Health, Wellbeing, and Intergenerational Trauma

Statement by:
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I would like to start by thanking the Permanent Forum on People of African Descent for inviting me to this session on Health, Well-being and Intergenerational Trauma. I am honored to be here today in my capacity as the UN Special Rapporteur on the right to health.

As a Black African woman who embodies many types of discriminatory practices, I understand that people are not intrinsically vulnerable, but that these vulnerabilities are rather brought on by oppressive systems and the obstacles they face in the social, economic and political contexts they live in.

In fulfilling my mandate, I use an anti-racist and anti-coloniality analysis, and intersectional frameworks to advocate for substantive equality to achieve health equity and the highest attainable standard of the enjoyment of the right to physical and mental health for all. In the context of a global system of governance predicated on deeply unequal hierarchies, the importance of human lives has been based on a person's race, gender, sexuality, ability, religion, age, and wealth to name a few. Therefore, intersectionality must be at the heart of our analysis on how differing localities create layering forms of both privilege and disadvantage and therefore power has a specific and compounding impact upon people.

Racism, a legacy rooted in colonialism, imperialism, slavery, continues to manifest itself in negative and yet preventable health outcomes. In recent

decades there has been substantial research in the effects of racism on the health and well-being of Black people and people of African descent—including, the inter- and transgenerational socially or even epigenetically transmitted effects of trauma, police brutality and mass incarceration, and alarmingly high rates of maternal and infant mortality, gender-based violence, exposure to toxic environmental pollutants, non-communicable diseases and disproportionate severity and fatalities from COVID-infection.

Racism is a fundamental driver of ill-health among people of African descent. The health consequences of racism and discrimination can be persistent and passed from one generation to the next through the body's "biological memory" of harmful experiences.

Laws, policies, practices, and procedures of institutions may cause marginalisation and perpetuate racial inequality that have over the years disproportionately affected people of African descent. These systems, which are anchored in discriminatory practices, systematically distribute resources, power and opportunities along racial lines thereby preventing all people, especially people of African descent, from fully and freely participating in society, governance and the economy. In health, systemic racism manifests itself through differential access to health care, and underlying determinants of health.

My recent report on Racism and the Right to Health,[1] sheds light on the fact that people of African descent are disproportionately represented in prisons in many countries, experience harsher outcomes in terms of bail, prosecutions, convictions, sentence length and capital punishment; and are disproportionately targeted and subjected to police brutality and other racist practices by law enforcement. Black women are nearly twice as likely to be incarcerated as white women, and during pregnancy, are far more likely to be subjected to the harrowing practice of shackling, when they are giving birth.

In terms of sexual and reproductive health rights, women of African descent often have difficulty accessing modern contraception methods; have poor pain management for example for conditions such as endometriosis, vaginismus, post cancer treatment and have insufficient or in some cases, no access to adequate and necessary prenatal and pregnancy care. Compared with their white counterparts, more Black women die from preventable maternal- related conditions and birthing complications, and neonatal deaths are more prevalent in Black children.

The issues outlined here require a sustained effort to continue to bring to the surface. Health outcomes affected by racism are challenging to measure due to widespread and concerning gaps in data collection. Even in the most

[1] Available at: https://www.ohchr.org/en/documents/thematic-reports/a77197-report-special-rapporteur-right-everyone-enjoyment-highest

comprehensive global data, many vulnerable populations are not represented, and this makes them invisible. The full picture of the impact of racism on the right to health cannot be discerned without disaggregating health data and analysis of factors at the intersection of race, ethnicity, gender, age, sexual orientation, gender identity, disability, rural or urban location, among other factors. Every identity and racism impacts it matters and must be acknowledged.

The right to health violations and discrimination are interrelated and entrenched, operating at different levels, in clinical care, at the level of health systems, and in the underlying determinants of health.

To truly achieve substantive equality to yield health equity, the global community needs to decolonize global health. We need to put an end to the demonization and belittling of indigenous and traditional health, adopt an inclusive approach that is respectful, and seek to understand and support integration into primary health care of these practices. This will only succeed if we are willing to make a power shift and honestly acknowledge and assess the colonial and imperialist structures in global health, and interrogate what we inherited.

Without understanding how power compounds and impacts, not only outcomes, but who gets access to services, goods, facilities, and underlying

determinants of health, decolonization as a real process will remain academic and rhetorical.

Ending racism has become a central component of many global efforts to advance health and other human rights and ensure justice for all. We must apply the knowledge we have to move forward and strengthen a collective vision for the future.

As we commemorate the 75th anniversary of the UDHR, a collaborative effort is needed to vision and develop pathways of change for this and next generations. We must take targeted, focused and incremental action to address political, social, economic, cultural practices, policies, regulations, laws that entrench racism as normal and those who stand up to fight racism as inconvenient.

Victims, whether individuals, communities, or countries who suffered from colonialism and racism, and are still reeling under the crushing weight of what is their daily lives, have a right to remedies and reparations.

There is a need for more accountability and access to justice when it comes to violations on the right to health. Prosecutions for such violations, including specifically prosecutions for gender persecution, in line with international criminal law and bridging this with international human rights law to get

reparative justice is an important step forward and will help to en a cycle of impunity.

As we forge the path ahead, we must engage meaningfully and with consequence with those most affected, take on an intersectional rights-based approach to ending racism as a determinant of health, and move towards transformative and lasting change for racial justice and substantive equality.

Thank you.