance

An institutional view on two Dutch Case Studies

Presented by drs. Marciano Daans
Mandate

My mandate to speak to you here arises from a shared destiny on this issue

&

My expertise as a public administration scientist on institutional tasks

Presented by drs. Marciano Daans
Abstract

The Hofnar has offered customized support and assistance to both victims and their employers (the board of governors) of the Tax Office and the National Police.

Organizations, including company doctors, have no knowledge of exclusion, discrimination and racism and therefore do not know how this affects the health of employees. The result is that organizations remain reluctant to act.

A proper healthy policy for Europeans from African descent is what we need to further optimize their contribution to society.

Presented by drs. Marciano Daans
DE HOFNAR PRESENT & RESEARCH

Overview

01 Introduction
02 Contemporary Problems
03 Follow-Through problems
04 Complementary perspectives
05 Recommendation
06 Conclusion
07 Spoken referents
08 Reference list

Presented by drs. Marciano Daans
Introduction

Too much effort is needed to convince policymakers that there is a lack of recognition, knowledge and experience about the health of Europeans of African descent.

To put it straight: There is no other way to describe the global impact of George Floyd’s murder (Daans, Cityhall Councill Rotterdam, 2021)

Presented by drs. Marciano Daans
Introduction

“They can deal with pain much better than other Europeans”

“Our contemporary medical knowledge carries within itself a postcolonial paradox”

European civil servants of African descent

Dutch national institutions as CBS and SCP

Presented by drs. Marciano Daans
Contemporary Problems

01 The Dutch National Tax Office Scandal 2004 - 2019

02 Documentary called “De Blauwe Familie” or the blue family - 2022

03 The Hofnar has offered customized support and assistance to both victims and their employers (the board of governors) of the Tax Office and the National Police.

Presented by drs. Marciano Daans
Follow-Through Problems

Dutch Health System
Organizations, including company doctors, have no knowledge of exclusion, discrimination and racism and therefore do not know how this affects the health of employees.

The result is that organizations remain reluctant to act.

Asks for more diversity
To this day, existing institutions such as trade unions, works councils and even the internal ombudsperson cannot provide any significance in recognizing and arranging the necessary care for public servants.

All this is what we as the Hofnar Present take care of.

Presented by drs. Marciano Daans
Complementary philosophies

European perspectives
Every context – for example of the institution, the region or the target group - requires a different approach, or plurality”

Prof. dr. Paul Frissen

African perspectives
“African Humanism promotes human rights such as good care for everyone regardless of gender, nationality, skin color, without losing sight of critical thinking”.

Prof. dr. S. Bosede-Oluwelu

Presented by drs. Marciano Daans
Recommendation

1. Research into the long-term effects of racism and discrimination on the health of survivors

2. Research and specific recognition of PTSS and other trauma related illnesses as a direct consequence of prolonged racism

3. The inclusion of transcultural care in the basic scheme

Presented by drs. Marciano Daans
Conclusion

We can stop this irrelevant paradox, only if there is a recognition for the missing knowledge and expertise by policy makers.
Let’s start recognizing building with each other,

Thank you for your attention!

Presented by drs. Marciano Daans
www.dehofnarpresent.nl
Some spoken referents

01 Mr. Yvel Blokland, Associate Advisor Safety & Transcultural between 2016 - current

02 Mr. L. Huyzer, Vice Chairman and Governor National Police, between 2022 and current

03 Mrs. M. Neervoort, Manager Youth Trauma Dutch Tax Scandal

04 More than 300 victims (14 - 30 yrs old) Dutch Tax Scandal between 2014 - current

05 More than 100 victims and ((managerial) employees Dutch National Police

06 Communityleaders, scientists, midfielorganizations, lots of governors etc...

Presented by drs. Marciano Daans
## Reference list

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<tbody>
<tr>
<td>01</td>
<td>Prof. dr. S. Bosede-Oluwelu – Socrates and Orummila (2017). Ten Have Publishers</td>
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<tr>
<td>02</td>
<td>Prof. dr. J. Bussemaker – Zorg als sociale kwestie (2019). Leiden University of Medical Center</td>
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<td>03</td>
<td>Dr. F. Fanon – Black skin, White Masks (2007). Grove Press / Atlantic Monthly Press</td>
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<tr>
<td>04</td>
<td>Prof dr. P. Frissen – De zorg vraagt om pluriformiteit (2021) Medisch Specialisten</td>
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<td>05</td>
<td>Dr. A. Helberg-Proctor, A., M’charek, A., Meester, E. (2019). ‘Ras’ speelt ten onrechte rol in klinische besluitvorming. Medisch Contact</td>
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<td>06</td>
<td>And others like: Fairclough, N., Discourse and social change (1992), Polity Press</td>
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Clinical Diagnosis: racial bias in healthcare

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Wouter Arrazola de Oñate
Belgian Lung and Tuberculosis Association, Public Health Director

Layal Liverpool
Science Journalist, Author of “Systemic: How Racism Is Making Us Ill”

Tanja Gangarova
DeZIM-Institute Berlin, National Discrimination and Racism Monitor, Researcher

Alana Helberg-Proctor
University of Amsterdam, Faculty of Social and Behavioural Sciences, Associate Professor
Interactive session with the audience

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Jacqueline Bowman-Busato
Adipositas Pact, Co-Founder, Engagement and Projects Lead

Uri Breman
De Hofnar Present BV, Coordinator
Conclusion by the Moderator

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The right to health of people of African descent

THANK YOU FOR ATTENDING!

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