





Black Lives Matter @ LSHTM

DTM&H presentation
21/09/20



WELCOME AND INTRODUCTIONS

Thank you for joining us!

We plan to discuss the links between Black Lives Matter and the practice of Tropical Medicine (~20min) and then open up for questions, feedback and discussion (~10min).

Please raise your hand or type in the comments box to contribute at anytime.

AGENDA

1. What is **systemic racism** and how does it **impact health outcomes of racially minoritized individuals**?
2. How does racism manifest in Global Health education and practices? **Understanding White Savior Complex**
3. How **Racism affects Health Systems and medical practices**?
4. Why you need to be(come) “**Anti-Racist**” rather than not racist?
5. **Questions** and discussion time!

1. What is Racism ?

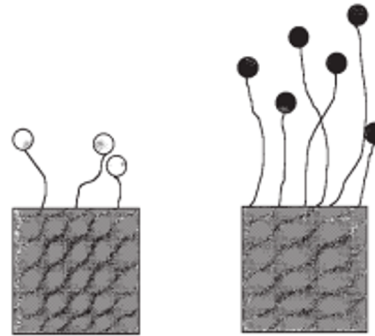
- **Moving beyond** the normative paradigm that defined racism as individual acts of prejudice towards one racial group by members of another racial group
- Racism is **Prejudice + Power** - This power can manifest as the ability to determine one's own or another's life circumstances, opportunities, or relationship with authorities
- To summarize:
 - **Racism is structural, systemic, institutional**
 - **Racism does not and cannot flow back and forth**
 - **Overt acts of hatred and violence are only the most visible forms of racism**

1. How does Racism affect health outcome?

A Gardener's tale - Dr. Camara Jones - Three levels of Racism

1. Institutionalized Racism - differential access to goods, services, and opportunities of society by race codified in our institutions of customs, practice and laws. (e.g. appropriate medical facilities, clean environment)

Institutionalized racism

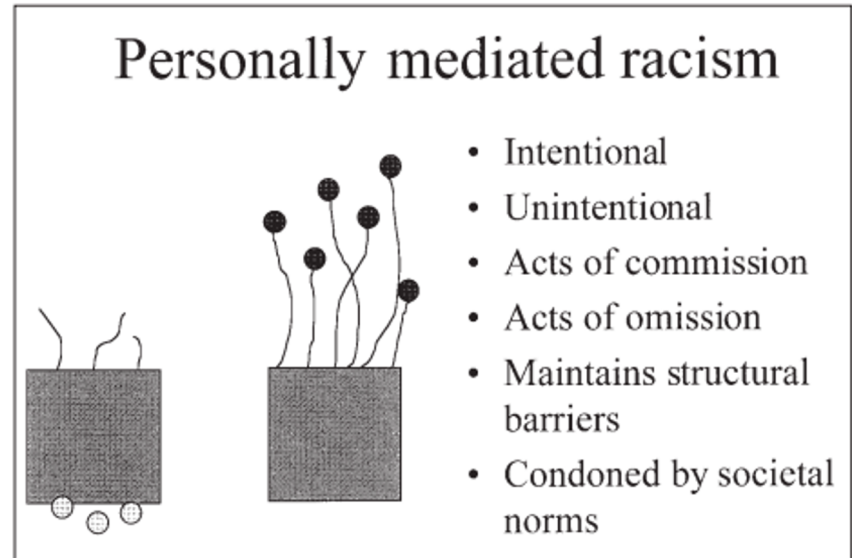


- Initial historical insult
- Structural barriers
- Inaction in face of need
- Societal norms
- Biological determinism
- Unearned privilege

1. How does Racism affect health outcome?

A Gardener's tale - Dr. Camara Jones - Three levels of Racism

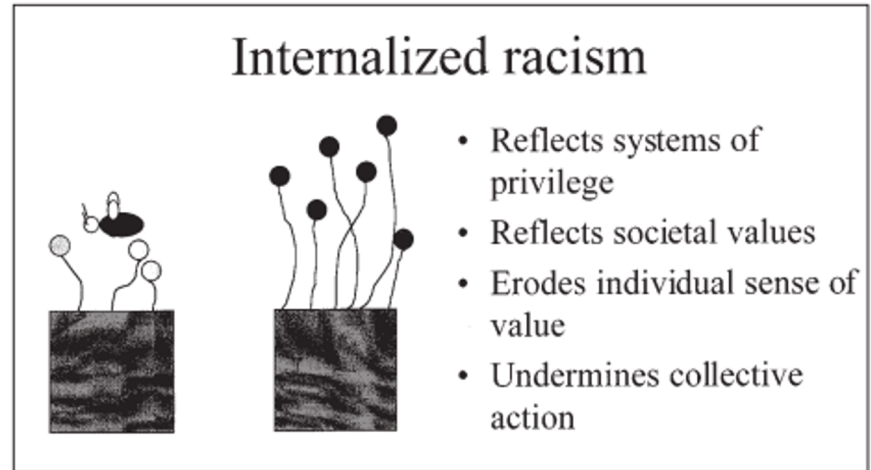
2. Personally mediated Racism - prejudice and discrimination, where prejudice means differential assumptions about the ability, motives and intentions of others according to their race (e.g. lack of respect, suspicions, dehumanization, etc.)



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3. Internalized Racism - as acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth. (e.g. resignation, hopelessness, helplessness)



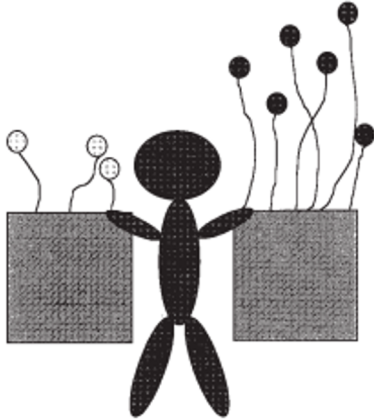
1. How does Racism affect health outcome?

A Gardener's tale - Dr. Camara Jones - Three levels of Racism combine

The Gardener - the gardener is the one with the **power** to decide, the power to act, and the control over the resources.

In Global Health it is non-governmental Global Health Organisations (e.g. United Nations, Global Fund, WHO, etc.)

Who is the gardener?



Government

- Power to decide
- Power to act
- Control of resources

Dangerous when

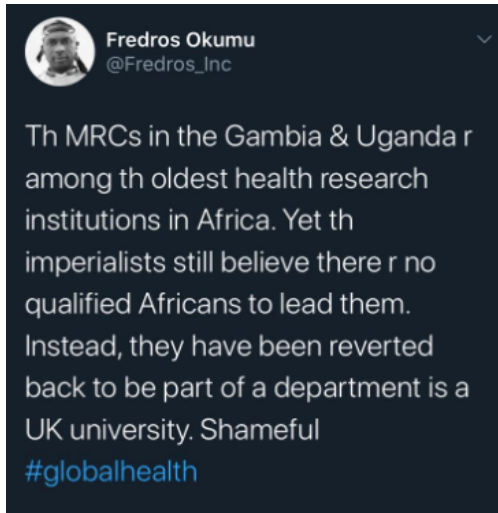
- Allied with one group
- Not concerned with equity

2. Understanding the White Academic Field

Universities are not neutral spaces - the ideas, the voices, the theories and perspectives Global Health institutions of education, research and knowledge production select determine what type of knowledge are valuable and valid and from whom students should be taught.

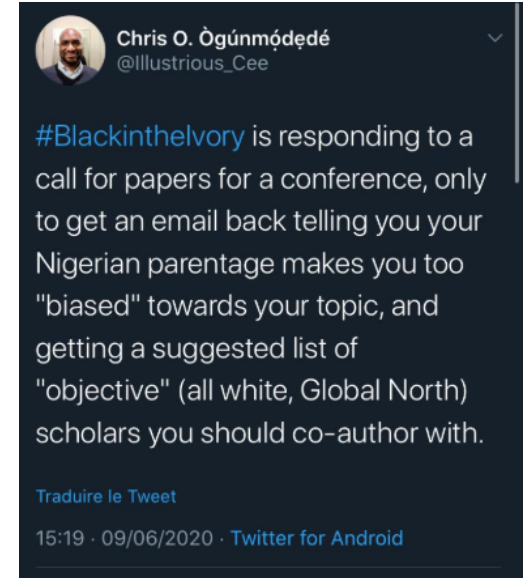
“As a university and as an academic institution, you can say we are against systemic racism. But you as an academic institution are systemic racism”.

Kalin Pont-Tate, co-chair of the Black Student Union at the University of California, Riverside



Fredros Okumu
@Fredros_Inc

Th MRCs in the Gambia & Uganda r among th oldest health research institutions in Africa. Yet th imperialists still believe there r no qualified Africans to lead them. Instead, they have been reverted back to be part of a department is a UK university. Shameful
[#globalhealth](#)



Chris O. Ògúnmodéde
@Illustrious_Cee

[#BlackintheVory](#) is responding to a call for papers for a conference, only to get an email back telling you your Nigerian parentage makes you too "biased" towards your topic, and getting a suggested list of "objective" (all white, Global North) scholars you should co-author with.

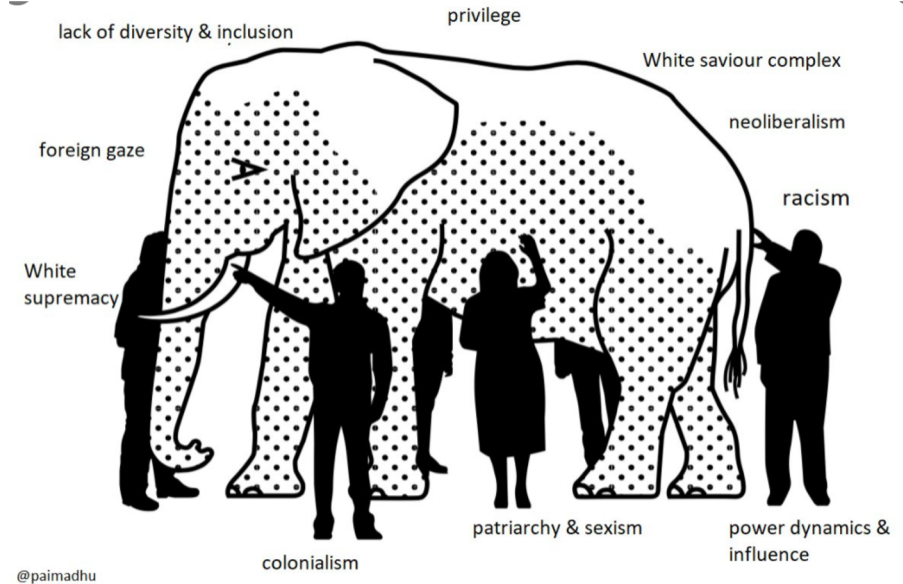
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2. What about Global Health ?

“Global Health still mimics colonial ways” by
Madhu Pai

“Imagine this scenario. A couple of newly minted Master of Public Health graduates from an African university, say in Rwanda, land in Washington DC for a 2-week visit. They visit a few hospitals, speak to a few health care workers and policymakers, read a few reports, and write up a nice assessment of the US health system with several recommendations on how to fix the issues they saw. They submit their manuscript to the American Journal of Public Health”.



2. White Saviorism in Global Health

- **When a white character or person rescues racially minoritized people from oppression. The white savior is portrayed as The Good One**, the white people are meant to identify with as they watch or read these narratives.
- Originated from colonialism - *“The white men’s burden to civilize the uncivilized. Whites had a moral (christian) duty to perform for the good of the inferior and uncivilized”*
- Impacts:
 - **Racializes mortality** by making white people constantly identify with the good white person
 - Non-white are given much **less of an identify**
 - **Non-white are not involved in decision making and their agency is taken away**
 - Frames **racially minoritized people as being unable to solve their own problems**
 - **Increase internalized racism** as racially minoritized people might feel that people who look like them are not competent or able to help themselves.
 - **Misdiagnosis of issues they seek to address because racism is at the core of the framework for diagnosis**

2. The White Savior Industrial Complex

Perhaps its most dangerous manifestation is in the development industry. **“White Savior Industrial Complex”** defined by Nigerian-American Historian and novelist Teju Cole

While the intentions may be to do good, quite the reverse is true.

How the “white-savior industrial complex” failed Liberia’s girls

Katie Meyler, More Than Me Academy, and the problem of valorizing inexperienced Americans who want to change the world.

By Abigail Higgins | @abbyhiggins | Oct 24, 2018, 4:40pm EDT

f   SHARE



American With No Medical Training Ran Center For Malnourished Ugandan Kids. 105 Died

August 9, 2019 - 5:44 PM ET
Heard on [All Things Considered](#)



NURITH AIZENMAN



MALAKA GHARIB



 8-Minute Listen

 PLAYLIST



Global Health Needs To Be Global & Diverse



Madhukar Pai Contributor

Healthcare

I write about global health, infectious diseases, and equity



I can no longer remain silent about racism in the World Bank

'White faux feminism': Women Deliver investigate internal racism allegations

Move follows previous and current staff complaining of toxic working environment at global advocacy group



Médecins Sans Frontières is 'institutionally racist', say 1,000 insiders

Medical charity accused of shoring up colonialism and white supremacy in its work



MSF workforce ran

Employees Are Calling Out Major Reproductive Rights Organizations For Racism And Hypocrisy

Reproductive rights issues disproportionately affect Black people, yet the leadership of those groups is predominantly white and Black employees say they are marginalized. "I have never been treated so horribly in my life as I was at Planned Parenthood," said one woman.



Ema O'Connor

BuzzFeed News Reporter

Posted on August 21, 2020, at 6:04 p.m. ET

A Global Health Star Under Fire

Former and current employees accuse Dr. Lucica Ditiu, leader of Stop TB, of harassment and bullying. The complaints threaten to slow prevention efforts worldwide.

The Exploitative History of One of the World's Deadliest Diseases

Combating the tuberculosis epidemic means confronting its social and economic roots

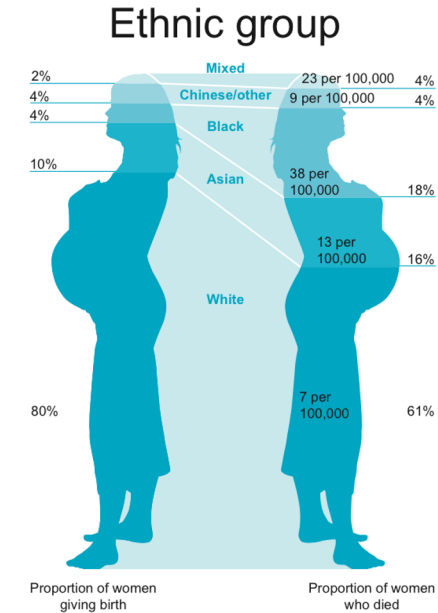
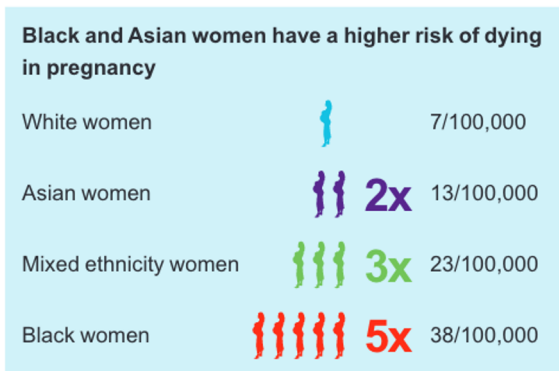
3. Racism in Health Systems

- In the UK, racism and health inequalities among ethnic minority groups seen in many aspects of the health system:
 - People seeking care (i.e. at the patient level)
 - The healthcare staff
 - Within the NHS structures and processes
- Manifested by
 - Stereotyping patients and health care staff
 - Misconceptions
 - Microaggressions
 - Unconscious bias
- Affect how we treat patients, staff and work together along the cascade of care

People

Maternal mortality

- MBRRACE-UK Confidential Enquiry into Maternal Deaths
- Despite declines, inequalities have emerged

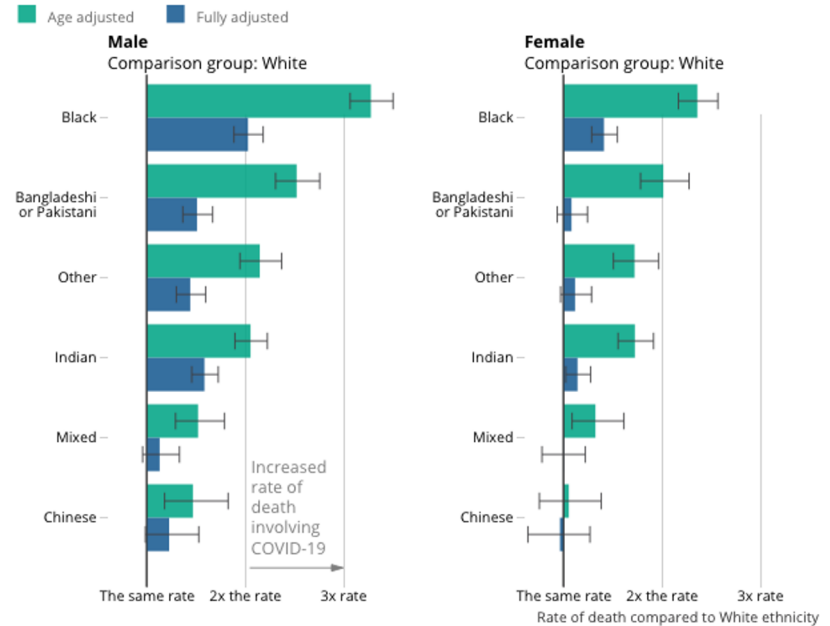
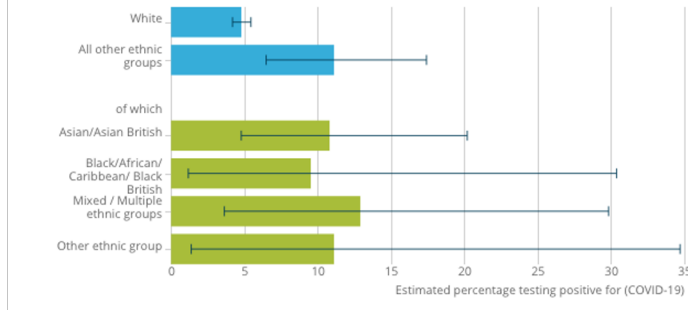


People

COVID-19

- Unequal infection and deaths
- Black males x3 increased risk of death

Estimated percentage of those ever testing positive for antibodies to the coronavirus (COVID-19) in the study, by ethnic groups, England, 26 April to 26 July 2020



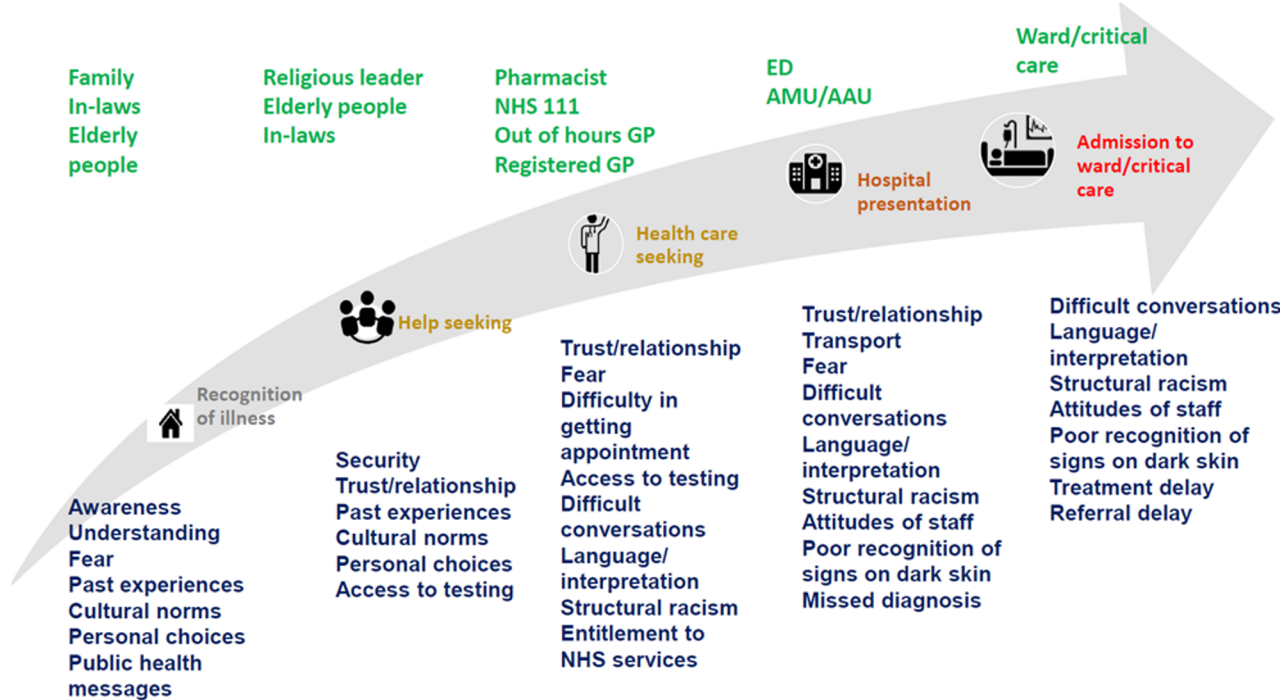
ONS Infection survey & deaths analysis (June/July 2020)

Healthcare staff

- Disparities in NHS Staff
 - Ethnic minority (EM) nurses also more likely to experience racism from patients compared to White colleagues (e.g. microaggression)
 - EM groups more likely to experience discrimination from managers or team leaders
 - Ethnic minority (EM) groups over-represented in low grades
 - Under-represented in senior roles, e.g. board members

NHS Workforce Race Equality Standard 2019

Consequences



Trajectory of health seeking and health care, and factors which may influence delays in presenting to healthcare or receiving appropriate care, or in having care escalated due to progressive disease (ED=Emergency Department, AMU= Acute Medical Unit, AAU= Acute Admissions Unit). (SAGE)

4. What can we do ? Be Anti-Racist

“ I think one has to even abandon the phrase “ally” and understand that you are not helping someone in a particular struggle; the fight is yours” Ta-Nehesi Coates

- **Be(coming) “anti-racist”** rather than declaring yourself “not racist” - Challenging the Status Quo
- **Understanding the relationship between the Three levels of Racism to guide our thinking and how to intervene.** Anti-racism starts with yourself:
 - developing **awareness** and accountability
 - **Understanding systemic/institutional racism** and recognizing that you can work in an institution that was funded and operate from racist practices while, you as an individual, do not hold racist views.
- **Anti-racism** in Academia requires you to:
 - Aim to do research **with and for the people**
 - **Question** everything
 - Understand informed **consent and cultural differences**
 - Reflect on how your understanding of **racism affects your practice**

Thank you ! - Questions and Discussion

“The formulation of a problem is often more essential than its solution, which may be merely a matter of mathematical or experimental skills. To raise new questions, new possibilities, to regard old problems from new angle requires creative imagination and marks real advances in sciences”

Albert Einstein

In your opinion, what stereotypes are affecting the health and well-being of Ethnic Minorities the most?

How can you address these in your practices of Tropical Medicine?