Racism in healthcare: The marginalised voices from the global South

My name is Nafkumbi Negeri and I am 25 years old. I am currently studying social work. For some time now, I have been working intensively on the topic of human capital policy, especially in the context of healthcare professionals. Social work has many interfaces with the healthcare sector, which I will explain in more detail in the following paper.

1 What is the problem? - Human capital policy and the dilemma of foreign skilled workers in Germany.

The unequal development of the countries of the global South, triggered by the global North, is aimed at serving their own exploitation interests. This strategy is based on the targeted recruitment of already trained skilled workers from other countries in order to expand their own human capital stock. As a result, countries in the global South, which are losing their most talented people, find themselves in an imbalance, which makes it difficult for them to establish urgently needed institutions for comprehensive healthcare. This situation reinforces the tendency to migrate to the global North, creating a selective mass of migrants. The "best", from a capitalist and liberal perspective, are given the opportunity to migrate to the labour market and integrate independently, while others, especially migrants from the working class, are given the prospect of migrating and orienting themselves towards lower-paid labour market positions.

In Germany, integration into the labour market is at the heart of human capital policy. This human capital policy is seen as a component of the imperial way of life in the global North and is in continuity with the appropriation of labour and bodies under colonialism. It is based on attracting highly skilled labour from the Global South to the Global North, while at the same time strengthening self-generated human capital resources and controlling the supply of labour from countries of the Global South. Many migrant workers face similar challenges after migrating to the Global North. These often include the non-recognition of previous life achievements, such as the lack of certification of work experience or training and study certificates, which can take years to obtain. In the long term, this leads to a "gap" in the CV and a loss of benefits such as pension payments. In addition, this reinforces the development of an "imposter syndrome" among BIPOC professionals, especially among FLINTA individuals. Imposter syndrome refers to the feeling or internalised attitude of those affected of "never being good enough". For these reasons, these workers tend to stay in less regulated areas of the labour market and accept significant wage differentials compared to workers from the Global North. This leads to "brain waste", i.e. these people find themselves in jobs that are below their actual skill level. Until 2011, the legal framework for recognising foreign qualifications was restrictive. In 2011, the BAMF (Federal Office for Migration and Refugees) presented the National Action Plan for Integration (NAP, subtitled "Strengthening Cohesion - Realising Participation"). However, the NAP is geared towards economic growth, as it calls for the integration of qualified labour and the qualification of all other immigrants. The issue of migration and the so-called "skills shortage" will continue to be a dominant topic of federal policy in 2023.

At the same time, the "white saviour" syndrome remains an existing problem in North-South relations, especially when medical personnel are sent from the global North to the global South. It is

worth taking a look at the article "White Saviour Industrial Complex" by Hamu, in the "Medicine for All?" project. Actors from the global North, i.e. individuals, NGOs and institutions, continue to demonstrate colonial continuities by presenting the global North as the "norm" to which the global South must "develop", particularly in the area of development policy, which also affects healthcare.

A key factor that perpetuates this problematic dynamic is the lack of appreciation of the knowledge assets of Black and Indigenous people from the Global South in healthcare, as well as the marginalisation of existing Black and Indigenous voices in this field.

The following is therefore about the marginalisation of BIPOC employees in the Global North and the non-recognition of their knowledge. When Black health workers from the Global South are employed in the Global North, they are confronted in particular with existing racist narratives. If Black healthcare professionals show resistance to the reproduction of racist labour relations, those affected are often confronted with disproportionate counter-reactions or are even silenced. As a result, a narrative is created in which Black healthcare professionals are constructed as "difficult" to work with and less constructive for patient care. These professionals often find themselves forced to defend their Black patients, their own knowledge and expertise, for example about alternative healing methods, against their white colleagues. As a result, they do not feel valued and see their role in the healthcare team trivialised. As a result, most healthcare professionals from the Global South set healthy boundaries between themselves and their white colleagues.

Field report by a nurse from Ethiopia who has been living in Frankfurt am Main since 2008:

"I trained as a nurse in Ethiopia for four years and shortly afterwards I had to flee to Germany because my husband was politically persecuted. When I arrived in Germany, I couldn't have my certificate as a nurse recognised as this was not legally possible at the time. After completing my German B2 course, I decided to train as a nurse again. It wasn't very easy for me as I still had to get used to the language. Nevertheless, I completed my training like my fellow students who grew up here. After my training, I started working in a hospital. I did my work very carefully. I always double-checked a lot of things so that I wouldn't make any mistakes. I worked in this hospital for two years and was dismissed due to misunderstandings and being looked down upon by my colleagues. I then worked in other contexts in the hope that the situation would improve in another hospital. In total, I worked in four hospitals in Frankfurt. The experience of my expertise not being valued and the feeling of not being perceived as an equal member of the team remained. In the end, I gave up my profession. However, there is no question in my mind that I worked the hardest and that the clients were always satisfied with my work.

I often share the knowledge I brought with me from Ethiopia with my clients. One of my clients had a large wound that wouldn't heal, so the inflammation became almost chronic. I was very worried as I was the doctor in charge and wanted to contribute to the healing of this patient. Based on my experience in Ethiopia, I tried to treat the wound with an alternative remedy, garden cress. Garden cress is very important in traditional medicine in East Africa because of its anti-inflammatory properties. I knew that I could not treat my client with a homemade wound dressing. So I waited for him to be discharged. On the day he was discharged, I gave him a dressing made from garden cress and explained how he could use it. A week later, this client came back with a healed wound and thanked me profusely. I repeatedly encountered situations like this where I jeopardised my job by sharing knowledge about traditional healing methods, i.e. knowledge that is considered unprofessional in Europe. At the same time, I think it's a shame that people are over-supplied with

medicines and healing methods from the pharmaceutical industry and that indigenous / black knowledge is not valued in the global North."

2 What needs to change? - Changing direction for global justice: reshaping policy and work culture to promote inclusive partnerships and workplace integration.

To improve the problematic dynamics, fundamental changes are needed at both local and global levels. These challenges affect partnership work in both North-South and South-North contexts. International cooperation and fair partnerships between the global North and South should be based on equal partnerships. This co-operation must be based on mutual respect, equality and consideration of local needs and dynamics. It is crucial to reconsider restrictive regulations on the recognition of foreign qualifications in order to better integrate foreign skilled workers into licensed professions and minimise the "brain waste" described above. In addition, the 'white saviour' syndrome should be broken by including Black and Indigenous people in healthcare decision-making processes and empowering their voices. It is critical to dismantle racist and colonial continuities in healthcare through training and sensitisation to create an appropriate working environment for Black healthcare professionals and to recognise their role in healthcare teams. These challenges require a comprehensive redesign of policies, workplace culture in the Global North and international co-operation in general.

3 How can change happen? - Changing perspectives: The importance of global health in German medical education and practice"

Health and medicine are increasingly characterised by factors that transcend national borders and healthcare systems. The exchange of goods, information, labour, patients and pathogens between countries influences our understanding of health and medical practice. We have all felt this, especially during the COVID-19 pandemic. In view of these global dynamics, there is a worldwide call for medical education to adapt to the influences and challenges of globalisation in the context of international cooperation, including the integration of global health into curricula at medical training institutions in the Global North. However, there is as yet no standardised definition or generally accepted understanding of global health. It is worth taking a look at Angela Schuster's paper on this topic in the "Medicine for All?" project.

The core of global health lies in understanding the supraterritorial determinants of health that transcend traditional borders and territories and are often not captured in conventional models of socioeconomic determinants of health. Due to its global reach and complexity, global health requires a transdisciplinary approach as well as innovative teaching methods and the recognition of traditional healing methods from the global South. The training of physicians for the 21st century should promote an understanding of global connections and their impact on health.

The understanding of global health in medical education often reflects normative claims and the colonial legacy of this discipline. Raising awareness in this area can help to strengthen the social science knowledge base within medical education and promote a deeper understanding of holistic and critical medicine in general.

The integration of global health into medical curricula helps to adequately prepare health professionals, especially those participating in secondment programmes, for the challenges of a globalised world.

Further reading and sources:

Allen, R. L. (2001). The globalization of white supremacy: Toward a critical discourse on the racialization of the world. Educational Theory

Beauftragte der Bundesregierung für Migration, Flüchtlinge und Integration

Einwande- Rungs Land Deutschland. Die Fakten im Überblick. Online verfügbar unter https://www.bundesregie-rung.de/Content/Infomaterial/BPA/IB/Einwanderungsland%20Deutschland.pdf;jsessio-nid=B14E9FCFB6EE1C7A92FF5D34EC74023B.s1t1?__blob=publicationFile&v=4.

GERHARDS, Jürgen; Hans, Silke; Carlson, Sören (Hg.) (2014): Globalisierung, Bildung und grenzüber-schreitende Mobilität. Wiesbaden: Springer VS (Sozialstrukturanalyse). Online verfügbar unter http://dx.doi.org/10.1007/978-3-658-02439-0.

HA, Kien Nghi (2010): deutsche Integrationspolitik als koloniale Praxis. In: Gabriele Dietze

KICKBUSCH, I. 2019. Deutschland muss noch mehr in Globale Gesundheit investieren! International Reports of the Konrad-Adenauer-Stiftung.

KRANKENSCHWESTER, aus Äthiopien

LABONTE, R. & SCHRECKER, T. 2007. Globalization and social determinants of health: Introduction and methodological background (part 1 of 3). Global Health, 3, 5.

SCHOLTE, J. A. 2008. Defining Globalisation. The World Economy, 31, 1471-1502.

TEJU, Cole (2012): The White-Savior Industrial Complex. In: The Atlantic, 21.03.2012, https://www.theatlantic.com/international/archive/2012/03/the-white-savior-industrial-complex/254843/ (24.1.2021).