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# **ADDRESSING STRUCTURAL RACISM AND VIOLENCE WITHIN GLOBAL HEALTH**

As global citizens, global health researchers, and humanitarians, and with indignation, we recognize a long history of struggles and movements for justice and against structural racism, political violence, and colonization. We remember and honour millions of lives unnecessarily lost.

We stand in solidarity with the families and friends of George Floyd, Breonna Taylor, Ahmaud Arbery, and Chantel Moore – four people in a long and tragic record of Black and Indigenous people killed by individuals motivated by racism<sup>1</sup> over centuries, in a culture built on white supremacy.

We stand in solidarity with Black communities calling for justice and the ever-widening coalition of people who have rallied to their side to end racism and white supremacy once and for all in the United States, in Canada, and globally. We stand in solidarity with Indigenous communities in Canada demanding truth, justice, and reconciliation on the lands we all live upon. We commit to work toward ending these injustices and the threats to people's dignity, health, and well-being that they entail.

Structural racism and violence are public health issues. They have long been at a crisis point that has long been ignored. We stand with the defenders of peoples under siege based on their race. We see that Black, Indigenous, racialized, and other marginalized peoples are often systematically and structurally excluded from healthcare, and face repeated and lifelong detriments across all of the social determinants of health,<sup>2</sup> leading to worse health outcomes.

The global COVID-19 pandemic has profoundly exposed the racialization of health as it disproportionately burdens and kills Black, racialized, and other marginalized communities globally.<sup>3</sup> Canada's refusal to consistently collect race-based and income-based data, including in the context of COVID-19, remains a barrier to equitable public health strategies and effective social and economic policies that impact health.<sup>4</sup>

We also see structural racism and violence as a planetary health issue. The COVID-19 pandemic and the Climate Crisis have indirect links, but share common structural conditions which enable and magnify both crises – systemic racism, destruction of nature and ecosystems that exacerbate zoonosis, and air pollution.<sup>5</sup> Data, responses, and mitigation efforts must focus on those bearing the brunt of COVID-19 and the impacts of Climate Change, which includes people of colour and Indigenous peoples in North America,<sup>6</sup> and racialized people globally.

Our global health work is based at the Dahdaleh Institute for Global Health Research, an academic institution situated on the traditional land of nations including the Anishinabek Nation, the Haudenosaunee Confederacy, the Huron-Wendat, and the Métis, and still home to Indigenous peoples. In our work, we focus on the research themes of Planetary Health, Global Health and Humanitarianism, and Global Health Foresighting. In our capacity and sphere of influence we commit to equitable, inclusive, accessible, and decolonized health research, education, and research opportunities.

We commit to continue to listen to, honour, work with, and amplify the perspectives of racialized, Indigenous, and immigrant communities, including migrants, refugees, and displaced peoples as core and legitimate sources of knowledge. We commit to proactively seek, share, create, and support opportunities and knowledge exchange with racialized academics, practitioners, and communities.

We acknowledge the history of racism in global health and humanitarianism, which grew from the missionary movement, the European colonial project, and the militarization of medicine and public health in the tropics. We will work to decolonize global health and commit to ensuring that the relationship between humanitarians and the communities we work with is done on the basis of mutual respect, humility, transparency and solidarity.

We commit to rethinking what a decolonized public health approach to COVID-19 and other health responses means, beyond normative and often hierarchical or homogenizing categories of people or needs.

We oppose active or passive government policies and practices everywhere that discriminate, exclude peoples and communities from healthcare, from seeking refugee protection, or from accessing and benefiting from a public health response at any time and especially during a pandemic.

We call for urgent climate action especially by governments and industries that contribute most to carbon emissions and thus to negative health impacts, often for the poorest people who contributed least to the crisis, and who are typically racialized or Indigenous people in the Global South and the Circumpolar North. Academic, healthcare and humanitarian organizations also must mitigate their environmental impact. COVID-19 and climate-impacted risk groups must have access to technology and health resources, personal protective equipment, and renewable energy. We will work for pandemic and climate responses and resilience.

We will engage and work with racialized and Indigenous communities to understand and accommodate their health needs, enhance their wellbeing, and honour and support community-based responses and solutions.

In our work we will use a critical scientific inquiry as well as collaborative, intersectional approaches with anti-racist, inclusive lenses. We will stand with anti-racism protesters, human rights defenders, environmental defenders, and health defenders, attacked and killed for caring for fellow at-risk human beings and the ecosystems that sustain us.

COVID-19 has given us the opportunity to rise above our individualistic sense of being and collaborate as a global community. We need networks and equity over hierarchies and exclusion, now more than ever, to overcome not only racism and the pandemic, but also the concurrent Climate Crisis. We owe it to ourselves, all communities, and the many species that share this finite planet with us.

## SIGNATORIES

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## END NOTES

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