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Letter to the Editor

What about social determinants of health against xenophobia?



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The excellent and much welcome work by Galassi and Varotto¹, which points to paleopathology as one educational solution for social stigma toward minorities, gives us the opportunity to analyze further strategies and actions to deal with xenophobia and suggest a holistic approach that takes into account also the social determinants of health. In doing so, we want to highlight that prejudice is not only nurtured in the individual but also can be embedded in the social structure and in the medical profession, even when it is not overt. We cannot solve a problem without first being aware of it and of the many ways in which it can reveal itself. To recognize it, as physicians, we must educate ourselves on racism, stop corroborating biased behaviors toward minorities, and be aware that ethnic minorities in the medical workforce face racism throughout their entire career starting from school.² To go further, through our example, we can try to educate others on adequate behaviors. The health status of a population depends on much more than healthcare; in this optic, social determinants of health (i.e. income, education, housing, stress, and social relationship) have powerful impact³ and are highly influenced by structural racism. When addressing social determinants of health, race equality must be at the center of the discussion. The World Health Organization (WHO) defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity',⁴ but too often, we forget about the social well-being of people. Structural racism grounds minorities from taking their full part in social institutions.⁵

As paleopathology can help biomedical scientists and the general public understand the history of chronic and infectious diseases in past populations and the related xenophobic events, we want to stress that the history of medicine can raise awareness on the importance of public health interventions throughout the history of humanity. Racism is a public health emergency of global concern,⁵ and we need to start addressing it as such. In racism and xenophobia, we can find the roots of continued health and social disparities.

Going back to the social stigma and in general to social discrimination, we need to understand what determines it. Galassi and Varotto¹ suggest that the origin of human racism is more nurtured than natural—we agree with the authors and use the words of the activist Jane Elliott to answer the question 'Why do we hate?': 'We hate because we are taught to hate'.

In Italy, coronavirus disease 2019 (COVID-19) fostered Sinophobia, but worldwide it was not only the blatant stigma to create social inequalities and isolation but the very social structure and health systems that should care for everyone and instead often discriminate against minorities and do not guarantee them equal access to and quality of healthcare.^{6,7}

To follow through on what was correctly said by Galassi and Varotto¹, we substantiate that it is important to have a knowledge of history to build a better future. In addition, we suggest other ways to foster social change. Enhancing health literature, making healthcare services more accessible, reducing health inequalities, and adopting public health measures involving different ethnicities can help our societies grow united, eschewing any kind of stigma and discrimination, whether it is caused by the racial sensitivity of the amygdala or by historical legacies hard to eradicate.

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