OPINION EDITORIAL

The Global Health Community Must Reckon with Realities of Neocolonialism, Racism, and Racial Trauma in Current Practice

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Global health boasts many highly skilled and altruistic researchers and practitioners across the world, many of them White people from the Global North conditioned by paternalistic views on the Global South. The history of global health includes many great strides, but still, the global health community needs to reckon with its relationship with racism, colonialism and intergenerational trauma to reimagine, dismantle, and rebuild its practices to prevent further violence.

GLOBAL HEALTH: A VIOLENT HISTORY

In A History of Global Health, Randall Packard illustrates how the field of global health is subject to colonial approaches, often governed by vertically structured non-governmental organizations that have little vested interest in transforming the conditions in which people live. Rather, these organizations are inclined to do what is "cost-effective" and optically beneficial (rather than what is equitable); treating symptoms instead of causes to acquire an immediate (but often temporary) change [1]. Global health governance powerhouses, such as the World Health Organization, have been questioned for their failures to substantively address the "upstream" causes of illness and disease in the Global South [2]. Despite billions of dollars of investments in global health solutions, including education and infrastructure, the social and economic conditions needed to promote global health; health and wellness remain unchanged [1]. To paraphrase Tim Lang [3], can we justify continued investment into technical "fixes" when we know the root causes are social, economic, and historical?

In 1965, Ghanaian revolutionary Kwame Nkrumah described neocolonialism as a system reminiscent of the old colonialism, where the power of the Global North is maintained through economics, culture, and high-interest aid [4]. Perceived illness or poverty within the Global South stems from racist assumptions that are wrongly operationalized to justify interventionism. Nkrumah's words still reflect the power dynamics and governance of global health today, revealing that colonialism never went away; it simply became harder to identify [3].

We posit that global health research, practice, and governance remain largely neocolonial. The Global North extracts resources in the form of research and knowledge, gains social and intellectual capital, ultimately leaving the communities they claim to serve unchanged, or in worse condition than before [1]. While indeed treating disease and illness is important, the approach from many prominent organizations does not transform the conditions and systems necessary to treat disease [1]. We have made many strides in understanding the biological mechanisms of disease, but less so on how to actually change the material conditions that are the "causes of causes" [3]. The idea that global health itself is extractive and perpetuates the status quo in favour of the Global North adds complexity to our understanding of global health practice, research, and governance, as we are the "causes of the

causes". It is indeed a vicious cycle, where those with power cause trauma, extract resources and further exploit trauma, all in the name of "health" [5].

RACISM, RACIAL TRAUMA, NEOCOLONIALISM AND CURRENT GLOBAL HEALTH PRACTICE

Global health has made some improvement by naming neocolonial practices such as: top-down implementation strategies and governance, narrow biomedical approaches to addressing health issues (which do not consider important social and cultural contexts), and exploitation of communities through labour, publishing, research and development to gain political/ economic/ academic influence [6]. Despite these strides in awareness and recognition, power dynamics in the field remain largely unchanged. For more than 100 years, global health has remained largely governed by the same multilateral organizations which contribute to the problematic nature of policy, research, and governance, while being detached from the communities which they affect [6]. Global health may appear to be a rapidly evolving field, with more practitioners and organizations recognizing the field's relationship with neo-/colonialism. However, with historic structures continuing to be upheld, it begs the question: how much substantive change to global health practice has actually occurred, and with increased awareness and recognition of neocolonialism in practice, research and governance, why are we still upholding the status quo?

Historically, where there is medicine, there also exists racism, torture, abuse, and colonialism, which persist in research, practice, and governance [5]. Racism has been intricately woven into the history of global health, and for racialized individuals and communities, it was and remains a rarely benign experience. The stressors and injuries of racism continue to leave many with lifelong racial trauma (the physiological, psychosocial, and emotional damage resulting from racism) [7]. Racial trauma is debilitating and can be passed down from generation to generation through epigenetics, resulting in intergenerational racial trauma, a phenomenon that has been affecting BIPOC (Black, Indigenous, and People of Colour) since colonization and enslavement [7]. Despite overwhelming evidence that racial trauma has negative effects on health outcomes, in addition to being an important contributing factor to race-based health inequalities [8], historically and currently it is seldom acknowledged, neither considered, nor addressed in global health practice [9]. This denial of evidence reflects the repeated failures of the global health community to reckon with historical injustice, which colonial powers were, and still are, responsible for. Global health cannot be extricated from nor forgiven for its history.

Racial trauma is perpetuated through global health programs importing practitioners from the Global North, who are unaccustomed to local dynamics, cultures, and languages, to "help" communities in the Global South. Their work is often temporary, and does not acknowledge (or perhaps even consider) that many of the issues they are there to address are rooted in historical colonial wrongdoings from their organization or home country; therefore, further perpetuating the intergenerational racial trauma that these communities and individuals are experiencing [9]. Neocolonial power dynamics and the failure to understand and acknowledge racial trauma in global health practice upholds white supremacy, and is ultimately an injustice to the individuals and communities which global health practitioners seek to uplift.

CALL TO ACTION

The global health community needs to substantively reckon with the historical and present realities of neo-/colonialism, racial trauma, and racism that are woven into the very fabric of its being [10]. First, researchers, practitioners, and decision-makers need to integrate a higher degree of intellectual honesty by identifying the systemic causes of persisting global health issues, acknowledging the violence perpetuated by the institution of global health, and locating one's own position and power. Racism and racial trauma perpetrated by the Global North are historical and present day truths that the global

health sector fails to confront in the operations of their work. By omitting these histories and realities from global health education and practice, white supremacy is upheld.

Second, global health practitioners, researchers, decision-makers and institutions should integrate an anti-racist and anti-oppressive praxis (applying theoretical concepts in a practical way to move towards action and change). Rather than carrying on with the sector's status quo lens of "helping vulnerable people and communities," global health should be understood as a means to justice, as reparations for historic and present cycles of violence, whereby we recognize global health itself as a "cause of the causes".

Lastly, the communities who have been historically impacted and who continue to be victims of racism and racial trauma, due to the current status quo of the global health sector, should hold the power in making decisions about what justice and reparations look like for themselves. These changes will not solve white supremacy, but hopefully a radical transformation to the structures of global health will prevent further harm and achieve wellness for oppressed peoples.

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