EURO

EUROPEAN REGION

REGIONAL GUIDE

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Rectifying Historical and Contemporary Prejudices and Oppressions Undermining Global Health

Introduction

The World Health Organization's (WHO) European (EURO) region consists of 53 countries spread across the various regions of Europe with complex histories and nuanced challenges.[1] The main center is located in Copenhagen, Denmark with 7 additional centers across Europe and 30 country offices in participating Member States.[2] Additionally, the European region of WHO coordinates and collaborates with the European Union and its agencies as well as partnership with the European Observatory on Health Systems and Policies.[2] With such a variety of cultures, landscapes, and socio-economic situations, a central theme emerges with the imperative to rectify historical and current injustices and confront the ongoing oppressions that cast shadows on its people.

Europe, as a continent, encompasses a range of cultures, languages, religions, and more, resulting in a complex tapestry of experiences. Ethnic persecution, deeply rooted in history, affects the collective memory and health outcomes of communities. The echoes of past and current conflicts resonate not only in the physical realm but also, crucially, in the often-overlooked domain of mental health. The subtheme of gender, sexual, and queer violence reveals a profound intersectionality of harm and health. This pervasive issue demands immediate attention to its physical toll and a comprehensive understanding of the systemic barriers perpetuating such violence. The call to action is clear: dismantle oppressive structures and foster environments where inclusivity and safety flourish. The intersection of migrant health and religious persecution underscores the urgent need to address unique health needs in times of conflict.

In this complex narrative, the World Health Organization (WHO) stands as a steadfast guide, illuminating the path toward inclusive health policies. Tirelessly advocating for the rights and well-being of diverse populations, the WHO navigates alongside the EURO region in the formidable task of rectifying historical injustices. The journey towards healing transcends regional boundaries; it is a global endeavor, highlighting the interconnectedness of our shared humanity. As the EURO region endeavors to craft a future where health, human rights, and social justice converge harmoniously, the story it weaves resonates not just as a regional imperative but as an essential chapter in the broader narrative of our collective human experience.

Ethnic Persecution and Health

The EURO region is marked by its high levels of cultural diversity, foreign-born populations, and immigration.[3] The large number of ethnic groups within this region leads to various cultural and religious beliefs.[3] These differing viewpoints result in widespread ethnic persecution across the region, exhibited through extreme violence, imprisonment, and displacement of populations. Ethnic cleansing is a more extreme type of ethnic persecution, referring to the mass expulsion or killing of an unwanted population.[4] The Balkans and Caucasus Regions of EURO contain conflicting ethnic groups, distinguished by their Muslim or Christian beliefs.[5] Ethnic persecution and cleansing throughout these regions have a detrimental impact on physical health, contributing to hunger, illnesses, and numerous deaths. Furthermore, it negatively impacts mental health, triggering anxiety disorders, depression, and numerous cases of post-traumatic stress disorder.[6] These instances have not only undermined the well-being of the residents but also raised questions about global health and the broader implications of unresolved, historically-based conflicts.[6]

Case Study 1: Ethnic Persecution and Mental Health in Bosnia and Herzegovina

Bosnia and Herzegovina, a country in the Balkans, has grappled with a long history of ethnic persecution, particularly during the Bosnian War in the 1990s, referred to as the worst conflict in Europe since World War II.[7] The nation is a historically diverse country with residents hailing from various ethnic and religious groups, most popularly Muslim Bosniaks, Orthodox Serbs, and Roman Catholic Croats.[7] The war was triggered by the dissolution of Yugoslavia and characterized by the use of "extreme violence" with intentions to "create homogenous group territories."[7] The war resulted in deep-rooted animosities in the western Balkan Peninsula which continue to generate a culture of distrust and division and further impede societal healing.[7]

In exploring such "traumatic episodes of violence," it is important to analyze the mental health of the survivors as an important factor for human capital.[8] Much of the violence that occurred systematically targeted specific groups for "ethnic cleansing."[8] One research study suggests that individuals who recall the war often are at greater risk of suffering from poor mental health outcomes such as exhibiting more depression symptoms.[8] Another study shows that the prevalence rates of mental disorders in the region were higher than those reported in non-war-affected populations across Europe.[8] Another study finds connections between post-traumatic stress disorder (PTSD) and somatic diseases like hypertension, musculoskeletal disorders, and cerebrovascular complications.[9] These highlight the importance of addressing the holistic well-being of individuals affected by PTSD, the need for integrated healthcare services, and the relationship between trauma and grief through the overlap between PTSD and Persistent Complex Bereavement Disorder, which often manifests in those who experience the death of a loved one during the war.[9] Additionally, healthcare professionals serving during the war faced significant challenges in delivering care amid conflict and other traumatic experiences.[9] The psychological scars of traumatic battlefield experiences, along with the difficulty of readjusting to civilian life, increase the risk of social isolation, relational difficulties, and a sense of alienation.[9]

To address the long-term consequences of ethnic persecution, both local and international partners must work together. Promoting intergroup communication, truth and reconciliation commissions and historical understanding and empathy are all critical steps toward healing historical wounds and fostering a sense of oneness among varied communities. Furthermore, investing in strong mental health infrastructure, such as accessible counseling services and trauma-informed care, is critical for assisting individuals and communities in overcoming the psychological burdens of past traumas. Bosnia and Herzegovina may begin the journey toward a more unified and resilient society by emphasizing inclusivity, understanding, and compassionate involvement, contributing to broader global initiatives to correct historical prejudices and oppressions damaging global health. Research supports the "conception of contact as a facilitator" for positive intergroup relations and to a lesser extent, mental health.[9] With an increase of postwar contact, more trust between groups can be fostered as trusting and forgiving the outgroup can aid in the restoration of individuals' mental health.[9]

Case Study 2: Ethnic Cleansing and Mental Health in the Armenia-Azerbaijan Nagorno-Karabakh Conflict

The Nagorno-Karabakh refers to an enclave in Azerbaijan, a primarily Muslim nation that is highly militarized.[10] Azerbaijan is part of the Caucasus region, which also includes Georgia and Armenia – all countries that have had long-standing hostility.[11] In the 1990s, there existed a Nagorno-Karabakh Autonomous Oblast, which was a largely Christian Armenian enclave within Nagorno-Karabakh.[10] Armenians wanted control of this territory, so they occupied the region, causing more than one million Azerbaijanis to become internally displaced persons (IDPs), killing 20,000 people, and injuring 50,000 people.[11] Around 700 medical institutions, such as clinics, maternity hospitals, and children's hospitals were destroyed, accompanied by a drop in the fertility rate and an increase in the neonatal mortality rate.[11] Mental health issues also ran rampant, as the IDPs faced depression and anxiety from the loss of close relatives and the stress of staying in hostilities, yet very few IDPs applied for outpatient psychiatric care.[11]

Although Armenia was victorious in the First Nagorno-Karabakh War, in 2020 Azerbaijan retook parts of the area that Armenia had previously taken over.[12] With Azerbaijan now in control, its forces are pressuring all ethnic Armenians to flee the region of Nagorno-Karabakh.[12] In fact, as of September 2023, over 80% of the region's population had fled back to Armenia.[13] Just as a lack of mental and physical health services proved to be an issue in the First Nagorno-Karabakh War, this has been—and will continue to be—a problem in the ongoing conflict, thereby warranting the need for action. To address these health consequences, governmental and non-governmental actors must work together to provide adequate mental health accommodation for IDPs. They should consider establishing long-term healthcare facilities and clinics and improving public health infrastructure in the affected regions of both Armenia and Azerbaijan. Organizing such programs and initiatives is imperative to ensuring the well-being of these persecuted populations.

Gender, Sexual, and Queer Violence

Although the EURO region contains a large number of women and LGBTQ+ individuals, gender, sexual, and queer violence runs rampant throughout the region. Women are often subject to femicide, harassment, sexual violence, cyber violence, and even cases of female genital mutilation.[14] In fact, in the EU alone, approximately "one in three women aged 15 or over has experienced physical or sexual violence" and around "half of all women in Europe have been sexually assaulted."[15] These statistics may be underestimated, as many female-identifying individuals refuse to report instances of gender-based violence due to the stigma surrounding these issues. Issues of gender-based violence are deeply rooted in misogyny and sexism, which have persisted in the EURO region for centuries.[15]

LGBTQ populations are especially persecuted in the region. Over the past few decades, strides have been made in expanding the rights of LGBTQ individuals, such as the Charter of Fundamental Rights of the European Union, which prohibits discrimination based on sexual orientation.[16] Despite these advances, LGBTQ individuals continue to be treated with hostility—both by society members and government authorities—simply due to their sexual orientation.

A survey of 140,000 lesbian, gay, bisexual, transgender, and intersex people in countries throughout Europe reported that "hate and inequality remain a major challenge" in the region, which explains why more than half of "LGBTQ Europeans are not out about their identities."[17] These instances of violence and persecution are based on homophobic rhetoric, shaped by long standing religious beliefs, misinformation regarding LGBTQ issues, and heteronormative media influences.

Gender-based and queer violence impacts physical health, leading to injuries and trauma, sexually transmitted infections, unwanted pregnancies, and possible chronic illnesses. They also greatly affect mental health, contributing to post-traumatic stress disorder, depression and anxiety, self-harm, and issues of substance abuse.[18] Most individuals do not seek help for these issues due to the stigma surrounding gender and sexual orientation, thus emphasizing the essential role that dismantling prejudices plays in promoting the health and well-being of individuals across the EURO region.[19]

Case Study 1: Persecution of LGBTQ in the Chechen Republic

Since February 2017, security forces in Chechnya—a majority-Muslim republic in southwestern Russia—began persecuting gay and bisexual men.[20] Since these individuals "do not correspond to the heterosexual image of masculinity," security forces feel that persecution and active discrimination are permissible.[20] Police in Chechnya have carried out "unlawful detentions, beatings, and humiliation of men" that they believe are gay or bisexual.[21] After interviewing men who were detained between December 2018 and February 2019, Humans Rights Watch—an international non-governmental organization—found that the police kicked the individuals with booted feet, tortured them with electric shock, and even raped them with a stick.[21] They were denied access to food and water, leading to cases of hunger and dehydration. The detainees were interrogated and asked to identify other gay men within their social circles, while also exposing their identity as gay to other inmates.[21] To further humiliate the gay detainees, they were given so-called "women's work," being forced to clean the toilet and wash floors.[21] All of these actions not only impact the physical health of the persecuted individuals, but also lead to psychological tolls, including depression, anxiety, and post-traumatic stress disorder.[21]

Despite these apparent discriminatory practices, the government did not admit that unlawful actions took place. For example, Alvi Karimov, a spokesman for Ramzan Kadyrov, the Chechnya governor, claimed that "there were no detentions on the grounds of sexual orientation in the indicated periods in the Chechen Republic."[21] Even after a survivor of the purge in 2017 filed a complaint, no criminal case was opened, and the Russian federal authorities refused to comment on the allegations.[21] Groups such as the Organization for Security and Co-Operation in Europe (OSCE) appointed a group to look into the allegations, and they concluded that the authorities did indeed persecute LGBT individuals, and the Russian government "appears to support the perpetrators rather than the victims."[21] Furthermore, the European Center for Constitutional and Human Rights and the Sphere Foundation/Russian LGBT Network filed a lawsuit in Germany since the national government did not take action.[20] The German Federal Public Prosecutor can address systematic crimes, even if they were not committed in Germany. However, no ruling has been made yet.[20]

To rectify these harms, Russia's international partners, alongside non-governmental organizations, must pressure Russian authorities to thoroughly look into these allegations and hold responsible security forces accountable for their actions. Furthermore, victims of the persecution should be provided with adequate physical and mental health resources, as well as safety from future persecution. Although it is impossible to reverse the harms that have been committed, it is crucial that the government promotes an inclusive environment and proactively quells violence against LGBTQ populations.

Case Study 2: Refugee Women's Experiences in Greece

As of late 2022, 108.4 million people are forcibly displaced across the world.[22] Of those, 35.3 million are classified as refugees by the United Nations High Commissioner for Refugees.[22] Greece is experiencing an influx of refugees due to its proximity to Turkey.[22] The worsening conditions in Syria and poor treatment of Syrian refugees in Turkey have resulted in more female migrants risking the journey to Greece as a last resort.[23] Female refugees are vulnerable to sexual and gender-based violence (SGBV) in their native countries and in the countries they take refuge in.[23] The prevalence of sexual violence specifically in the Syrian conflict has been reported and documented countless times by human rights organizations.[23]

The stories of these women emphasize the importance and urgency of creating safe spaces within refugee camps as refugees recount instances of threats and exploitation, exchanging safety for sexual favors, and more.[24] Some issues that contribute to this growingly "common" situation revolve around inadequate facilities and security measures.[24] The hygiene facilities often lack gender-based separation, proper locking mechanisms, and security monitoring.[24] This creates an environment where women are vulnerable to assault. One Iranian woman experienced an attempted intrusion into a changing room.[24] Another woman described how many women in these camps wear adult diapers to avoid leaving their shelters at night and how she had not showered in two months due to the fear of being assaulted.[24] Despite such horrifying stories, these refugee camps deny the issue, as witnessed in Moria, Greece.[24] This results in insufficient resource allocation for needs like secure restrooms and medical facilities, and an atmosphere of insecurity and despair forms, flavored with a systemic disregard for the rights and well-being of such female refugees.[24]

Another camp on the same island, Kara Tepe, delivers aid to families "through directed resources and local leadership."[24] Here refugees, including women, actively participate in decision-making processes and community-building initiatives.[24] The camp's creation is a result of a "grassroots-inspired presence on the island" that is dedicated to addressing the humanitarian crisis in question.[24] The residents in this camp are generally families with young children or elderly and the structure of the camp is more spacious with a controlled number of residents.[24] The founders of this camp treat the grounds like a "music festival", including the basic needs of humans and concert-goers with housing, food, hygiene facilities, and entertainment.[24] The people residing in this camp are referred to as "residents" rather than "refugees," bringing a sense of humanity back to these people.[24] The stark contrast between these two camps underscores the impact of local grassroots movements in creating humane conditions for displaced populations.

Addressing the root causes of sexual and gender-based violence (SGBV) is vital. The UNHCR identifies risk factors like overcrowding, resource scarcity, and insufficient mental health support, particularly impacting traumatized male refugees who may turn to harmful coping mechanisms like alcohol consumption, that escalate the risk of violence against women.[24] In camps like Moria, the lack of mental health resources emphasizes the need for comprehensive support systems.[24] Additionally, the active involvement of refugees, especially women, in decision-making processes is crucial, as they offer valuable insights into their unique needs.[24] This case study underscores the urgent necessity for a paradigm shift in addressing the challenges faced by refugee women in Greece. Beyond the physical and psychological trauma of displacement, the high incidence of sexual violence requires immediate attention and systemic changes. Recognizing the background and diverse experiences of refugee women, involving them in decision-making, and prioritizing mental health support are imperative steps toward fostering safer and more dignified living conditions for these resilient individuals.

Migrant Health and Religious Persecution

Within the context of this subtheme, the intricate intersection of migrant health and religious persecution unfolds through two compelling case studies. These scenarios scrutinize the health challenges confronted by displaced populations, specifically examining the repercussions of the Ukraine-Russia conflict and the health disparities experienced by migrants, particularly Muslim populations, in Germany. These real-world situations illuminate the pressing need for comprehensive strategies to address mental health, improve healthcare access, and promote international collaboration, ultimately charting a path toward a more favorable future for displaced individuals.

Case Study #1: Ukraine-Russia Conflict

The Ukraine-Russia conflict hails from a rich historical and cultural background with far-reaching implications. Due to its geographical location, Ukraine serves as the bridge between Russia and Eastern Europe.[25] However, since the dissolution of the Soviet Union in 1991, the nation navigated the political struggles between the East and West.[25] The diverse groups within Ukraine have made this more challenging as the Ukrainian-speaking (west-side) populations support further integration with Europe and the Russian-speaking (east-side) populations favor strengthening ties with Russia.[25] Additionally, the strong cultural ties between the two nations are evident as *Kyiv*, the capital of Ukraine, is considered the "mother of Russian cities," further entangling the relationship.[25]

The conflict between the two nations escalated after Russia annexed Crimea from Ukraine in 2014.[25] This act was looked down upon by the international community and resulted in sanctions against Russia.[25] In February of 2022, Russia invaded Ukraine, marking a "dramatic escalation" of the rivalry.[25] In the wake of this war, a humanitarian crisis is unfolding as millions of civilians find themselves displaced.[26] As of December 2023, there are 6,338,600 Ukrainian refugees globally, of which 5,935,000 remain within Europe.[26] The displaced populations find themselves grappling with a myriad of health-related issues in the wake of forced migration.

In any war, healthcare access becomes a priority. A research article from December 2022 delves into the impact of the Russian attacks on Ukrainian healthcare.[27] With over 600 damaged hospitals and health facilities, many medics killed during the full-scale war, and the ongoing attacks resulting in 672 damaged health facilities, the ramifications are widespread for the Ukrainian population.[27] The result is a shortage in the workforce, disruption of drug supply to occupied territories, and chronic illnesses getting exacerbated while new diseases emerge due to poor living conditions.[27] Additionally, Ukraine has a large elderly population that has resulted in a lack of assistance in terms of essential life support and necessary evacuation procedures.[27]

Russia has turned this into a "war of attrition" as the nation is making continuous attempts to wear down the Ukrainian infrastructure from environmental devastation to damage to food and water supply.[28] With the use of explosions and fires, the Russian forces threaten the "integrity of nuclear reactors" and destroy the industrial facilities with hazardous waste, contaminating the water and soil.[28] The extensive pollution is even disrupting local sea life.[28] In related terms, the Russian forces have disrupted agriculture by damaging food storage and distribution systems and restricting access to food. The International Criminal Court announced that there will be an investigation into the potential war crimes conducted in Ukraine.[28]

Amid the conflict, an alarming amount of religious persecution is emerging. To understand the religious influences of the conflict, one must recognize Vladimir Putin's push for the "Russian World" in which he envisions a "common Russian nation" with a "common political centre," "common spiritual centre," "common language," and "common church."[29] Major religious figures like Patriarch Krill of Moscow support the conflict by justifying it as a "defense against the West's sinfulness."[29] Such support has allowed for cultural discourse to become the grounds for a territorial war. The invasion has further changed the religious landscape of Ukraine as Russian-occupied regions have had their rights to freedom of religion suppressed. An investigation shows over "43 cases of targeted persecution of clergy" and more than "109 acts of pressuring churches and religious figures."[30] Within the first year of occupation, roughly 500 religious sites and spaces were "damaged, destroyed, or looted."[30]

Mental health is a primary concern as the trauma of conflict, displacement, and uncertainty about what the future holds can take its toll on the displaced individuals. Displaced individuals most commonly experience PTSD, anxiety, and depression, with children being particularly affected.[31] This combined with the challenges of receiving mental health services in unfamiliar host countries can generate stigma, a lack of trust, and language barriers.[31] However, there are many ways to combat these issues, beginning with educating the host countries on how to navigate an influx of refugees and allocate appropriate healthcare for them.[31] One way includes providing acute first aid mental health services upon arrival through non-medically-trained individuals by providing a safe and supportive environment.[31] Additionally, countries should implement training for providers in trauma-focused therapy and appropriate intervention methods, and connect Ukrainian and Russian-speaking mental health providers who can offer services via telemedicine to overcome language barriers.[31] By implementing comprehensive strategies that address mental health, enhance healthcare access, empower Ukrainians economically, and foster international collaboration, the global community can aid in mitigating the health challenges faced by Ukrainian refugees and pave the way for a better future for them.

Case Study #2: Migrant Health Disparities in Germany

For many decades, Germany has been home to a large migrant population. Germany is often ranked as one of the top five most popular countries for immigrants and refugees in the world.[32] In 2022, about 15.3 million people in Germany, about 18% of the country's population, immigrated there at some point.[33] However, despite the prevalence of migrant populations, they still are overlooked and discriminated against in healthcare.

Mental health is an imperative issue for asylum seekers and migrants in Germany, particularly for Muslim populations. Between 2015 and 2016, there was a significant rise in the number of Muslims in Germany, leading to a growing nationalist backlash and populist groups that advanced anti-immigration sentiments and reduced religious tolerance.[34] Recent studies report high levels of mental distress among these populations, with more than "50% of asylum seekers who arrived in Germany during the 2015-16 migration crisis" showing signs of a mental disorder, including post-traumatic stress disorder and anxiety.[34] The discrimination and stereotyping of these populations, amplified by misinformation, negative media coverage, and strict legislation, have exacerbated these conditions.[34] The 2016 Integration Act, which "require[s] asylum seekers to undergo extensive formal integration instruction before they can access the labor market," has placed significant levels of stress on migrants who struggle to learn the German language and concentrate in the classroom.[34] National and regional governments, alongside non-governmental organizations, were unprepared for the influx of immigrants in 2015-2016 and thus did not develop proper policies to manage the mental health of asylum seekers.[34]

Aware of these prominent issues, in October 2018, the UN Committee on Economic, Social, and Cultural Rights, raised concerns about the right to healthcare for non-nationals.[35] Although the German Government had stated that "[p]rompt access to high-quality health care and treatment is guaranteed in Germany, data supported by more than 40 organizations shows that undocumented migrants and asylum seekers do not have full access to healthcare services.[35] The UN believes that legislation such as the German Residence Act, which promotes the reporting of undocumented migrants to authorities, deters healthcare services from migrant populations, alongside the unclear guidelines about what constitutes "essential health services."[35]

Recent efforts have been made to tailor policies toward the economic and social integration of refugees, with a larger number of asylum seekers being enrolled in schools or working.[34] However, the topic of migrant health continues to be neglected by specific healthcare policies. Specifically, amid the COVID-19 pandemic, the German Federal government launched its global health strategy on October 7, 2020.[36] The report emphasizes the importance of considering health as a human right and employing a multilateral approach to health policy, yet it fails to mention migrant health even once in the forty-four-page document.[36] The COVID-19 pandemic revealed the importance of integrating migrant's physical and mental health into public health policy to adapt to the interconnectedness of contemporary global health, yet Germany did not acknowledge this argument.[36]

Thus, it is vital for the German government to intentionally include migrants in its efforts to provide health for all, ensuring that all guidelines on migrant health services are clearly defined. Germany should also review previous legislation, such as the Asylum-Seekers Benefits Act and the Law on Basic Unemployment Benefits for Non-Nationals, to address the structural factors that drive migrant outbreaks, including poor living and working conditions.[35] Lastly, the German government must work alongside non-governmental organizations to deter anti-immigration stigma and establish proper mental health infrastructure for all migrant, refugee, and asylum-seeking populations.

Conclusion

The EURO region of the WHO stands at the forefront of the ongoing struggle to rectify historical and contemporary prejudices undermining global health. Recognizing the prevalence of ethnic persecution and its detrimental impact on health, there is a pressing need for intentional policies and inclusive approaches to ensure equitable care access regionwide. Recent cases of gender, sexual, and queer violence underscore the need to dismantle outdated systemic barriers and promote a safe healthcare environment for all. Lastly, the region must acknowledge the unique challenges faced by migrants and those subjected to religious persecution, emphasizing the need for culturally sensitive and accessible services regarding both physical and mental health. In tackling these multifaceted issues, the WHO, national and local governments, and nongovernmental organizations must all work together to foster an atmosphere where healthcare serves as a human right, regardless of one's background or identity.

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