

WHY BLACK LIVES MATTER IN GLOBAL SURGERY

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In these tumultuous times, no single topic has been capable of capturing the attention of the global psyche than that of institutional racism – except of course COVID-19, which, in its quarantine conundrums, has simply emphasized uneasy truths about already established healthcare inequalities. And amidst the myriads of opinions and heartfelt expressions surrounding racism, there is a subtle global surgery archetype, rightly described by Alyssa Scheiner et al. as “A Bold New Face of Colonialism” in the notable Global Surgery pro-con debate article.

So, what has Black Lives Matter got to do with global surgery? To answer this question, we could as well ask why black and ethnic minority populations in higher resource countries are faring poorly in the response to COVID-19 in comparison to their population averages? Or even more simply, just why is the access to safe surgery lacking in many low income countries? It may be that the answers are steeped in centuries of bygone history, or perhaps there remains institutionalized barriers to this day that are subtly or inadvertently preventing races, regions, populations to develop.

Indeed, black history has been devastating, but questioning why this is would force us to explore why slavery happened and the ironic savagery of colonialism and in turn we might be entrapped in the vicious cycle of blame games, pointing fingers, crying foul. What however is important is why such histories should be rebranded and used as a yardstick for justifying how black people are seen and treated. In the case of global surgery, the argument goes that what begins as a subtle phenomenon, if unchecked, would become a solid pressure point.

For example, the evolution of global health from "tropical medicine", focusing on only the weird and wonderful diseases unbeknownst to the colonial powers, to international health and then global health, where clinical missions are discouraged as unethical, but financial aid, educational syllabi, and research agendas remain narrowly controlled.

Within the global health sphere, one will often see uneven partnership models, inequity in co-authorship of global research works or the cruel act of letting unqualified students or residents from higher income countries meddle with procedures appropriate for qualified local trainees and many more.

However, global surgery, the newest petal in the global health flower, really has the rare privilege and opportunity of correcting many sources of racial injustice in the here and now.

Such topics that delve into the issues of racism are usually volatile and potentially divisive. Highly progressive global health initiatives such as global surgery should not shy away from discussing such topics as there is a chance that other health-related enterprises may glean one or two things from global surgery. All concerned persons, facilities, governments or regions should have a confab where issues bordering on racism, inequity and injustice in global surgery should be discussed. In effect, the global surgery community could be a pacesetter to the global community on how issues surrounding BLM should be handled within global health.

About the author



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