

Climate reparations as a catalyst for health justice—possibilities for a fairer world

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“The future generations of impacted nations need you to pay up climate reparations.”

These words echoed through the streets of Glasgow during a movement assembly that took place at the People's Summit for Climate Justice in 2021. At COP27, after years of campaigning, a historic decision on a Loss and Damage Fund was finally reached. High income countries that are more responsible for climate breakdown have agreed to pay countries in the Global South for the harms they have already faced. Yet while decisions on who will pay, how much, and how often have been shelved for another year, across the world, planetary dysregulation is continuing to wreak devastation on the health of those least responsible for the climate emergency.

Each iteration of climate brutality captures the collective imagination of the West momentarily before being displaced by a succeeding newscycle. The unequal impact that the climate emergency has on populations is also evident in the UK, where it is multi-ethnic working class women who are disproportionately exposed to biological stress through pollution at home and at work.¹ Everywhere you look, it is people minoritised along social constructs of race, class, gender, and disability who are positioned at the sharp end of climate related health inequities.

So, what is the role of the healthcare community in tackling this? And could a reparative approach support us in reducing these health inequities?

A long genealogy of colonial violence

We are guided by and in solidarity with the work of black led scholar-activists in the US in their calls for health related reparations for the black community to make amends for historical injustices and present inequalities in healthcare outcomes.² A reparative approach refers to a broad framework of repair instead of a singular act. To understand the need for such an approach, we must look to the past to grasp the deep historical injuries that have been inflicted on certain communities. Our current economic system is underpinned by racial capitalism: the “mutually constitutive nature of racialisation and capitalist exploitation.”² The resulting health consequences of this system are the increased vulnerability of racially minoritised people to premature death.³ Crucially, racial capitalism is predicated on the construction of hierarchies that have stood the test of time, dictating the lives that matter and those that do not.³

The colonial projects of European settlers are the first layer of these historic abuses. The pseudo-biological taxonomy of race, upon which the imperial project was built, is central to the system they created of expropriation and exploitation. The second historical development we need to understand is neocolonial trade liberalisation. Successive waves of structural adjustment programmes and predatory loan arrangements have decimated public services in the countries most affected by European imperialism, worsening healthcare access and increasing neonatal mortality.⁴ Finally, the disproportionate health impact of climate dysregulation on communities that are least responsible for the climate emergency forms the most recent layer in this long genealogy of colonial violence.

This legacy has determined the life outcomes of generations of racialised people. To tackle these inequities, the health community must undo harm within the healthcare sector and stand alongside the established reparations movement.

The promise of reparations

After three decades of the richest states repeatedly minimising its importance, compensation for loss and damage—which has been championed by small island states since 1991 in UN circles—was only agreed in principle at COP27. The potential mechanisms of payment remain unclear and vary from insurance schemes and loans, to grants and technical assistance. Previous pledges to provide climate finance do not bode well for this one. The 2009 commitment at COP15, for example, saw richer countries agree to provide \$100bn annually to poorer countries so that they could adapt to climate change and mitigate its impact—when it will cost trillions. [This promise hasn't been met](#). Financing mechanisms for loss and damage is critical in the face of planetary dysregulation and the health community must maintain pressure on governments to stick to this pledge.⁵ Loss and damage is the closest existing framework that redistributes funds from wealthy governments and corporations to those already facing devastating consequences from climate change. However, we can move beyond this.

Reparative justice provides principles for imagining and building a world that accounts for histories of slavery, colonialism, and imperialism across Asia, Africa, and Latin America.^{6,7} It acknowledges that debts are owed to the land and people that have been exploited, cultivating repair with care.⁸ In contrast, debt, aid, and loan conditions, which are imposed by powerful economies and financial institutions, continue to extract capital from the global south. In this landscape of owed reparations, it is imperative that wealthy countries and institutions cancel debt and abolish aid and loan conditions to end the exacerbating traumas that countries on the frontline of climate change experience.

Reparations can take many shapes. Affected communities should determine what this looks like, consistent with the intergenerational harms inflicted upon them. At the international level, reparative justice can be enforced through a Global Climate Stabilisation Fund, and a Resilience financing scheme for loss and damage.⁹ At the national level, Climate Reparations UK and other movements are using a reparative justice framework.¹⁰ Land in our names (LION) is a grassroots Black-led collective that mobilises people to demand fair distribution of land to communities of Black people and people of colour in Britain, including landworkers and farmers. They host discussion circles; contribute to research; and provide education, storytelling, and skills sharing about land and racial justice, using land as a site of healing for the various traumas carried by minoritised people.¹¹ The People's Health Hearing provides a global forum for communities at the frontlines of climate and health violence to share their testimonies, forging the beginnings of healing through deep listening and action driven by solidarity.¹²

Towards healing futures

The UK health community has mobilised for climate action, from striving for a net zero NHS to [endorsing the Fossil Fuel Non-Proliferation Treaty](#), which commits to transitioning away from the use of coal, oil, and gas. It must now stand in international solidarity with those most affected by climate violence and mobilise towards actions that are grounded in reparative justice. This includes understanding the harm the health community has been responsible for and listening to the experiences of affected communities with humility to rebuild relationships. The UK health community must stand with people across the world to plant the seed for a healthier and fairer way of being. Reparative justice is the first step.

Conflict of interests

We have read and understood the BMJ Group policy on declaration of interests and declare the following interests: KK is a member of People's Health Movement, UK. KK and TAD are members of Race & Health. TAD and AS are members of Health for a Green New Deal. KK, TAD and AS are all co-organisers of the People's Health Hearing.

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