

- THE LIVING LEGACY OF PAST & ONGOING FORMS OF RACISM, APARTHEID, SLAVERY, COLONIALITY & OPPRESSIVE STRUCTURES, INCLUDING THE GLOBAL ECONOMIC ARCHITECTURE, FUNDING MECHANISMS & NATIONAL HEALTH SYSTEMS HAVE A GLOBAL HEALTH IMPACT ON RACIALIZED PEOPLE
- RACISM & NOT RACE IS A KEY SOCIAL DETERMINANT OF HEALTH & A DRIVER OF HEALTH INEQUITIES & CONTINUES TO MANIFEST ITSELF IN POOR & PREVENTABLE HEALTH OUTCOMES WORLDWIDE
- RACISM IS LINKED TO POVERTY & IT IS PRESENT IN MULTIPLE LOCALITIES. IT LEADS TO EXCEEDINGLY HIGH RATES OF POLICE BRUTALITY, POOR ACCESS TO JUSTICE & RECOURSE, MASS INCARCERATION, & LACK OF ACCESS TO HOUSING, EDUCATION, EMPLOYMENT & HEALTHY FOOD
- RACISM ALSO LEADS TO INCREASED RATES OF MORTALITY & MORBIDITY. GLARING DISPARITIES IN MATERNAL MORTALITY & MORBIDITY, & HIGHER RISK LEVELS OF COMMUNICABLE & NON-COMMUNICABLE DISEASES
- AN INTERSECTIONAL RIGHTS-BASED APPROACH TO ENDING RACISM AS A DETERMINANT OF HEALTH MUST URGENTLY BE ADOPTED TO MOVE TOWARDS SUBSTANTIVE EQUALITY & RESTORE THE DIGNITY OF ALL PEOPLE. **ANTI-RACIST & ANTI-COLONIALITY FRAMEWORK**
- RESIDENTIAL SEGREGATION, WHICH IS A POWERFUL PREDICTOR OF HEALTH & WELL-BEING

RESIDENTS OF COMMUNITIES WHICH PUBLIC HEALTH SERVICES ARE INACCESSIBLE FACE HIGHER RATES OF PRETERM BIRTH, CANCER, TUBERCULOSIS & DEPRESSION

IN COMPARISON WITH PREDOMINANTLY WHITE NEIGHBORHOODS, COMMUNITIES PREDOMINANTLY COMPOSED OF PEOPLE OF AFRICAN DESCENT ARE MORE EXPOSED TO ENVIRONMENTAL TOXINS, AIR POLLUTANTS & CARCINOGENS, WHICH CONTRIBUTES TO HIGHER RATES OF PULMONARY DISEASES & LOWER BIRTH WEIGHTS

- MATERNAL MORTALITY & MORBIDITY STATISTICS ILLUSTRATE THE INTERSECTIONALITY BETWEEN RACE & GENDER, AS WELL AS REVEALING STARK DISPARITIES ALONG RACIAL LINES IN OUTCOMES OF BIRTHS
- BEING A MIGRANT OR HOLDING A REFUGEE STATUS IS OFTEN A BARRIER TO REALIZING THE RIGHT TO HEALTH
- THE CONCEPT OF **EPISTEMIC INJUSTICE**: SOMEONE'S KNOWLEDGE OR EXPERIENCE IS NOT TAKEN SERIOUSLY OR CONSIDERED CREDIBLE ON THE BASIS OF AN ANALYSIS OF POWER & ASSOCIATED STEREOTYPES, WHICH HAS INCREASINGLY BEEN APPLIED IN THE CONTEXT OF HEALTHCARE
- EVEN IN THE MOST COMPREHENSIVE GLOBAL DATA, MANY VULNERABLE POPULATIONS ARE NOT REPRESENTED & ARE THEREFORE INVISIBLE
- HEALTH CONSEQUENCES OF RACISM & DISCRIMINATION ARE PERSISTENT & PASSED FROM ONE GENERATION TO THE NEXT THROUGH THE BODY'S "BIOLOGICAL MEMORY" OF HARMFUL EXPERIENCES
- THE RIGHT TO HEALTH CANNOT BE REALIZED IN A RACIST WORLD
- WE MUST ENGAGE MEANINGFULLY WITH THOSE MOST AFFECTED, TOWARDS TRANSFORMATIVE & LASTING CHANGE FOR **RACIAL JUSTICE & SUBSTANTIVE EQUALITY**
- ANYONE WHOSE RIGHT TO HEALTH HAS BEEN VIOLATED SHOULD HAVE ACCESS TO APPROPRIATE JUDICIAL & OTHER REMEDIES, & IS ENTITLED TO ADEQUATE REPARATIONS
- **ENDING RACISM** HAS BECOME A CENTRAL COMPONENT OF MANY GLOBAL EFFORTS TO ADVANCE HEALTH & HUMAN RIGHTS

RACISM & THE RIGHT TO HEALTH

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