**First draft General recommendation No. 37 (2023) on Racial discrimination in the enjoyment of the right to health**

**Input**

**August 2023**

Cultural Infusion’s office is based on the ancestral and unceded land of the Wurundjeri people of the Kulin nation. We acknowledge and pay respect to the past, present and future traditional custodians and elders, and the continuing cultural, spiritual and educational practices of the Aboriginal and Torres Strait Islander peoples throughout Australia.

# About Cultural Infusion

Cultural Infusion was founded in 2002 by Peter Mousaferiadis in Melbourne, Australia. Our organisation has produced and delivers a range of innovative digital products and interactive education experiences that reach an annual audience of more than 350,000 school students across the globe, working closely with a diverse talent pool of artists and cultural educators. Cultural Infusion has also produced major intercultural productions for the United Nations, the Parliament of World Religions, the United Religions Initiative and many others, and has won 15 international awards, including the 2013 United Nations Alliance of Civilization Intercultural Innovation Award (UNAoC).

Cultural Infusion’s flagship product, SaaS (Software-as-a-Service) diversity data and equity tool Diversity Atlas, captures demographic and cultural data and produces analysis and results in real time. Diversity Atlas was inspired by and modelled on Indra’s net, the infinite net wherein a jewel exists at each intersection, reflecting every other jewel. Diversity Atlas maps 42,000+ human attributes that are represented in its datasets, collectively referred to as a ‘Global Database of Humanity’, making it the world’s first and only holistic diversity data tool. The datasets have been decades in the making with expert contributors from diverse communities and academic fields, including partnerships with UNESCO and the Australian National University. Diversity Atlas launched in 2019 and has been adopted by some of the world’s major organisations, including Amazon Web Services and ADP.

The significance of a holistic data and equity tool is impossible to overestimate. It honours every language, dialect and ethnicity as the jewel it is. The effect of this is to illuminate each person’s inherent and inalienably equal value, transforming planning, policy and strategic work by creating egalitarian information that has not been skewed by the usual selective datasets.

# Introduction

The expertise we offer is in the areas of data, data analytics, intercultural competency and Diversity, Equity and Inclusion (DEI). Our input does not intend or claim to take the place of a broad range of perspectives.

*The First draft General recommendation No. 37 (2023) on Racial discrimination in the enjoyment of the right to health* in Paragraph 3 emphasises the ongoing effects of historical and structural racial discrimination and affirms that historical and cultural contexts in each State ‘must be taken into consideration to recognise and combat patterns of hierarchies, classifications, unequal representation and distribution of power and resources.’

We endorse this statement while indicating that accurately recognising these patterns is only possible with granular data and sound methodology for analysing this data. We hope the final draft of this document strongly advocates for a clear understanding of the fundamental importance of comprehensive, granular data.

Our health systems were not designed by people fully representative of the communities they serve. This has created systemic differences in opportunities available to different groups to achieve optimal health, i.e. health inequity, as well as significant harm and trauma.

To achieve better outcomes requires:

1. Redesigning our health systems to undo the systemic causes of health inequity, poor care, harm and trauma within them.
2. Working strategically within biased systems.

In our complex societies, each requires a highly nuanced data-driven approach that can only be achieved equitably with the assistance of technology, because only technology is able to process the necessarily vast amounts of data.

Holistic datasets create recognition of every person in a health system’s cultural needs alongside all other needs, including those of gender and skin colour.

We also believe that healthcare providers must be diversity-data-informed so that the care they deliver is non-discriminatory and culturally competent, aware and humane. A data-driven approach assists healthcare providers to tailor their services appropriately and create more ‘mutual’ (representative of the community) and interculturally competent workforces.

Our humanity is entwined with our culture – our beliefs, languages and practices – and this has been overlooked in contemporary health systems, resulting in disparate health outcomes and in people feeling dehumanised, aggrieved and alienated. When culture is recentred in our health systems the systems are better able to benefit from the many cultures they have access to through diverse populations instead of diverse cultural attributes being ignored or treated as an inconvenience. We are particularly inspired by the many advocates in Indigenous communities throughout Australia who have successfully developed Indigenous-led, culturally appropriate initiatives.

As one of the peak independent cultural enterprises in Australia, Cultural Infusion is pleased to comment on the *First draft General recommendation No. 37 (2023) on Racial discrimination in the enjoyment of the right to health.*

# Recommendations

# 1 Provide a new working definition of racial discrimination.

We believe the working definition of racial discrimination as defined under Article 1 (1) of the International Convention on the Elimination of All Forms of Racial Discrimination contains an important flaw.

This definition reads as follows:

*the term "racial discrimination" shall mean any distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life.*

We hold that ‘race’ is not a term with scientific validity and we therefore urge against its use in this context. We also hold that religious affiliation can cause people to be subject to racism. We propose the following as a more efficient and precise definition:

*the term "racial discrimination" shall mean any distinction, exclusion, restriction or preference based on ethnic appearance, descent, national or ethnic origin or religious affiliation which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life.*

# 2 Disputing the statement about ‘lack of willingness’ in I (4)

1. We question the statement in I (4) that ‘Racism, along with other key social determinants, such as economic and gender inequality undermine the enjoyment of the right to health globally, due to lack of willingness to address their root causes.’ Is there evidence to support an interpretation of ‘lack of willingness’?

We believe there are many reasons why the root causes of racism (along with other key social discriminations) are not addressed. We believe that the single biggest reason for the *systemic* perpetuation of racism (and other forms of discrimination) is that *regardless* of the intentions of people creating policies and plans these strategies end up biased because of biased data, due to the inadequate and inherently biased datasets most organisations rely on and which are the norm throughout the world. For example, the United States Census [reported](https://www.census.gov/about/our-research/race-ethnicity.html) that ‘In 2000 and in 2010, the Some Other Race (SOR) population, which was intended to be a small residual category, was the third largest race group’. Setting aside the problem with ‘race’, the resultant data was obviously compromised, but this is the data policymakers in the US have been forced to rely on. The thinking behind these biased datasets predates the technological solutions for processing vast amounts of data.

We must collectively catch up with technology if we are to sustain our increasingly complex societies. As author Richard Powers said in [an interview](https://lareviewofbooks.org/article/heres-to-unsuicide-an-interview-with-richard-powers/) with the *LA Times,* ‘Life is simply too complex and interdependent for us to wrap our heads around without the help of our machine prosthetics … We came into being by the grace of trees. Now the fate of trees, and of the whole world forest, is squarely in our machine-amplified hands.’

# 3 Responding to Section IV B (44)

# Section IV B (44) states the following:

# *In cooperation with the WHO, other UN and regional organisations and agencies, States should monitor related racial inequalities and racial discrimination in health, alone and in conjunction with other social and underlying determinants.[1] They should collect and monitor anonymized disaggregated quantitative and qualitative data, based on demographic and health indicators. Data should be disaggregated by any information about race, colour, descent, or national or ethnic origin and indigeneity, in conjunction with gender, age, disability, migratory and any other status.*

We reiterate here the importance of taking a clear-sighted and holistic approach to data and suggest the following rewording:

# *In cooperation with the WHO, other UN and regional organisations and agencies, States should rely on comprehensive, granular data to measure disparities and discrimination in health and should eschew selective datasets in favour of holistic datasets to ensure high-quality data. They should collect and monitor anonymized disaggregated quantitative and qualitative data, based on demographic and health indicators. Data should be disaggregated by ethnicity, ancestry, nationality, religion/worldview and appearance, in conjunction with gender, age, disability, migratory, sexuality and any other status.*

\*

Cultural Infusion welcomes the opportunity to discuss our feedback with the Committee on the Elimination of Racial Discrimination. Please contact Peter Mousaferiadis at info@culturalinfusion.org.au.