

The demands on this poster were written collectively based on interviews held with four initiatives: Bundesfachnetz Gesundheit und Rassismus, Casa Kuà, <Platz da!> and Women in Exile, and a preparatory conversation with members of Romani Phen.

Sina Rahel Holzmaier and Yasmina Metwally spoke with on behalf of Bundesfachnetz Gesundheit und Rassismus. The interview included answers from Kadijata Bah, Mariela Georg, Diminga Lorenz, Sumona Dhakal, Sina Rahel Holzmaier and Yasmina Metwally.

Madeleine Mawamba and Jana Böhm spoke on behalf of Women in Exile.

Katrin Dinges and Stefanie Amanda Wiens spoke on behalf of <Platz da!>.

Tzoa spoke on behalf of Casa Kuà.



healthcare that acknowledges its own history

Concepts of health and well-being in the German healthcare system do not take into account the history and continuity of colonisation, racism, classism, ableism, and discrimination of LGBTQIA+ people. By establishing concepts and norms of so-called healthy bodies and minds, they leave damaging traces on families, identities and bodies. The effect that unresolved histories of violence and perpetuating discrimination have on physical and emotional health is not sufficiently researched and acknowledged.

We demand

- funding for independently and collectively organised places, approaches and practices for healing, that take intergenerational trauma into account
- institutes for research and study that apply approaches to health which encompass intergenerational processing and wider perspectives on health-related justice
- improving trauma-informed medical approaches
- making such services available to all, particularly marginalised and vulnerable groups.

to receive information and to have choices

Users of the healthcare system must be given the opportunity to choose non-discriminatory, accessible services. The following information should be available:

- Are practice staff trained in anti-racism and anti-discrimination?
- Is the space accessible?
- Which languages are spoken?
- What forms of communication are supported?
- Is gender identity respected?
- Introduction of mandatory labelling on accessibility and anti-racist professionalisation and discrimination-sensitive communication
- Search options for medical services according to these and other criteria.

healthcare regardless of your situation

People in a particularly vulnerable situation – such as refugees involved in asylum procedures or housed in shelters – need to receive access to full-scale healthcare services. For people with learning disabilities and/or for people who don't speak German, the healthcare system is particularly inaccessible. Making it accessible for those currently excluded, hindered and obstructed must be a priority in developing new healthcare guidelines and policies.

We demand

- that illegalized people must be entitled to receive full medical support
- that care structures which support people without insurance be improved and substantially financed
- the adjustment of legal frameworks to abolish inequalities between private and public health insurances.

to be perceived as a full person

The healthcare system must not harm its users. Acts of everyday racism, patronising communication, incorrect use of pronouns and names, and dismissal of personal experiences harm people who are looking for medical support.

We demand

- a healthcare system in which each person is seen with their whole identity, history and reality
- respectful and non-discriminatory communication and informed decision making at all times.

You deserve



to receive medical care from diverse practitioners

In Germany, doctors and chief physicians are predominantly white, non-disabled and socially privileged. Structurally racist job recommendations direct migrants and BIPOC into more precarious jobs in healthcare, such as carers, nurses and service staff. Classist and white privileges in healthcare professions are passed on, keeping medicine an elitist professional field that accumulates power, money and status.

We demand

- the racist, ableist, sexist and classist structures within healthcare professions must be broken up
- analysis and abolishment of invisible classist entry barriers, such as unpaid internships, high barriers to entry medical studies such as limited student places (N.C.) and expensive equipment
- abolishment of ableist entry barriers such as high performance pressure, incompatible demands and working hours
- quotas and scholarship programs for Black people, People of Colour, Indigenous, Rom:nja and Sinti:zze and disabled people, and other marginalised groups
- simple and easy recognition of professional qualifications from other countries
- reform of healthcare education and curricula
- opportunities for further training and higher qualification to open the way to leading positions for people in medical professions.

all the time you need

Communication with interpreters, communication with assistants, as well as challenging and complex health situations require time. People who need more time than the healthcare system anticipates are often made to feel burdensome or difficult. We are often left with the feeling of taking up too much space. Complex communicative situations need to be facilitated in healthcare services.

to be safe

Many people with white privilege do not voluntarily confront the racist impact of their actions and internalised beliefs. This renders the German healthcare system a potentially unsafe and damaging field for people affected by racism. This also applies to other internalised violent norms, such as ableism or cissexism.

We demand

- that racism and other forms of discrimination are considered in medical studies and education
- mandatory anti-racist training of staff and employees for all officially recognized healthcare services
- access to information about non-discriminatory and accessible health services through public databases.



to be heard

The complaint system which handles objections to medical injustice is often inefficient, requires time, skills and legal knowledge and often financial resources. These assets are mostly unavailable to people who are being discriminated against or find themselves in crises, hospitalised or institutionalised.

We demand

- complaints offices at all health-related institutions. These offices need to be equipped with more staff, more financial resources and more power to effectively enforce anti-discriminatory policies and changes on all institutional levels
- urgent large-scale research into the health-related effects of discrimination in healthcare, such as sexism, racism, ableism, classism, discrimination against trans, non-binary and intersex people, and the intersections of all forms of discrimination
- committees that commission research and develop anti-discriminatory policies at all levels of healthcare in Germany.

These demands serve as documentation, and as a starting point for our exchanges. They are shaped by individual experiences and do not claim completeness. There are many more demands to make.

support in navigating the German healthcare system

Vulnerable groups need comprehensive health support to cope with trauma and stress.

We demand

- trained, trauma-informed and sensitised medical staff
- multilingual and easily accessible information about the German healthcare system
- multilingual and easily accessible information about reproductive justice
- more translators as part of healthcare services
- fairly paid mediators to help people navigate the German health, social and asylum systems
- extensive funding of self-organised healthcare projects for refugees and other groups (places of exchange, childcare, translation, etc.)
- extended confidentiality agreements which protect illegalized people from prosecution
- decriminalisation of healthcare practitioners who treat people without health insurance
- preventing the disclosure of information with institutions and legal guardians.

non-intimidating, easy-to-navigate healthcare services

The German healthcare system, the social system and the asylum system in Germany produce anxiety and stress. They put pressure on people and thus negatively affect their health when they are already in vulnerable situations. Filling out forms, applying for assistance, medical devices, therapies and services, having applications rejected, responsibilities being delegated between different parties and deadlines being stretched to their limits exhausts healthcare users.

We demand

- a radical reduction of bureaucratic procedures
- easy access to services that people are entitled to
- the development of new, accessible application methods in dialogue with users
- support in applying for equipment, care and services
- unbureaucratic support in acute crisis situations.

