

How Environmental Racism Gets Under the Skin

ENVIRONMENTAL HEALTH INEQUITIES IN INDIGENOUS & BLACK COMMUNITIES

by **DR. INGRID WALDRON, Ph.D.**

Until recently, frameworks in medicine and health research attributed racial disparities in illness and disease to biological, genetic, cultural, or lifestyle choice differences between racial groups. However, structural determinants of health lens are increasingly being used to understand the association between health and structural inequalities in labour, employment, education, criminal justice, health care, housing, and the environment (Metzl, 2014). Therefore, environmental health inequities that result from the disproportionate placement of polluting industries in Indigenous, Black and other racialized communities (i.e. environmental racism) can't be understood independent of the structural determinants of health that intersect to create greater exposure and vulnerability to environmental burdens and risks in these communities, such as income inequality and poverty, food insecurity, housing insecurity, and unemployment (Waldron, 2018). Since Indigenous and African Nova Scotian communities have less access to the economic, social and political resources that would allow them to be involved in decision-making processes about where industry gets placed, their communities are more likely to be selected for these projects, resulting in their greater exposure to toxic burdens and risks that further compromise their health and well-being. From an Indigenous perspective, a structural determinants of health lens allows us to more fully understand the relationships between health and the physical and material aspects of geography that includes place, earth, land, space, ecology, territory, landscape, water, ground, and soil (De Leeuw, 2015). Therefore, the greater exposure of Indigenous, Black, and other racialized communities to environmental health risks due to environmental racism is a structural determinant of health.

Environmental health inequities have been defined as the health effects of the disproportionate placement of polluting industries and other environmentally hazardous projects in Indigenous, Black, and other racialized communities (Scott, Rakowski, Harris, and Dixon 2015; Waldron, 2018). Environmental health inequities across racial dimensions have been well documented in the literature, which shows that Indigenous and racialized communities in Canada are exposed to greater health risks than other communities because they are more likely to be spatially clustered around environmentally hazardous industry (Waldron 2018). The health risks associated with contamination and pollution include cancer, upper respiratory disease, cardiovascular disease, reproductive morbidity (including preterm births), allergies, skin rashes, abdominal pain, temporary liver dysfunction, and seizures (Cryderman, Letourneau, Miller, and Basu 2016; Vrijheid 2000; Kihal-Talantikite, Zmirou-Navier, Padilla & Deguen, 2017).

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We can also conceptualize structural determinants of health (including environmental racism) in Indigenous communities in Canada as environmental violence that involves both the biological reproductive and social impacts of industry on Indigenous peoples and lands. The violation by industry of people's bodies negatively impacts the health of families, communities, nations, and future generations. Indigenous communities experience several forms of environmental violence, including reproductive health problems, cancer, mental illness, suicide, substance dependence, and other illnesses; poverty; sexual, domestic, and family violence; missing and murdered Indigenous women; dispossession; and loss of culture and self-determination (Konsmo and Kahealani Pacheco, 2015).

This suggests that the notion that the health effects of environmental racism can only be proven if a causal relationship between a specific environmental contaminant and a specific disease outcome is identified fails to consider how illness and disease resulting from toxic exposures are worsened by historically rooted and long-standing structural determinants of health in Indigenous, African Nova Scotian, and other racialized communities. Therefore, a structural determinants of health lens emphasizes the importance of engaging with a more holistic understanding of environmental racism as a health issue – one that is prepared to grapple with the complexities of place within which multiple, overlapping, and intersecting social, economic, political, and environmental determinants are embedded.

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