

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

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- 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)
- This is a safe space, in case of concerns reach out to Lisa Becker (in the room, or via 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

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Tapiero**

Office of the United
Nations High
Commissioner for Human
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Representative for Europe



Isabel de la Mata

European Commission, DG
SANTE, Principal Advisor for
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Rabin S. Baldewsingh

Dutch National Coordinator
against Discrimination and
Racism



Milka Sokolović

European Public Health
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**Jacqueline Bowman-
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Adipositas Pact, Co-
Founder, Engagement and
Projects Lead

EU Anti-racism Action Plan and Health

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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

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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.

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



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European
Commission



Progress report

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.

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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**

#EUANTI-RACISM #JOININGEQUALITY





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

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Office of the Dutch National Coordinator against Discrimination and Racism

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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



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





Content

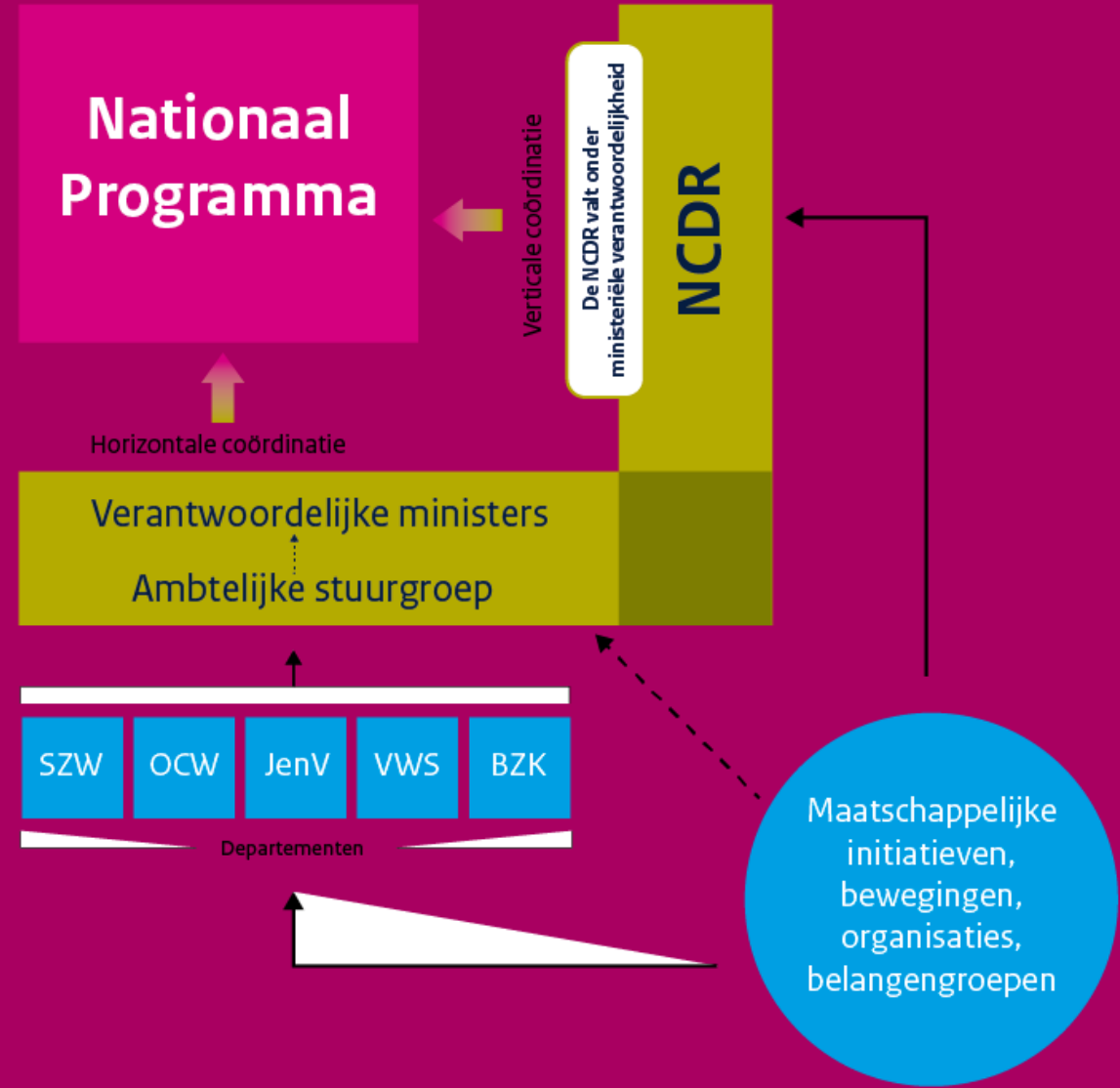
- ❑ Role and task of the NCDR
- ❑ Some examples
- ❑ Main challenges
- ❑ Health discrimination and racism discussion
- ❑ Solutions and structural change

***‘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](#)





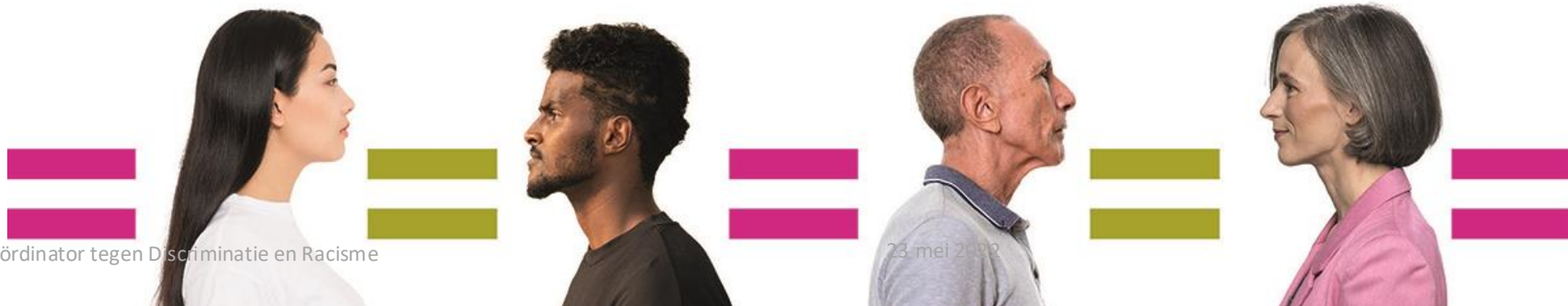
Some examples III

- 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

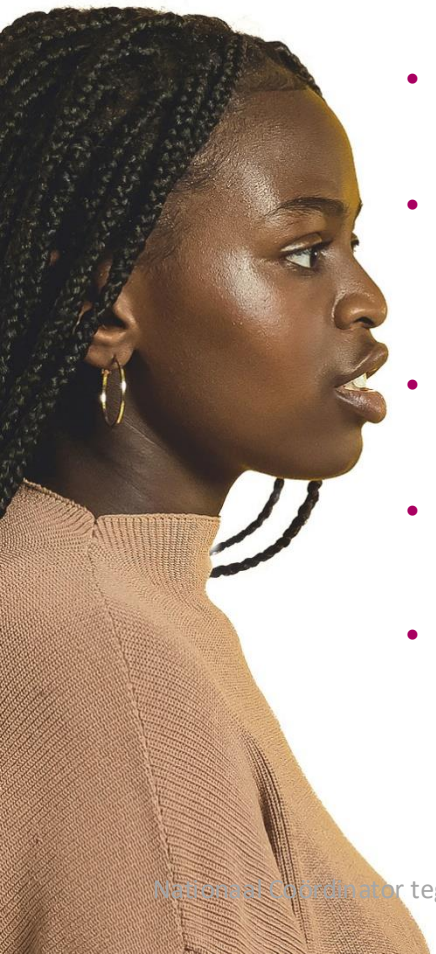
- Myth of 'higher pain threshold among migrants' remains a problem in healthcare
- Patients are at risk because health care still takes 'race' into account
- Minister is concerned about 'race' in healthcare, but does not interfere with adjustments
- Discrimination and racism are still a problem within 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'](#)



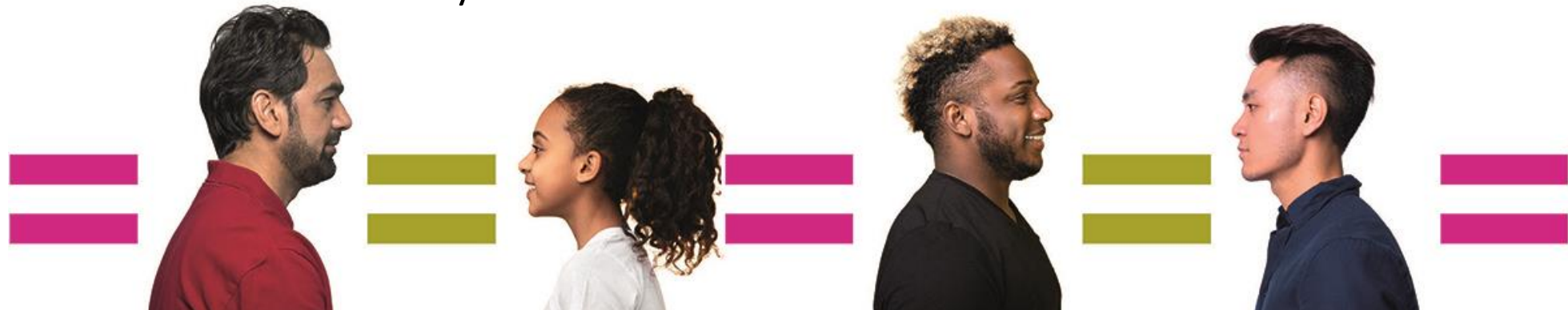


Combatting discrimination and racism in health care of people of African descent

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

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

#HealthEquity #DisQo





**The right to health of people of
African descent**

WELCOME BACK!

**Musical energiser provided by
OTION, Master of Sceneries**

Racism, discrimination and mental health (and trauma)

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Rozina Spinnoy

BIDS Belgium, Founder and
Director



Marlize Andre

The Marissa Foundation, Co-
Founder and Director



Stéphanie Mbanzendore

Burundian Women for Peace,
President



Liz Kelly

Irish Maternity Support
Network, Director

The Right to Health and access to health insurance: a Dutch case study

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Marciano Daans
De Hofnar Present
BV, Director



Yvel Blokland
De Hofnar Present BV,
Policy Advisor Safety
and Transcultural
Intervention

DE HOFNAR PRESENT & RESEARCH

The right to health and access to health insurance

An institutional view on two Dutch Case Studies

Presented by **drs. Marciano Daans**

DE HOFNAR PRESENT & RESEARCH

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

DE HOFNAR PRESENT & RESEARCH

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

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

DE HOFNAR PRESENT & RESEARCH

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 Council Rotterdam, 2021)



Presented by drs. Marciano Daans

DE HOFNAR PRESENT & RESEARCH

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

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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

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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

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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

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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

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Conclusion

We can stop this irrelevant paradox, only if there is a recognition for the missing knowledge and expertise by policy makers

Presented by drs. Marciano Daans

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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

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

Presented by drs. Marciano Daans

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Clinical Diagnosis: racial bias in healthcare

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



Loyal 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
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Uri Breman

De Hofnar Present BV,
Coordinator

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

THANK YOU FOR
ATTENDING!

#HealthEquity #DisQo

