

MEDICAL RACISM

IN THE CONTEXT OF THE
COVID-19 PANDEMIC



COURSE:

The Wretched of the Pandemic.
Postcolonial local and global perspectives on the Corona Crisis.

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HISTORY AND CONTEXT OF MEDICAL RACISM

Context



DISCRIMINATION
OF POC
IN MEDICINE

INSTITUTIONAL

- Research and education are not neutral: lack of diversity
- Status quo: white, male and healthy body

STRUCTURAL

- Restricted access to health care and insurances
- Poorer living conditions

SOCIETAL

- PoC are seen as overly sensitive and are not taken seriously
- German context: "Morbus Mediterraneus"

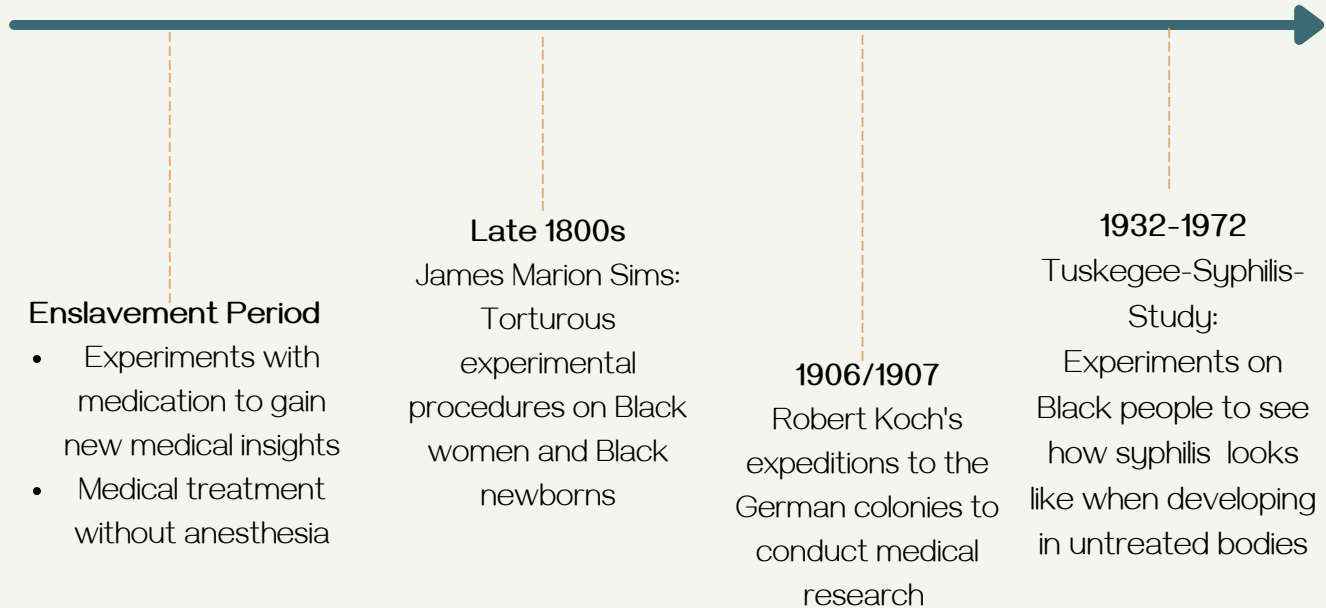
INDIVIDUAL

- Bad experiences with health care workers

HISTORY AND CONTEXT OF MEDICAL RACISM

Historical Examples

➤ Racist assumptions in medicine continue to lead to false treatments of patients and can be traced back to / are reflected in its research history



HISTORY AND CONTEXT OF MEDICAL RACISM

Shining light on the RKI's colonial amnesia

"The emergence of tropical medicine is inseparably linked to the height of colonialism at the end of the 19th century"

Jutta Blume 2005

- RKI fails to address **continuities** properly and does not instigate **thorough research**
- The institute's **namesake**, Robert Koch, conducted cruel **experiments on humans** at the German Empire's colonies without their consent, He exploited the opportunity to avoid research restrictions and used forbidden doses of atoxyl to "cure" the sleeping sickness, though aware of the side effects



The current medical system gained knowledge through experiments on BiPoCs, but it is not serving them in the same way it does others

RACIAL BIAS

In 2020 the likelihood to die of Covid-19 was at least 2.7 times higher with Black, Indigenous and Latinx US citizens compared to whites. Some aspects concerning structural racism in medical care of BIPoCs characterize these disproportions:

Complaints are not taken seriously

- Black patients with Covid symptoms are 6 times less likely to receive treatment or testing

Insufficient medical infrastructure in minority communities

- Less testing and protective supplies
- Lower distribution of vaccination sites

Race-related data collection

- More race-related data on the distribution of Covid would help identify disparities
- But: possibility of racist inverse effect and pathologization

Interdependent discriminations

- Women with Covid-19 are less likely to receive chest x-rays or blood tests and get hospitalized less often
- Therefore: even higher vulnerability of female BIPoCs

RACIAL BIAS

Racial bias also unfolds on the level of science and technology. One example to illustrate that is the Pulse Oximeter - a medical device that is frequently used on Covid-19 patients to decide how severe a health condition is and whether further treatment or hospitalization is needed.

Pulse Oximeter

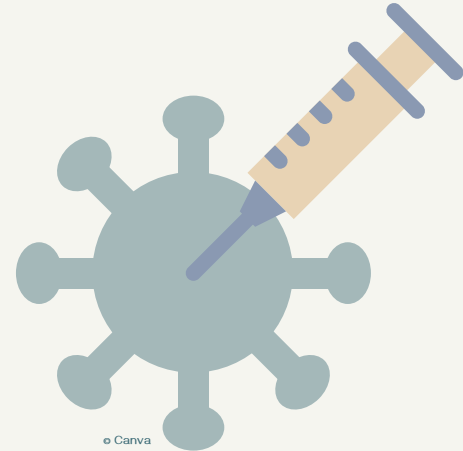


- The Pulse Oximeter measures a patient's oxygen level based on how much light transmits through the skin
- The functioning of the device rests upon research conducted with light-skinned people
- Long unknown discrepancy: measurements differ depending on skin color
- Overestimation of oxygen levels up to 8 percent with Black patients

VACCINE APARTHEID

The first batches of any effective vaccine are **monopolized by rich countries and individuals**

- A small group of wealthy countries representing 13 percent of the world's population secured more than half of the supply of leading COVID-19 vaccines
- People in every second country on earth receive virtually no vaccinations
- To address this, COVAX (COVID-19 Vaccine Global Access Facility) was founded to secure doses for all countries and to distribute them fairly



VACCINE APARTHEID

What role do pharmaceutical companies and their patents play in this?

- The vaccinations and the patents "belong" to the pharmaceutical companies
- The pharmaceutical patents create an artificial and thus profitable shortage of quantities BUT the vaccines were made possible through public funding/ tax dollars: **property of all humankind?**
- **Solution:** it requires transparent and legally binding procedures to prevent the vaccine from being developed with public funds but ultimately patented away



VACCINE APARTHEID

- ... is permeated by **racist structures** and reinforces and reproduces **social and structural inequalities**
- ... demonstrates how the COVID-19 crisis has been played out at the expense of the **poor and marginalized population**
- .. is "**patented mass murder**": patents decide who gets to survive

"if you are not angry:
You're not paying attention"



RESISTANCE

#GEBTDIEPATENTEFREI

- **Demands:**
 - Release of medical patents, especially in the context of COVID-19 vaccination
 - Point out Germany's role
 - Detachment from the profit interests of pharmaceutical companies which determine the current medical care
- **Measures:**
 - Demonstrations, mobilisation and awareness raising

GESUNDHEIT UND RASSISMUS

- **Aim:**
 - Draw attention to racism in the health care system and existing colonial thought patterns and stereotypes
- **Measures:**
 - Provide a database for people searching for racism-sensitive therapists
 - Inform on events that raise awareness of racism in the health sector

THE PEOPLE'S VACCINE

- **Demands:**
 - Stop profit orientation in COVID-19 vaccination
 - Sharing patents, knowledge and technologies
 - Equitable distribution and free access to vaccines around the world
- **Measures:**
 - Media presence, individual actions such as mails to pharmaceutical companies and governments

#WHITECOATS4BLACKLIVES

- **Aim:**
 - Dismantle racism in medicine and promote well-being and self-determination of People of Color
- **Measures:**
 - Formation of student groups in medical schools in the US
 - Demand concrete actions in medical schools and hospitals



FURTHER READINGS

Further historical examples of medical racism in the US

- Stolze, Dolly, 22.01.2015: Bodies in the Basement: The Forgotten Stolen Bones of America's Medical Schools. Atlas Obscura. <https://www.atlasobscura.com/articles/bodies-in-the-basement-the-forgotten-bones-of-america-s-medical-schools>.

Further collections of useful sources on medical racism

Network Race and Health: <https://www.raceandhealth.org>

Universität Bielefeld: <https://pub.uni-bielefeld.de/person/74581042>

Theoretical framework

- Bonhome, Edna, 2020. Troubling (Post)colonial Histories of Medicine: Toward a Praxis of the Human. History of Science Society. Volume 111, No. 4. <https://www.journals.uchicago.edu/doi/10.1086/712452>
- Mbembe, Achille, 2003. Necropolitics. Public Culture. Volume 15, No. 1, 11-40.



FURTHER READINGS

Critical initiatives against medical racism

Presented in the brochure:

- The People's Vaccine: <https://peoplesvaccine.org/>
- Bundesfachnetz Gesundheit und Rassismus: <https://www.gesundheit-und-rassismus.de>
- #Whitecoats4blacklives: <https://whitecoats4blacklives.org/>
- #GebtdiePatentefrei (Open Letter): medico.de/gebt-die-patente-frei-18113

Other initiatives:

- Netzwerk Schwarzer Mediziner*innen: <https://blackinmedicine.de>
- Platform Black & Brown Skin: <https://www.blackandbrownskin.co.uk>

Further examples of medical racial biases

- Leisman, Stacy et al. 2020. Can Math Be Racist? A Review of the Systematic Racism Inherent in EGFR and PFT Calculations. SGIM Forum.
[https://connect.sgim.org/sgimforum/viewdocument/can-math-be-racist-a-review-of-the.](https://connect.sgim.org/sgimforum/viewdocument/can-math-be-racist-a-review-of-the)

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