

**STRUCTURAL VULNERABILITY TO INFECTION:
SOMALI OVERREPRESENTATION OF CORONAVIRUS CASES
IN HELSINKI, FINLAND**

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<p>Abstract: As the novel coronavirus or COVID-19 started to unravel as a pandemic in Helsinki, Finland, 200 infections were reported in the local Somali community, as of April 14, 2020 (“Somalinkielisten Koronavirustartunnat,” 2020). Somali speakers comprise 1.8 percent of a city population of 653,835 persons, but represented nearly a fifth of positive cases or “10 times their share of the city’s population” (<i>Helsinki Facts and Figures</i>, 2020; Masri, 2020). The aim of this research project is to probe the extent to which the anti-Black racism and Islamophobia of pre-coronavirus Finland played a role in this overrepresentation.</p> <p>This thesis utilizes a meta-ethnographic methodology to explore the link between systemic racism and structural vulnerability to infection for Somalis in Helsinki, Finland, as it continues to materialize in the coronavirus pandemic. For the meta-ethnography, 20 qualitative studies, which contextualize Somali “meaning-making and world-views” in sectors of Finnish society, were chosen for examination (Neal-Jackson, 2018, p. 5). Sectors include education, healthcare, housing, immigration and integration, labor market, and law enforcement. The analysis and synthesis of these studies, guided by theoretical frameworks such as Afro-pessimism, demonstrate that systemic racism is operative in Finland and has produced several material consequences for the Somali community. This is observable across each represented sector. From increased allostatic load, poor access to quality healthcare, poor accommodation, and reduced access to education and employment, Somalis are deprioritized and devalued by “a racial calculus and a political arithmetic” of anti-Black racism and Islamophobia (Hartman, 2006, p. 5). This racial calculus produces differential treatment in the individual, interpersonal, sectoral, and systemic level. Because structural vulnerability as theorized by Quesada et. al. (2011, p. 341) is a positionality in social hierarchies and orders that allocate power differentially, the meta-ethnographic analysis and synthesis make clear that Somalis are currently one of the communities at the <i>bottom</i> of the hierarchical social order in Finland. From this depreciated position, Somalis are <i>made</i> structurally vulnerable in moments of crisis like an international pandemic.</p>	
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1. Introduction

As the novel coronavirus or COVID-19 started to unravel as a pandemic in Helsinki, Finland, 200 infections were reported in the local Somali community, as of April 14, 2020 (“Somalinkielisten Koronavirustartunnat,” 2020). Nearly 21,920 Somalis reside in Finland, and more than half of these inhabitants live in the city of Helsinki (*Population by Language*, 2020). Somali speakers comprise 1.8 percent of a city population of 653,835 persons, but represented nearly a fifth of positive cases or “10 times their share of the city’s population” (*Helsinki Facts and Figures*, 2020; Masri, 2020). As a response in the same month, Mayor Jan Vapaavuori called for the additional development of multilingual services as well as increased cooperation with various stakeholders like foreign language associations, specifically the Finnish Somali League, to curb the increase in cases. On the other hand, city councilor Suldaan Said Ahmed described the group-differentiated infection rate (1.8 percent for Somalis, 0.2 percent for the rest of the population) as a “class issue,” where Somalis occupy temporary employment as bus drivers, cleaners, or nurses and tend to house multi-generational families in smaller apartments – both of which inhibit the ability to quarantine or social distance (“Somali Community Covid-19 Infections,” 2020). Class proffers a useful frame of analysis for the overrepresentation of Somalis in Helsinki’s coronavirus cases, since income is considered a social determinant of health in Finland. But as foreign language speakers (persons whose mother tongue is neither Finnish nor Swedish) comprise a third of new coronavirus cases as late as March 2021, it is equally important to gauge the extent to which race and racism played a role in this overrepresentation (“Third of New Covid Cases among Foreign Language Speakers,” 2021). This thesis will utilize a meta-ethnographic methodology, which synthesizes qualitative research and works to produce “comprehensive and generalizable theory” (Atkins et al., 2008, p. 2), to explore the link between systemic racism and structural vulnerability to infection for Somalis in Helsinki, as it continues to materialize in the coronavirus pandemic.

The preliminary phase of Somali migration to Finland in the 1990s, as a consequence of the Somali Civil War, resulted in what became known as the “Somali shock” (Saraste, 2016; *Somalis in Helsinki*, 2013). Because Finland had a foreign

population of less than five percent, Somali migration was experienced as a “shock” (Virtanen, 1999). Finland, then a country of emigration, was not equipped to accommodate the newly arrived Somalis, whose arrival coincided with an economic recession. The arrival flared xenophobic sentiment in white Finns, which escalated to beatings and verbal abuse against Somalis (*Somalis in Helsinki*, 2013). Particularly, some white Finns would use knives, guns, and Molotov cocktails to instill fear in Somalis, who, for purposes of safety, avoided streets and public transportation after sundown (Virtanen, 1999). This hostility toward foreigners, but more specifically Somalis, persists to the present day. The first and second editions of the *European Union Minorities and Discrimination Survey* (2010 & 2017) indicated high rates of discrimination and hate-motivated harassment in Finland, specifically against Somalis and more generally, persons of Sub-Saharan African background. For example, 74 assaults or threats per 100 interviewees were recorded for Somalis in Finland in 2010 (*EU-MIDIS*, 2010). This thesis will examine how such a landscape motivated by racism paved a coherent path for the pandemic to follow, where it coalesces with the previous patterns of anti-Black discrimination in addition to Islamophobia, to produce infection and to reproduce structural violence averse to the already marginalized.

The novel coronavirus, which started as a cluster of viral pneumonia cases of unspecified origin in December 2019, quickly materialized as an international pandemic by early 2020. From the initial declaration of a Public Health Emergency of International Concern (PHEIC) by the World Health Organization in January 2020, as a result of 7,818 cases across 19 countries, more than 141 million cases and nearly 3 million deaths have been reported since its official designation as a pandemic in March 2020 (*WHO Coronavirus Disease (COVID-19) Dashboard*, 2021). In an effort to contain the international spread of the virus, nation states reverted to territorial sovereignty, as borders closed, and interstate traffic came to a halt. Domestically, countries issued states of emergency, in which lockdown or shelter-in-place directives temporarily closed non-essential services. Considerable differences existed from country to country, from the strictness of each directive to the extent of police force or surveillance utilized to enforce the directive.

Shortly after its first COVID-19 infection on January 29, 2020, Finland amended the Government Decree on Communicable Diseases to include coronavirus as a generally hazardous communicable disease in mid-February (*Preparedness for the COVID-19 Disease*, 2021). Whereas the month of February recorded nine confirmed cases, the pandemic entered a phase of acceleration in March and passed the national epidemic threshold, as 1,799 cases were confirmed by the end of the month (*Confirmed Coronavirus Cases in Finland*, 2021). As a result, on March 16, 2020, Prime Minister Sanna Marin declared a state of emergency that closed the premises of schools and universities as well as public facilities, shifted studies and most work to distance learning and telework, limited public gatherings, and suspended passenger traffic at Finnish borders (*Finland Is in Exceptional Circumstances*, 2020). Parliamentary vote on March 27, 2020 called for the temporary closure of the Uusimaa region, which contains nearly a third of Finland's population and the country's coronavirus epicenter -- the capital city of Helsinki (*Population Data by Region*, 2019; "Uusimaa Closes Borders," 2020). In fact, over 68 percent of coronavirus deaths have been reported in the catchment area for the Helsinki city-region (*Situation Update on Coronavirus*, 2021). While the state of emergency and related restrictions were lifted in mid-June, a second wave of the virus is now underway: October 30, 2020 saw the highest number of cases (344) since the start of the pandemic, and two variant coronavirus strains from the United Kingdom and South Africa have been identified in Finland ("Gov't Lifts State of Emergency," 2020; "Suomessa Raportoitu 344 Uutta," 2020; "Variant Covid Strains Detected," 2020). A new lockdown order was issued for March 8, 2021, as the second wave worsened ("Finland Announces March Shutdown," 2021).

Whereas the spatial concentration of the virus in urban centers is not unique to Finland (Sadeque, 2020), the April 2020 pattern of infection, in which the virus becomes disproportionately concentrated in a city's minority population, is equally not unique to Helsinki. Oslo and Stockholm report similar patterns and that too with their respective Somali communities. In the same month, approximately 425 Somalis tested positive for coronavirus in Norway – six percent of confirmed cases and over ten times their share of the population (Masri, 2020). Oslo, the country's capital and epicenter,

first saw cases in more affluent areas of the city, from travelers who partook in Alpine tourism or visited Italy and returned infected. Nowadays, eastern Oslo, where a sizable portion of the city's immigrant population resides, is the new hub of infection (Bivand Erdal et al., 2020). In Stockholm, Sweden, Somalis accounted for six out of the first fifteen coronavirus deaths and continue to account for 40 percent of coronavirus-related deaths, even as they constitute a mere 0.84 percent of the city population (Bejerot, 2020; Speckhard et al., 2020; "Swedish Coronavirus Deaths Increase," 2020). The coronavirus deaths in Stockholm inspired Jyrki Åland, Chairman of the far-right Perussuomalaiset chapter in Turku, Finland, to call for a "corona cleanup" of the immigrant populated suburb of Varissuo (Koskinen, 2021). Åland's comment not only shows the hostility levelled at non-white persons in Finland, but also demonstrates the depreciated social position of Somalis.

Although Oslo and Stockholm have produced analyses or reports based on coronavirus data disaggregated by country of birth (Rostila et al., 2020; *Weekly Reports for Coronavirus*, 2021), Helsinki does not publish similar data. From the onset of the pandemic in March, the City of Helsinki has opted to codify data by postal code (*Coronavirus Updates from Helsinki*, 2021). Even as city and federal level statistics provide population data by "foreign language," where linguistic grouping replaces racial categories and identities, health-related data cannot be similarly disaggregated for purposes of privacy (Rastas, 2005). However, when the overrepresentation of Somalis in April infection data was first detected, the City of Helsinki made an exceptional decision to publicize health data disaggregated by a singular foreign language community ("Somalinkielisten Koronavirustartunnat," 2020). Data related to the Somali population in Helsinki, Finland was disseminated nationally via a press conference and release, but data related to other foreign language groups remained private. This created considerable controversy.

In a petition that garnered over 1,200 signatures, local Somali representatives explained, "Koronatartuntoja tarkasteltiin nostamalla esiin yksi kieliryhmä, eikä huomioitu muita tartuntojen taustalla mahdollisesti vaikuttavia asioita" [Coronary infections were examined by highlighting one language group, without taking into account other issues that may have contributed to the infections] (*Yhdenvertaisuus*

Helsingin, 2020). Other issues, according to the petition and in line with Ahmed's earlier remarks, included concentrated employment in customer service as well as social services and health care – sectors that render telework unfeasible. However, Mayor Vapaavuori quickly rejected the community's allegation: "Ammatillinen jakauma ei...selitä tartuntatilanteen kokonaisuutta" [...the occupational distribution does not explain the totality of the infection situation] (Kangasluoma & Salomaa, 2020). A rift thus emerged between the community's assessment and that of the city administration in terms of the increase in cases. Nonetheless, as the second wave of the pandemic evolves, regional and federal statistics have unveiled a harrowing phenomenon: foreign language speakers, designated as persons whose mother tongue is not Finnish or Swedish, are overrepresented in coronavirus diagnosis.

In November 2020, the chief physician of the Hospital District of Helsinki and Uusimaa (HUS) disclosed 1) a regional pattern where infections in foreign language speakers are not commensurate with their share of the population and, 2) a geographical distribution of the virus that reports steep rates of infection in eastern suburbs of the city where a considerable number of migrants are housed (Rantavaara, 2020a). A month later, the Finnish Institute for Health and Welfare (THL) reported that foreign language speakers constituted 25 percent of nationwide coronavirus cases, exceeding, once again, their share of the population (Rantavaara, 2020b). The virus, initially heralded as a "great equalizer" that affects everyone equally, has instead acted as a "great revealer" of inequities of power and resources that result in a discriminatory pattern of infection (Gaynor & Wilson, 2020, p. 833). In both months, HUS and THL confirmed the initial explanations described in the aforementioned petition and by councilor Ahmed for the overrepresentation of Somalis in coronavirus cases: occupations that do not accommodate telework and crowded apartments with large families predispose foreign language speakers like Somalis to the virus. This was reconfirmed in March 2021, when the share of cases constituted by foreign language speakers rose to 31.3 percent ("Third of New Covid Cases among Foreign Language Speakers," 2021).

The explanatory variables provided by HUS and THL lack a systems analysis: employment in non-telework sectors and crammed flats do not exist in a vacuum, nor

does the broader pattern of overrepresentation in Somalis, or foreign language speakers as a whole. This thesis will consider how systemic racism, which consists of “racialized social systems...that allocate differential economic, political, social, and even psychosocial rewards to groups along racial lines,” furnishes a tangible framework for racialized societies like Finland to first assess and then control the “Other” (Bonilla-Silva, 1997, p. 474). As prejudicial practices in one institution reproduce and consolidate similar practices in another institution, systems of inequity become constructed. Discrimination, as a result, serves as a foundation for laws and policies that determine resource distribution and thus welfare (Egede & Walker, 2010). Albeit Finland’s placement at the top of 12 European Union countries in racial discrimination, making it the most racist country in Europe – instead of “among the most racist countries” as described by Finnish broadcasting company *Yle* – the same racism is not attributed by officials or national media as the rationale behind the concentration of Somalis in coronavirus infections (“Being Black in the EU,” 2018; “Finland among Most Racist Countries in EU, Study Says,” 2018).

Systemic racism is a studied determinant of population mental and physical health (Paradies et al., 2015). Yet, the connection between systemic racism and health is considerably overlooked or glaringly absent in Finland, even as the pandemic – nationally and internationally – interacts with existent social inequalities to produce group-differentiated outcomes in infection and death. This is because ‘race’ as an analytical and political concept is contested in Finland. In the academic realm, as late as 2018, Finnish sociological research has been shown to pay little attention to processes of racialization, where studies that dealt with race and racism did not use the term ‘race’ (Rastas & Poelman, 2021). Simultaneously, ‘ethnicity,’ defined as a cultural identity, has been preferred in academic research. However, ethnicity is quite similar to race: “Both ethnicity and race relate to ideas of common origins or ideas of people’s characteristics that can be derived from the common origin” (Tuori, 2009, p. 72). In the public and political realm, race is insufficiently addressed: “...even though the Nordic countries are nowadays defined as multiethnic, multicultural societies, in official political and academic discussions race as a social category is still usually ignored” (Rastas, 2019, p. 366). To understand why, it is important first to delineate

two national imaginaries that animate Finnish self-perception. Similar to other countries in Europe, there is a national imaginary that Finland has levelled to be considered homogeneous and white -- both before and after its independence from Russia (Seikkula, 2020). Simultaneously, because Finland did not have a formal colonial empire, it regularly evokes an exceptionalism common to the Nordic region that posits the country as *outside* of discourses of racism (Keskinen, 2019). Therefore, these national imaginaries work in collaboration to position Finland as raceless or color-blind, where “race is no longer represented as a political formulation, and [...] where traditional racial inequalities and racial injustices are now denied public representation” (Hesse, 2011, p. 156).

This means, for example, that population health data is not disaggregated by race in the name of “colorblind universalism” (Schclarek, Mulinari & Keskinen, 2020, p. 15). As in, “...no category is available to name a set of experiences that are linked in their production or at least inflection historically and symbolically, experientially and politically, to racial arrangements and engagements” (Goldberg, 2009, p. 154). Instead, data related to health inequalities in Finland utilize oversimplified categories of men and women, sometimes subdivided by men and women that are either Finnish speakers or Swedish speakers. Or, foreign language comes to replace race and serves to mark difference. Second-generation Somalis, like a significant portion of their first-generation counterparts, can also speak Finnish. However, they are not categorized as Finnish speakers but as foreign language speakers -- a convoluted categorization that, in effect, relegates Somalis as perpetual outsiders. In the context of coronavirus, bad data has meant a “failure to [properly] assess this pandemic” and a “failure of the government to issue [effective] policies and solutions related to handling this virus” (“Bad Data Collection For COVID-19 Cases Has An Impact,” 2020)

Furthermore, racelessness and color-blindness in Finland must be addressed in conjunction with the new marker of Otherhood in Europe: Islam. In *White Innocence: Paradoxes of Colonialism and Race*, Gloria Wekker writes that “[t]he culturally inferior other has increasingly come to be embodied by Muslim men and women” in the Netherlands (Wekker, 2016, p. 55). This perception, however, is not uniquely Dutch but is shared across Europe: “Whereas Europeans are tolerant, Muslims are

intolerant; where the West negotiates, the East attacks; where ‘we’ progress, ‘they’ are stagnant; where Europe abhors violence, it is the Middle Eastern way of life” (El-Tayeb, 2011, p. 93). Thus, Somalis in Finland embody two qualities; they are Black and Muslim. They exist at the intersection of two descriptors of Otherhood that, as this thesis will argue, are critical to their overrepresentation in coronavirus cases.

Several qualitative studies have been conducted to examine and to contextualize the position of Somalis in Finland, especially in Helsinki. From education, employment, health and healthcare, housing, as well as immigration and law enforcement, these studies paint a nuanced picture of the type of discrimination experienced by Somalis, as they navigate regional and national institutions. Because these studies often limit their scope to one sector, there is a necessity to produce a more comprehensive analysis of the specific nature of systemic racism faced by Somalis, across multiple sectors. Such a multilevel analysis could better explain the group-differentiated vulnerability produced by the pandemic, because systemic racism – itself a multilevel phenomenon – shapes health via numerous, evidenced pathways. As noted in the Annual Review of Public Health, “...the impact of addressing a single dimension of racism will be diminished by the system of racial oppression, which interacts across sectors and domains of racism” (Williams et al., 2019, p. 117). Thus, this particular meta-ethnography seeks to answer the following research questions:

1. How does systemic racism relate to a structural vulnerability to infection?
2. What is the nature of systemic racism in Finland and its capital city of Helsinki, in specific relation to the Somali community?
3. What can previous qualitative research on the Somali community in Finland, more specifically Helsinki, offer as explanation to the community’s structural vulnerability to infection in the coronavirus pandemic?

Several interventions have been implemented as a result of the April overrepresentation of Somali in coronavirus cases. However, the effectiveness of these interventions (e.g., wide-ranging multilingual services) is debatable, as November and December data from HUS and THL demonstrate a more far-reaching overrepresentation of foreign language speakers altogether – as opposed to just Somalis.

Of utmost utility in meta-ethnographic studies is that they are regularly used to *inform* interventions and programs. As climate deterioration threatens to increase the incidence of infectious diseases like coronavirus, the ongoing pandemic is hypothesized to be the first of many (Shuman, 2011). Given that pandemics adhere to patterns of societal discrimination and replicate them in patterns of infection and death, meta-ethnographies will prove to be a useful tool for the development of successful interventions. The thesis will consist of 1) a literature review of conceptual frameworks of systemic racism, Islamophobia, and structural vulnerability that will inform the later synthesis; 2) a section on methodology, specifically study identification, screening, and selection; and 3) a meta-ethnographic synthesis of selected studies and conclusion. This thesis will end in an author's reflection, which will use first-person. This is dissimilar from a conventional thesis structure, but it is an intentional choice that will be later explained. Until then, this thesis will be relayed from an impersonal voice.

2. Literature Review

As the foremost aim of this meta-ethnography is to determine the presence and nature of systemic racism in Finland, across several institutions, it is important to showcase the centrality of race to Finland. Henceforth, I use sociologist Ruth Frankenberg's (1993, p. 11) definition of race as a "socially constructed rather than inherently meaningful category, one linked to relations of power and processes of struggles, and one whose meaning changes over time" -- notably that race is "real" in that "it has real, though changing, effects in the world and real, tangible, and complex impacts on individuals' sense of self and life chances." This literature review will first speak of how Finland participates in processes of racialization, where subsets of the population become either favorably or unfavorably defined by their race: "Processes of racialization begin by attributing racial meaning to people's identity and, in particular, as they relate to social structures and institutional systems, such as housing, employment, and education" (*Race, Racialization, and Racism*, 2021). This will mean a brief overview of Finnish participation in Swedish colonial endeavors and the racialization of Finns before Finland became a nation-state. It will also mean an inquiry into how racialization and notably anti-Blackness was central to the formation of Finnish national identity as white and homogenous. Such a history must be established, so that it becomes clear to see that Finland is not raceless or color-blind but raced -- both in the past and in the present day. This is important, in order to negate contemporary narratives that locate the introduction of racism with the arrival of Somalis. Additionally, as mentioned earlier, Somalis are both Black and Muslim. It is not sufficient to limit inquiry to race as formulated under anti-Blackness. Thus, this literature review will also demonstrate how Islam has become racialized in the Finnish and wider European context, and how anti-Blackness and Islamophobia produce a compounded marginalization that can, for example, carry material consequences in an international pandemic.

Next, this literature review will attempt to showcase the impact of racialization on national health inequalities, and how the national imaginaries of a raceless, color-blind, and mostly homogenous (i.e. white) Finland impede a comprehensive assessment of the extent of health inequalities in minority populations. Furthermore,

the pre-coronavirus medical system of Finland will be critiqued for its racializing tendencies, where “racism becomes embodied as individual experience” and thus results in the individualization of health disparities and the essentialized use of culture (elaborated further in section 2.4.) to reify differences associated with minorities (Farmer, 2009, p. 11). Lastly, because this meta-ethnography is an attempt to understand the overrepresentation of Somalis in the coronavirus pandemic, a quick overview of coronavirus related research will be provided so as to determine the applicability of relevant concepts. This is where the analytical concept of structural vulnerability will be introduced, where structure, instead of the individual or the individual’s culture, acts as the directive from which to study the overrepresentation of Somalis in coronavirus cases.

2.1. Race and racism in Finland

To understand better the legacy of race and racism, it is important to describe the history of Finland, specifically in relation to colonization and slavery. Finland is not seen as a former colonial power; it existed first under Swedish control for six centuries and then under Russian control prior to independence. The absence of sovereignty or a clear demarcation as an empire or a nation-state has been morphed to signify that Finland did not partake in nor benefit from wider European colonial conquest (Rastas, 2016, p. 90). Instead, Finland, like the rest of the Nordic countries, has been theorized to partake in what Keskinen et. al. (2009) have described as “colonial complicity.” Colonial complicity is defined as a “situation in which the countries were neither part of the colonial center but nor can they claim to have remained outside European colonialism” (Keskinen, 2019, p. 164). Colonial complicity, however, implies distance, where Finland is imagined as a low stakes player in external processes of colonization. This is should be challenged, because historical records demonstrate *active investment and participation* on part of the Finnish in the expansion of the Swedish colonial enterprise. Finns took part in the Swedish establishment of a North American colony (1638 to 1655), by occupying Lenape and Susquehannock land and even worked to promulgate European behavior and religion to Native American nations (Keskinen, 2019, p. 168). This is repeated in present-day Ghana (1650 to

1663) and in the Caribbean island of Saint Barthélemy (1784 to 1878) (Ekman, 1975; Körber, 2019). Finns also acted as key players in trade relations, for example in the Caribbean, where they transported commodities reaped by slave labor for sale in cities like Turku. Finally, Finns conducted missionary work in present-day Namibia (1870), which not only entrenched the colonial administration's stronghold but also "had effects on the views that Finnish people came to adopt about African people" (Keskinen, 2019, p. 171). This history is influential to Finnish national identity formation.

Equally relevant to this history is the racial categorization of Finns, specifically under the scientific racism developed by Swedish botanist Carl Linnaeus, in which the Nordic race was situated at the apex of the racial hierarchy (Halmesvirta, 1990, p. 38). However, the Nordic race did not include Finns. Instead, Finns were placed at the bottom layer of the hierarchy, characterized by German race theorist Friedrich Blumenbach as Mongolian descent and codified in close proximity to the nomadic Roma and the indigenous Sámi (Blumenbach, 2000). This effectively placed Finns *exterior to* the White race and as a part of the Asian race. Unlike the Roma or the Sámi, Finns eventually achieved "whiteness," or "an inclusion – albeit an ambiguous one – into Europeanness that was coded as White" (Keskinen, 2019, p. 173). On the mercurial nature of race as a social construct, Bonilla-Silva (1997, p. 472) explains that "[b]ecause races are socially constructed, both the meaning and the position assigned to races in the racial structure are always contested." Finns were able to obtain a different meaning and position in the racial structure, because they actively pitted themselves as superior to other populations, in a firm engagement with "knowledge production and politics that built hierarchical distinctions between themselves and the... 'lower races' [and]... 'cultured races'" (Keskinen, 2019, pp. 174–176). This occurred after Finland earned independence, and the newly endowed nation-state conjured policies of assimilation to subjugate the Sámi, through settler colonialism (Kuokkanen, 2020), and the Roma – so as to create racialized Others that would buttress the national identity of Finns as European and therefore white. Europe's self-imagination as white and Christian, which Finland aimed to achieve, has been centuries under construction, and always in opposition to an external Other --

first against Jews and Moors, then against colonized Black and Indigenous persons, and now against Muslims (Goldberg, 2006, pp. 352 & 353). As a result, non-white and non-Christian people are relegated to zones of non-belonging. This echoes Étienne Balibar's (1990, p. 349) "fictive ethnicity":

No nation possesses an ethnic basis naturally, but as social formations are nationalized, the populations included within them, divided up among them or dominated by them are ethnicized—that is, represented in the past or in the future as if they formed a natural community, possessing of itself an identity of origins, culture, and interests, which transcends individual and social conditions.

The unnaturally produced "natural community" serves a twofold purpose. First, it creates individuals that are recognizable in the purview of Finnishness. Salmon (2019) explains that in addition to "production of individuals who 'belong'," the counterpart of "fictive ethnicity" is "the production of individuals who do not belong; who are not entitled to take part in the political community of a nation-state, or access the rights given to its citizens." The divide of Finns and non-Finns -- who belongs and who does not belong -- is heavily predicated on anti-Black racism, or "specific practices of social control, economic disinvestment, political marginalization, and cultural erasure targeted at Black communities and communities of the African diaspora which are related to, but distinct from, broader patterns of racism," which motivated the subjugation of the Roma and the Sámi as shown next (*Addressing Anti-Black Racism*, 2020).

The first African to have received Finnish citizenship is Rosa Clay, who after her arrival in 1888 from Namibia, fell victim to racist ideology: "Crowds would follow her when she walked down a street shouting all kinds of obscenities, calling her all kinds of malicious and ugly names and pointing their fingers at her" (Rastas, 2014, p. 197). Local attitudes toward Clay were largely influenced by Finnish missionary literature, through which Finnish perception of Africa and Africans, described as "heathens," was shaped (Rastas, 2014, pp. 193 & 196). Expressions of anti-Black

racism, particularly aimed at African persons, that appeared in Finnish dictionaries and newspapers preceded 1917, when Finland became a nation-state (Seikkula, 2019, p. 98). For example, the N-word was put to use for purposes of “intentional racism” until the 1970s, after which its use decreased (Rastas, 2016, p. 93). The derogatory classifications used to define African persons were transferred to the Roma as well as the Sámi, so as to denote a “racial other” (Seikkula, 2019, p. 98). Thus, race already comprised “a real category of group association and identity” in Finland before the observable increase in immigration from 1990 onward, since a meaning and a position have been effectually tethered to subsets of the wider population (Bonilla-Silva, 1997, p. 472). More specifically, anti-Blackness, or the relegation of Black people as “the ultimate racial other,” acted as the foundation from which anti-Roma and anti-Sámi discrimination materialized (Sule, 2019). Even as early as the 2000s, blackface, where non-Black persons use makeup to imitate a Black person’s appearance, appeared in Finnish commercials; the debate that ensued worked to defend the practice (Seikkula, 2019, p. 98). An important development happens in the same decade, which will be described in the next section: Islam becomes racialized, and Muslims become equated to the “ultimate racial other[s]” (Sule, 2019).

Despite a history in efforts of colonization, in addition to an active perpetuation of racism, especially anti-Black racism, via policies of assimilation and processes of knowledge production that aggrandized the position of Finns in relation to other minorities, Finland continues to evoke racelessness. Furthermore, racism is consistently explained to have materialized, as if in a vacuum, with the arrival of Somalis to Finland. For example, a Finnish newspaper article from August 1998 explains, “However, it is only since the first Somalian political refugees arrived in Finland in the early 1990s, that racist sentiments have started to be expressed in a more open and aggressive way” (*Somali Refugees Trigger Debate on Racism in Finland*, 1998). Such a claim is not only false, since it erases anti-Roma and anti-Sámi discrimination, but it also works to position Finland as untouched by racist ideology and serves to revision the country’s *raced* history. Effectively, a national imaginary is perpetuated of Finland as raceless, even as it was found to be among the most anti-

Black countries in Europe as late as 2017 – a country where Somali communities face the brunt of this racism (*EU-MIDIS II*, 2017). The other imaginary formed is one of a homogenous, white country, since time immemorial, which was introduced to race and racism via the arrival of non-white, Black, and Muslim Others in the 1990s. White innocence arises from both conceptualizations: “a self-image that stresses being a tolerant, small, and just ethical nation, color-blind and free of racism and that foregrounds being a victim rather than a perpetrator of (inter)national violence” (Wekker, 2016, p. 39). Thus, racism is always located elsewhere like in the United States and not in Finland, which was “free of racism” until the arrival of Somalis, who precipitated the nation’s loss of innocence (Wekker, 2016, p. 18). Before the impact of racelessness on health inequalities is probed, it is important to situate the Somali community, especially in relation to the divide of Finns and non-Finns as “reinforced along lines of race and religion” (El-Tayeb, 2011, p. xxxii).

2.2. Somalis in Finland

Somalis are the first sizable population to have arrived from Africa, as asylum seekers and refugees, to Finland. As noted earlier, Somalis also constituted the first Black communities to have settled in Finland and also comprise the country’s second largest Muslim population after Iraqis. The history of Somalia as a nation state is complex. Initially a dual colony of Great Britain and Italy, or British Somaliland from 1884 and Italian Somaliland from 1889, until the second World War, Great Britain eventually occupied Italian Somaliland in 1941 (Mölsä et al., 2010). The independence of the Somali Republic or present-day Somalia, derived from the two former colonies, was achieved in 1959. While the Somali Civil War remains an unfinished conflict, it arose in resistance to former president and military general Siad Barre in 1988, and his subsequent removal from power in 1991 further exacerbated the strife (Tiilikainen & Koehn, 2011). The civil war effectively resulted in the forced displacement of over one million Somalis, and roughly 5,000 to 6,000 Somalis arrived in Finland from 1990 to 1995 (Degni et al., 2006; Sotkasiira & Haverinen, 2016). The initial arrival consisted largely of young men, but from 1993, Somali refugees arrived as a part of Finland’s family reunification policy (Degni et al., 2006). Somali migration to Finland quadrupled

the number of foreign citizens, which also shifted Finland from a country of emigration to a country of immigration (“Annual Report on Asylum and Migration,” 2008). Presently, Somalis (20,723) constitute the fourth largest foreign population subset, after Russians (85,534), Estonians (49,989), and Iraqis (22,336) (Tarkoma, 2019). Somali migratory movements are inextricably bound to “an entangled history of global exploitation, imperial oppression, and capitalist expansion,” and as will be demonstrated in section 4.4., Finnish integration and migration policies reduce Somalis to “potential worker[s]” and convert Somalis as “interchangeable items within labour market demands” such as in health and social services (Rodríguez, 2018, pp. 19 & 25).

Physical and verbal assaults were directed at newly-arrived Somalis, and as a result, Finnish discourse needed a new vocabulary to describe the violence – for example, the term “racism” (Rastas, 2016). The first evocations of racism in Finnish politics and media coincided with, and indeed materialized as a result of, the arrival of Somali asylum seekers in the 1990s. However, as demonstrated earlier, race and racism were active as opposed to dormant processes in Finland. It is more accurate to say that the arrival of Somali asylum seekers offset processes of racialization, or “the social process by which certain groups of people are singled out for unique treatment on the basis of real or imagined physical characteristics,” processes that coincide with wider European processes of racialization that devalue both Blackness and Islam (*Critical Race Theory*, 2009). Processes of racialization create “difference and displacement” as well as hierarchical statuses of “‘the normal’ and ‘the stigmatized’”: the normal as white Finnish, the stigmatized as non-Finnish (*Critical Race Theory*, 2009). In the context of Europe and thus Finland, instead of racialization, ethnicization is used, where ethnicity comes to represent cultural identity but is as “loaded and ambiguous” as race (El-Tayeb, 2011, p. xiii). In *European Others: Queering Ethnicity in Postnational Europe*, Fatima El-Tayeb shows that the opposite of ethnicization and racialization is a considerable investment in “whiteness” (El-Tayeb, 2011, p. xxiv). As in, markers of racial difference are deployed to delineate non-Europeans from white Europeans. Simultaneously, policies of colorblind

universalism are levelled, which claim the non-existence of markers that police belonging and non-belonging.

2.2.1. Black as non-European

Somalis formed the first Black communities to have migrated to Finland, and thus it is important to gauge what Blackness means not just globally but also in the context of Finland. Notably, Blackness and anti-Blackness are central to Afro-pessimism, a branch of critical Black studies that sees the present economic, social, and political order as “radically antiblack, as constitutively incapable of apprehending the humanity of black people” (Hart, 2018, p. 17). The relevance of Afro-pessimism for Finland lies in the fact that from the position of Blackness, and with it anti-Blackness, the constitutive dimensionality of various racial hierarchies and processes of racialization becomes apprehensible. Afro-pessimists explain that anti-Black violence is a specific form of subjection that is incomparable to the violence enacted against other oppressed groups (Nsele, 2020). The violence enacted inimical to Blackness has a twofold purpose: it 1) “produces the antithesis of the Human” and 2) “secures the coherence of what it means to be Human” (Nsele, 2020). Human here is defined as Man, or the Western, bourgeoisie conception of Human, which came to emerge because of race (Wynter, 2003, p. 260). The West, in an effort to disengage with the definition of Human as it arises from the Church, mobilized race to answer “the Heideggerian question as to the who, and the what we are” – producing categories of Human as Man (Western, bourgeoisie, and secular) and Human Others (Wynter, 2003, p. 264). Anti-Black violence forms a distinction that separates the Human from the Black, as opposed to racial ideology’s distinction of the White from the Black or other people of color. This is where anti-Black racism becomes distinct from broader patterns of racism, since Black people are cross-contextually conscribed to states of abject violence and ultimately, are not considered human (Hart, 2018). Black people, who act as “the ultimate referent of the ‘racially inferior’ Human Other,” represent the complete negation of Humanness, whereas non-Black oppressed groups are located closer to “normal humanness” in the Human and Black binary (Wynter, 2003, p. 266). Because of this, anti-blackness not only mobilizes the Black

psyche but also the non-Black psyche, and therefore “organizes the unconscious of everyone” (Nsele, 2020). Put differently, anti-Blackness is universal. Namely “the afterlife of slavery” and its consequences of “skewed life chances, limited access to health and education, premature death, incarceration, and impoverishment” applies to Finland, as formulated by Saidiya Hartman (2006, pp. 5-6) to describe how “black lives are still imperiled and devalued by a racial calculus and a political arithmetic that were entrenched centuries ago.” The paradigm of subjection allocated to Blackness in the country has been visible for more than twenty years: one magazine article, as early as 1998, concluded, “Somalis are the *most* hated minority in Finland” (*Somali Refugees Trigger Debate on Racism in Finland*, 1998).

Afro-pessimism has been (so far) theorized by African scholars in the context of the United States and associated histories of colonization and slavery with Africa and the Caribbean, but nonetheless, it carries relevance for Finland. To understand why, we must turn to a commonly held conception of racism: Racism, where populations are first classified by race and thereafter allocated differential value in racialized social systems, is largely tied to the emergence of chattel slavery with the transatlantic slave trade, where people of color but especially Black people were seen as biologically inferior. When racism becomes consigned as an enduring artifact of colonization, a country that did not command an empire can claim innocence from racism. Similarly, people like Somalis in Finland, who were not forcefully abducted for the transatlantic slave trade or the Middle Passage, cannot claim Blackness. Finally, if Finland did not enslave, then it cannot be haunted by the afterlife of slavery and its consequences. The relegation of race and, with it, Blackness, to chattel slavery and the transatlantic slave trade must be problematized.

This is a shortcoming of the Middle Passage epistemology, as Michelle Wright elaborates in *Physics of Blackness*, where race and therefore Blackness are represented by the transatlantic slave trade: “...the Middle Passage is not a constant for all Black communities, even for (or perhaps especially) those located in Africa” (Wright, 2010, p. 71). For Wright (2015, p. 44), this epistemology misrepresents a number of Black collectives, such as Black people who do not live in the United States or the Caribbean. Therefore, to best intimate the depth of Blackness, Blackness has

to be seen as “a construct (implicitly or explicitly defined as a shared set of physical and behavioral characteristics) and as phenomenological (imagined through individual perceptions in various ways depending on the context)” (Wright, 2015, pp. 40 & 44). If instead Blackness continues to be located in the Middle Passage epistemology, then Blackness can only materialize in relation to the past or in relation to “white racist obstacles” (Wright, 2015, p. 47). Effectively, Black agency becomes tethered to the actions of others, especially white racist actions (Phiri, 2020).

The Middle Passage epistemology, also an epistemology of “white Western linear progress” (Wright, 2015, p. 40), is witnessed across Europe. This is most visible in relation to colonialism and colonial rule, which are not seen as influential to the continent’s history and identity. Instead, former colonies must reckon with European colonialism and colonial rule, while Europe is envisioned as external to these processes – a continent that has progressed past its past (El-Tayeb, 2011, p. 13). The same epistemology, centered on the transatlantic slave trade, serves to allocate both colonization and racism as American instead of European problems. This occurs even as racism’s antecessor is European feudalism, famously argued by Cedric Robinson (1983) in *Black Marxism*, as opposed to the transatlantic slave trade. As in, racialism developed first in Europe before the transatlantic slave trade. With colonialism, racism became exported across the world, which means that “[r]acism is not an exception to European modernity but at its very foundation” (Rodríguez, 2018, p. 21). Therefore, portrayals of linear progress, such as that assigned to European countries like Finland, can only occur through a “strenuous manipulation of the facts” (Wright, 2015, p. 40). The national narrative of Finland characterizes the country “as a small country at the margins of Europe that has faced economic hardships, wars, and struggles for independence but nevertheless has managed to survive and prosper economically due to the unyielding will and resilience of its people” (Keskinen, 2019, p. 179). This narrative is whitewashed of Finnish colonial participation and racism, and effectively visualizes Finland as innocent. So-called Finnish innocence serves a powerful function; it levels the country as non-participant to pre-dominant discourses related to race, but as Vuorela (2009, p. 64), writes, “Even if we were not conquerors, in these affairs, we shared the mindset of those who effectively had been.” In the process,

minoritized communities like Somalis become subsumed and externalized by continent and country-wide racelessness and its accompanying ideology of “a monocultural/ethnic/racial/lingual nation” to which they are denied belonging (Rodríguez, 2018, p. 18). Even as Somalia was colonized by European powers, Somalis are seen as perpetual migrants with zero ties to Europe.

2.2.2. Muslim as non-European

Equally important in the demarcation of Somalis as non-European and thus non-Finnish is the racialization of Islam. Somalis comprise the country’s second largest Muslim population, which plays an important role in the discrimination that they encounter. Before the arrival of Somalis and since the early 19th century, Finland was home to a small Muslim minority: the Tatars. Finnish Tatars, under the Russian occupation of Finland, were largely Othered or treated as essentially different and inferior to Finns. They carried the same racial classification as Finns under Swedish rule: as belonging to the Asian race. However, similar to the Finnish Roma and the Indigenous Sámi, Tatars were antagonized so that Finland could construct a national identity of white homogeneity: “Tatars were not only accused of dishonest business methods but also the spread of ‘dangerous teachings’ and other suspicious activities with political implications” (Elmgren, 2020, p. 29). Finnish Tatars were positioned as enemies that threatened national autonomy, so as to convey “the proper place of the Finns in power hierarchies and the improper place of others” (Elmgren, 2020, p. 37). However, after independence from Russia, adverse depictions of Tatars in the media slowly dissipated, which allowed Tatars to participate in Finnish civil society without protest. Two mosques were built for the Tatars in the cities of Järvenpää and Helsinki (Pauha & Konttori, 2020). Nowadays, Finnish Tatars, in relation to newly arrived Muslims, “emphasize their own ethnic (Tatar), linguistic (Mishar Tatar), and religious (Islam) identity as a unique (hence exclusive) blend, while simultaneously defining themselves within a historical cultural minority position in Finland and as Finns” (Martikainen, 2020, p. 38). Finnish Tatars now act as mediators between new Muslim minorities and the state (Martikainen, 2020, p. 39). Finnish Tatars perceive themselves as Finns, and the state *recognizes* them as Finns. This is largely because

although they were racialized initially, this categorization quickly disintegrated, since “races are socially constructed, the meaning as well as the position assigned to them in the racial structure is always contested” (Bonilla-Silva, 1997, p. 29). As a white ethnic group, the meaning and position assigned to the Tatars shifted, where they became “accepted as legitimate whites” after “brief periods of ‘not-yet white’” -- similar to Finns themselves (Bonilla-Silva, 1997, p. 29).

While Afro-pessimism has shown that Black is the antithesis of Human as Man, so too is Muslim an antithesis, because Human as Man is a secular conception. Under the racialization of Islam, Muslims are seen as threats to “Man as the Rational Self and political subject of the state” (Wynter, 2003, p. 281). Prior to arrival, anti-Blackness influenced the processes of racialization that Finns deployed to achieve whiteness, and thus the position of Somalis in the Finnish racial structure was predetermined. As newly arrived Muslim immigrants, the racialization of Islam further paints Somalis as transgressions or as “unviable (un)subjects whose positionality is incomprehensible in the language of identity permissible in European discourses,” never close to the acceptance or legitimization experienced by the Tatars (El-Tayeb, 2011, p. 170).

“Religion can be raced” in the sense that people are earmarked as Muslim, when essentialized ideas about physical appearance and culture are deployed: “If the markers of Islam (hijab, jilbaab, a Muslim name, nation of origin, etc.) are absent, ‘passing’ as a non-Muslim is possible for those without conspicuous names, accents or dress, and those who do not ‘look like’ a Muslim (which means different things in different places)” (Garner & Selod, 2015, p. 4). These ideas are essentialized, because “characteristics associated with Muslims (violence, misogyny, political allegiance/disloyalty, incompatibility with Western values, etc.) are treated as if they are innate” and irrefutable (Garner & Selod, 2015, p. 4). Such a racialization of Islam became evident in Finland after the so-called “migrant crisis” of 2015, when more than ten times the number of asylum applications (>32,000) was received (Lehtinen, 2019). The crisis was indeed a crisis of Finland’s national identity as homogenous and white, in which colonial epistemology works to determine the insider and the outsider of the nation (Gutiérrez Rodríguez, 2018, p. 25). As in, the citizen and the migrant binary is influenced by processes of racialization first introduced in European colonial efforts

that endure to the present day, where “categorizations of ‘immigrant,’ ‘refugee,’ and ‘Muslim’ provided ground for interpretations of the threatening ‘others’ that need to be removed from the white nation to restore its peacefulness” (Keskinen, 2014, p. 472). This led to a significant increase in hate crimes against Muslims (from 14 in 2014 to 71 in 2015), ranging from verbal insults, threats, and harassment (Tihveräinen, 2016, p. 11). It has since escalated to the vandalization of mosques and violent stabbings (Bayrakli & Hafez, 2018, pp. 303 & 305).

Far-right political parties like Perussuomalaiset, who regularly submit themselves as representatives of ordinary and vulnerable white Finns, racialize Muslim minorities as threats. They do so, in the racelessness ideology of Finland and wider Europe, where discrimination directed at minorities is levelled in the arenas of *cultural* differences and *national* security in order to conserve national identity and to secure national borders (Pettersson, 2020, p. 38). When levelled in the arenas of *cultural* differences and *national* security, where Islam becomes incompatible with Western values, complaints of racism can be circumvented: Perussuomalaiset “may thus place themselves as explicit defenders of benevolent, liberal values, and because criticism is directed at an abstract target: at Islam as a culture and ideology, not at individual Muslims” (Pettersson, 2020, p. 38). But Perussuomalaiset is not an aberration; the ideology of racelessness is representative of Finland as a whole, as described earlier, and so too is the Islamophobic discourse.

The abstraction of Islam, which effectively functions to produce a supposedly unified Europe against *external* fanaticism, homophobia, and misogyny, is also explored by El-Tayeb (2011, p. xxx): “Islam at times appears as a signifier as empty as race, ascribing a combination of naturalized cultural attributes to ‘Muslims’ that has little to do with religious beliefs or even with being a believer.” What happens, then, if one exists at the intersection of two empty signifiers such as race and Islam -- two empty but loaded signifiers that serve to distinguish Europeans from non-Europeans? What are the characteristics of power and subordination in that intersection? For Somalis in Finland, their racialization as Black Muslims means “low educational attainment (especially higher education), high unemployment rate, increasing number of female-headed families, and considerable discrimination and racism” (Al-Sharmani,

2019, p. 67). It also means that they effectively succumb to a national, continent-wide, and international trend of overrepresentation in coronavirus cases: “Around Europe, statistics suggest the Somali diaspora have been more likely to catch and die from the coronavirus than the general population” (Omar, 2020). Now that the unique structural position of the Somali community in Finland and their subsequent devaluation has been probed, the next two sections will focus on health inequalities generally and the coronavirus pandemic specifically, as it relates to the community in Helsinki, Finland.

2.3. Health Inequalities in “Raceless” Finland

The Organization for Economic Co-operation and Development labelled the healthcare system of Finland as “one of the most unequal in the industrial countries” (Kangas & Kalliomaa-Puha, 2018, p. 4). Finland is a welfare state, where universal public services are available to all; non-citizens, on the other hand, are able to access essential emergency care. Municipalities, who can levy taxes and acquire state subsidies, carry the foremost responsibility in healthcare provision (Mikkonen, 2012). The National Health Insurance, under the Social Insurance Institution or Kela, reimburses residents for prescription medicine and private provider costs (Blomgren et al., 2012). Finland carries three forms of healthcare: municipal (or public), occupational, and private (Mikkonen, 2012). Municipal healthcare is associated with a lack of medical doctors and long waiting times; this service is “more common among those with low income” (Palosuo et al., 2009, p. 4) and regularly utilized by persons “with low financial resources and in difficult labour market positions” (Kangas & Kalliomaa-Puha, 2018, p. 9). Occupational healthcare, as the name suggests, accompanies employment and is associated with easy and rapid access to care and treatment: “people with high income use more occupational health and private practice services than those with lower income” (Palosuo et al., 2009, p. 4). Nonetheless, there is a socioeconomic variation in access to medical treatment: 5.2 percent of low-income earners report unmet medical needs, in comparison to 0.9 percent of high-income earners (Kangas & Kalliomaa-Puha, 2018, p. 8). In other words, access to healthcare becomes weakened, as a result of diminished financial resources and a precarious position in the labor market – both of which produce a dependence on municipal

healthcare. Such a dependence is problematized by policies of austerity that have diminished the capacities of municipal healthcare, which is representative of a shift from a “politics of redistribution” to a neoliberal “politics of responsibility” that places the burden of health on the individual as opposed to the state (Blomgren et al., 2012, p. 117).

The socioeconomic variation in access to healthcare has been demonstrated to create poor health. In a population survey of 15,468 persons, researchers for the *International Journal of Epidemiology* concluded that “[c]ompared with permanent employees, the odds for poor health were highest among the unemployed with low incomes irrespective of adjustments, across all health indicators and in both men and women” (Virtanen et al., 2003, p. 1015). This is also where the national imaginary of Finland as raceless comes to head. Reports that study health inequalities in Finland disaggregate data by men and women (Blomgren et al., 2012; Mikkonen, 2012; Palosuo et al., 2009; Virtanen et al., 2003) or by a comparison of Finnish men and women to Swedish speaking Finnish men and women (Hyyppä & Mäki, 2001; Paljrvi et al., 2009; Saarela & Finnäs, 2005; Volanen et al., 2006; Wilson et al., 2020). From these two categorizations, observed health inequalities in Finland include higher overall mortality, higher alcohol-related mortality, and higher prevalence of chronic illnesses like type 2 diabetes and heart disease in low-income populations, while the Swedish speaking Finnish population reports better health than Finnish speakers. Yet, these same inequalities are not stretched to consider the impact of race (or in the case of Finland, foreign language), even as research shows that occupational or private healthcare is used less by minoritized communities in Finland due to appointment times, language, and prices (Kangas & Kallioma-Puha, 2018, p. 10). Moreover, certain population health data that concerns Finland has been criticized, since “the most vulnerable groups may be underrepresented” (Kangas & Kallioma-Puha, 2018, p. 10). In addition to underrepresentation, the most vulnerable may also be rendered invisible by data.

Michelle Bachelet, former President of Chile and current U.N. High Commissioner for Human Rights, explains that data disaggregation by ethnicity and race in Brazil, the United Kingdom, and the United States worked to showcase the

“devastating impact from COVID-19 on people of African descent.” In addition, Bachelet said that “[i]n many other places, we expect similar patterns are occurring, but we are unable to say for sure, given that data by race and ethnicity is simply not being collected or reported” (*Disproportionate Impact of COVID-19 on Racial and Ethnic Minorities*, 2020). Finland, like other countries in Europe, does not collect data by race and ethnicity -- instead deploying categorizations like country of birth, foreign language, and sometimes religion. This “color-blind” model has been criticized: “A Black child born in Europe to parents also born in Europe would be unseen in such statistics” (Waldersee, 2020). As mentioned earlier, Finland regularly uses foreign language to replace race in national statistics. Similarly, a Somali who speaks Finnish would be unseen in data that represents them as a foreign language speaker. Or if the data uses essentialized categories of men and women or men and women as Finnish or Swedish speakers like detailed above, Somalis and other minorities become invisibilized by the assimilatory model, especially in narratives of national health inequalities or international pandemics.

Regularly, the absence of data collection by race and ethnicity in European countries is justified by the historical memory of the Jewish Holocaust, where records of race and ethnicity led to state persecution (Waldersee, 2020). However, as Gloria Wekker (2016, p. 4) argues:

The memory of the Holocaust as the epitome and model of racist transgression in Europe erases the crimes that were perpetrated against the colonized for four centuries. This excision coincides with the representation that the history and reality of Europe are located on the continent and that what happened in the colonies is no constitutive part of it. This frame of mind—splitting, displacement, in psychoanalytical terms—is still operative to this day, for instance, in the way that the memory of World War II is conceptualized. It is the memory of what happened in the metropole and of the many Jews who were abducted and killed, not about what happened in the colonies at the time. Trying to insert those memories into the general memory often meets with hostility and rejection.

This particular narrative of the Holocaust means that race and ethnicity “disappear” in the metropole after World War II, even as similar evils transpired in the colonies and persist to the present day. Race and ethnicity become externalized, in an effort to propagate a myth of “racial purity [of Europe] as homogeneously white” (Wekker, 2016, p. 4). Such a myth is not only false, as argued in sections 2.1. and 2.2., but it evidently carries consequences for how population health data is reported, specifically how population health data in an international pandemic is reported.

Internationally, it has been demonstrated that systemic racism predisposes people to infection by coronavirus (Bentley, 2020; Gaynor & Wilson, 2020; Gravlee, 2020; Poteat et al., 2020; Singer & Rylko-bauer, 2021). In *Golden Gulag: Prisons, Surplus, Crisis, and Opposition in Globalizing California*, Ruth Wilson Gilmore (2007, p. 28) defines racism as “the state-sanctioned or extralegal production and exploitation of group-differentiated vulnerability to premature death.” In other words, systemic racism conditions the extent to which a community is either vulnerable or resilient in crisis, manmade or natural. Risk factors for coronavirus include but are not limited to 1) allostatic load, 2) poor access to high-quality health care, 3) poor accommodation, and 4) reduced access to education and employment (Rollston & Galea, 2020). One’s position in a country’s racial hierarchy can either exacerbate or alleviate the aforementioned risk factors. As in, risk to coronavirus related risk factors has already been produced, pre-pandemic: “As the present pandemic demonstrates, the inequalities of the basic conditions of the everyday – shelter and its affordances – and expansive disadvantage determine poor health outcomes” (Team & Manderson, 2020, p. 673).

It is impossible to rely only on the “color-blind” health data produced by Finland, because it directs attention away from processes of racialization that create differential outcomes in health and instead toward what Wekker (2016, p. 4) termed the “myth of racial purity” and its assimilatory pretense. Thus, this meta-ethnography of 20 qualitative studies will pay attention to systemic racism faced by the Somali community *before* the pandemic, in an effort to contextualize their overrepresentation in April 2020 cases, during the pandemic. The next two sections will now shift focus to the

pandemic, so as to assess the applicability of relevant research (section 2.4) and the framework of structural vulnerability (section 2.5), which will prove to be useful to analyze pre-coronavirus Finland.

2.4. Overview of coronavirus related research

The relationship between systemic racism and group-differentiated rates of infection in the context of an international pandemic requires a multidisciplinary inquiry, and several frameworks have been developed to explain the correlation: cascades, syndemic theory, and structural vulnerability. Typical to Western biomedicine is the individualization of health disparities, where imbalance is located in a person's behavior and traits, and where the role of historical and social processes as drivers of differences in health outcomes is neglected. Thus, each framework had been developed to disavow one dimensional inquiries of variations in population health archetypical to clinical research, instead vying to locate these variations in "manifold, multi-layered, and interdependent processes" and "deliberate action[s that produce]...both anticipated and unexpected effects" (Salway & Green, 2017, p. 523).

Moreover, these frameworks attempt to disavow an additional trait of Western biomedicine: the use of culture in relation to medicine. As a commonly espoused concept in healthcare, cultural competence is denoted as the ability to consider and to respect beliefs and needs of other cultures, especially as they relate to dissimilar perceptions of health and illness. Co-authored in 1989 by Terry L. Cross et. al. in *Towards a Culturally Competent System of Care*, cultural competence came to the fore in 2002 (Thackrah & Thompson, 2013). It has since been incorporated in medical school curricula, and emerging healthcare professionals are trained in intercultural communication and cultural sensitivity in order to engage with diverse populations. The Finnish Institute for Health and Welfare (THL) website hosts a section on "cultural competence and sensitivity," where it calls for the "provision, availability and accessibility of services in a manner ensuring that the partly varying needs of people with different backgrounds are taken into account" (*Cultural Competence and Sensitivity*, 2020). However, in the practice of cultural competence, culture becomes demarcated as static. It is located in the "essential differences between groups of

people,” and the mutability of self-identity is sidelined to instead reify these differences (Carpenter-Song et al., 2007, p. 1363).

Such a reification has several consequences: difficulty in communication or trepidation to follow health recommendations are quickly attributed to a patient’s culture, and the inability to identify Western biomedicine as a cultural construct itself arises. As a result, while cultural competence is hailed as *the* framework by which underrepresented populations obtain representation in clinical encounters, culture itself becomes “a source of problematic behavior” (Carpenter-Song et al., 2007, p. 1364). From cascades, syndemic theory, to structural vulnerability, each framework instead emphasizes a structural competence, which contends that “variables such as race, class, gender, and ethnicity are shaped both by interactions of two persons in a room, and by the larger structural contexts in which their interactions take place” (Metzl & Hansen, 2014, p. 127). Structural competence recognizes that diagnoses do not exist in a vacuum; conceptualizations of health and illness must situate social systems instead of “the clinical encounter as the primary site of politics” (Metzl & Hansen, 2014, p. 132).

Pescaroli and Alexander (2016) describe cascades as disasters or hazards that accrue vulnerabilities in critical infrastructure and sub-systems, which subsequently result in additional crises. As in, a primary event, as a result of natural systems, initiates a cascade. The secondary crises, which form a cascade, are a result of human systems, such as institutions or structures responsible for emergency response. Boni et. al. (2019, p. 3) remind that the secondary crises or cascades may not occur immediately after the primary event but “often manifest along time (days, weeks, months to years) and may be felt in areas that have not been physically harmed.” While cascades afford a convenient lens that can determine the cumulative burden of disaster, where disaster is not a one-off event but a dynamic series of events that develop and transpire over time and space, its physicalist underpinnings render it difficult to apply in the meta-ethnographic context of Somalis in Helsinki. The physicalist framework, to an extent, domineers disaster analyses, as it views disaster as an “unavoidable extreme geophysical event occurring in a nature independent of society” (Gibb, 2018, p. 330). This conception of disaster ultimately prioritizes science

and technology-based solutions aimed to predict and prevent disasters, and while cascades were formulated to contest such a conception, the theory and its offshoots continue to place the disaster instead of vulnerability at the front line of the model. The central emphasis of the meta-ethnography in this thesis is not the disaster, namely the pandemic. Rather, it is the systemic racism faced by Somalis in Finland, more specifically Helsinki, and any structural vulnerability that it may have predisposed the community to, especially as it manifests in overrepresentation of coronavirus cases. This is to ensure that the pandemic is not seen as an exceptional event but as a consequence of discriminatory day-to-day life.

The second framework, syndemics, was first theorized by critical medical anthropologist Merrill Singer in the mid-1990s. It became a prominent analytical tool in relation to the HIV/AIDS epidemic. The biomedical approach failed to properly explain a disease that coalesced with systemic racism and wider histories of colonialism and imperialism to create an overrepresentation of minorities in infections and deaths. Singer and Clair (2003, pp. 423 & 424) explain that syndemic theory provides an explanation of sickness that departs from biomedicine, which treats diseases as “distinct, discrete, and disjunctive entities” – more importantly, as decontextualized entities -- that operate independently of other diseases as well as the environments in which they occur. A syndemic arises in the adverse interaction of multiple health conditions or epidemics, which occur simultaneously and consolidate synergistically, to bear disadvantageous health outcomes that would not materialize as aggressively if each condition instead operated in isolation (Willen et al., 2017). The amplification of disease burden, produced by the synergistic interaction of health conditions or epidemics, is not shared equally.

What makes the application of syndemic theory to the context of Finland difficult is the non-existence of data disaggregation. Not only are clusters of the coronavirus, if present and if shaped by race, hard to ascertain but so are interactions of the coronavirus with other disease clusters like non-communicable diseases (and if these other disease clusters are also shaped by race). For example, the Finnish Institute for Health and Welfare (THL) reported the overrepresentation of foreign language speakers in coronavirus infections, as late as December 2020 (Rantavaara, 2020b).

In addition, the prevalence of type 2 diabetes, a non-communicable disease, has been observed to be considerably high in Somalis, according to the first dissertation conducted on non-communicable disease risk factors among foreign language speakers in Finland (Skogberg, 2019). It is important to note that even this study observes the lack of “objectively measured data” in relation to non-communicable disease occurrence in minorities (Skogberg, 2019, p. iii). Therefore, because such data is published selectively and often links disease concentration exclusively to healthy and unhealthy lifestyles, as opposed to discrimination or historical trauma, it becomes speculative to assess disease interaction or to discern a potential double burden of infectious disease and non-communicable disease. As a result, to better situate the meta-ethnography of systemic racism faced by the Somali community in Finland, more specifically in the city of Helsinki and the over-representation of Somalis in city-level infection data in April 2020, this thesis prioritizes the analytical tool of structural vulnerability.

2.5. Structural Vulnerability

First linked to disaster in the mid-20th century, Adger (2006) remarks that vulnerability is typically seen in relation to susceptibility – susceptibility of systems to adverse effects or harm. As such, vulnerability becomes equated to the stress experienced by a system, as well as its subsequent ability to adapt from external shock (Adger, 2006, p. 269). Before vulnerability arrived at an integrated focus on environmental and social systems, it was assessed, separately, with two variables: entitlements and natural hazards. A notable formulation of the entitlement approach appeared in *Poverty and Famines: An Essay on Entitlement and Deprivation* by economist Amartya Sen (1981). Sen defines entitlements as “the set of alternative commodity bundles that a person can command in a society using the totality of rights and opportunities that he or she faces” (Sen, 1984, p. 497). In practice of the entitlement approach, Sen (1981) famously examined the Bengal Famine of 1943 to demonstrate that a famine can transpire in the absence of a natural hazard. Specifically, a famine can occur as a result of food inaccessibility, in a firm rejection of the food-availability-decline hypothesis that associates famine to a diminished

availability of food. In the words of Gasper (1993, p. 2), “[m]ost people died because they lacked definite socially sanctioned claims, effective legitimate command, over food that was available.” Vulnerability, here, is determined by the inability to access socially sanctioned claims over a commodity. A common critique of entitlement-oriented approaches to vulnerability is that income, wealth, and other endowments, as distributed by social systems, take precedence over risk posed by ecology or physical systems. In contrast, a natural hazard-oriented perspective to vulnerability is often defined in terms of physical sciences like engineering, where political explanations of vulnerability are sidelined to prioritize management or technology that enhances hazard mitigation (Adger, 2006, p. 271).

Accordingly, structural vulnerability differs from the above; structural vulnerability is not a consequence of a disaster or a hazard. Rather, structural vulnerability is a position. The term is closely related to another concept: structural violence. Commonly accredited to Johan Galtung (1969, p. 171), who first detailed the term in *Violence, Peace, and Peace Research*, structural violence is defined as violence that is pre-assembled in a structure, often its very foundation, that then materializes as “unequal power and consequently as unequal life chances.” Galtung (1969, p. 173) further demarcates structural violence as “silent” and “static”: “the object of personal violence perceives the violence, usually, and may complain – the object of structural violence may be persuaded not to perceive this at all.” Structural violence is a particularly useful frame of analysis in medical anthropology, because it locates health disparities and inequities not in an individual, an individual’s behavior, nor an individual’s culture but in wider processes of exploitation and dispossession that determine health and illness. In terms of global public health, Paul Farmer (2003, p. 40) pioneered the application of structural violence, which he describes as “‘structured’ by historically given (and often economically driven) processes and forces that conspire—whether through routine, ritual, or, as is more commonly the case, the hard surfaces of life—to constrain agency.” Farmer adds that for a majority of his patients, specifically in Haiti, economic and historic processes and forces such as colonialism and slavery have resulted in poverty, racism, or sexism, which ultimately work to limit choice and mobility.

As a concept, structural vulnerability was developed in an effort to extend beyond the economic and political purview of structural violence and to include the “cultural and idiosyncratic sources of physical and psychodynamic distress” as well (Quesada et al., 2011, p. 341). In their study of Latino migrant workers in the United States, Quesada et. al. (2011, p. 340) offer perhaps the most comprehensive theorization of structural vulnerability:

[D]efined as a positionality that imposes physical and emotional suffering on specific population groups and individuals in patterned ways, structural vulnerability is a product of class-based economic exploitation and cultural, gender/sexual, and racialized discrimination, as well as complementary processes of depreciated subjectivity formation.

For Quesada et. al. (2011), structural vulnerability is interrelated to structural violence because structural violence determines the extent to which an individual is structurally vulnerable. However, Quesada et. al. (2011, p. 342) stretch previous articulations of structural violence to pay attention to the ways in which an individual or a collective start to incorporate an “externally generated depreciated status,” which subsequently influences their very subjectivity – from conduct to self-perception. At the core of structural vulnerability is a staunch critique of agency that attempts to showcase how A) “social inequality imposes ‘risk’ on subordinated population groups” and B) “a larger ‘risk environment’ precedes individual decision-making” (Quesada et al., 2011, p. 343). This is reiterative of Bronfman et. al. (2002, p. S43), who explain that risk is often utilized as a remark on individual behavior but “vulnerability is an indicator of social inequity and demands responses at social and political levels.” Ultimately, Quesada et. al. (2011, p. 344) seek to apply structural vulnerability to the clinical encounter, so as to move past the present-day trend of medical interventions that center micro-behavioral patterns that are supposedly improved through education and knowledge or “middle class models of rational decision-making.” Their analysis of Latino migrant workers demonstrates that economic, political, cultural, and psychodynamic insults impart illness onto the paperless, because of their *structural position* as adversely

incorporated workers in exploitative and informal labor markets, and thus conclude that structural vulnerability creates “shorter lives subject to a disproportionate load of intimate suffering” (Hickey & du Toit, 2012; Quesada et al., 2011, pp. 344, 347, 351).

Because structural vulnerability does not spread equally across a population and carries intra-population variations, it has proffered an indispensable framework for analyses of the coronavirus pandemic. In the context of Australia, Team and Manderson (2020) pay special attention to the numerous structures of day-to-day life that either permit or hamper policy implementation and a population’s ability to adhere to said policy. Specifically, they tie physical structures like “poorly ventilated, poorly built, crowded dwellings” with social structures of governance to illustrate that structural vulnerability is produced in the entanglement of physical and social (Team & Manderson, 2020, p. 671). Moreover, Team and Manderson (2020, p. 673) that structural vulnerability does not exclusively materialize in a disaster, such as a pandemic, but in “the inequities of the basic conditions of the everyday.” The implied contrast between the everyday and a disaster or a disruption has been problematized extensively in most coronavirus inquiries. For example, Scambler (2020, p. 140) defines coronavirus as a “breaching experiment” that calls attention to a “fractured society.” As in, the pandemic has effectively disrupted social norms and order to showcase “the salience of those norms for mundane everyday interactions”; for Scambler (2020, pp. 140 & 141), “ordered living” in the United Kingdom under financial capitalism and neoliberalism is a norm that requires complication. Comparably, Sparke and Anguelov (2020, pp. 500 & 501) also tie the “long and lethal track record of reducing life expectancy” of neoliberalism to structural vulnerability, in an effort to politicize coronavirus as a disease.

From allostatic load, employment, housing, to chronic or metabolic conditions, Bentley (2020, p. 2) extensively recites the abnormalities experienced by Black, Asian, and minority ethnic (BAME) groups in the United Kingdom prior to the pandemic: “These kinds of ‘structural violence’ are common for ethnic minorities in many northern nations and can mostly explain inter-group susceptibility to COVID-19.” The correlation of structural vulnerability to structural violence, as proposed by Bentley (2020), is reiterative of Quesada et. al. (2011). Similarly, Solis et. al. (2020, p. 25)

attempt to associate distribution of coronavirus cases to socioeconomic structures, so as to reveal how disparities of health arise from “structural vulnerabilities, including inadequate access to healthy food, housing and financial insecurity, discrimination, uncertain legal status, and others.”

Of particular relevance to this meta-ethnography is the study conducted by Gaynor and Wilson (2020) of Cuyahoga County, Ohio and Wayne County, Michigan in the United States, which corroborates racism as a determinant of structural vulnerability generally and vulnerability to coronavirus specifically. Gaynor and Wilson (2020, pp. 832 & 833) explain that socially vulnerable communities are *created* by racism, as a result of “political decisions such as redlining, gentrification, and industrialization” that are informed by enduring legacies of slavery and segregation and consequential “poverty, poor housing conditions, and inadequate transportation” that carry implications for a community’s ability to respond to an emergency or a disaster:

Emergency management researchers have demonstrated that the impact of emergency events is not random but is, rather, informed ‘by everyday patterns of social interaction and organization, particularly the resulting stratification paradigms which determine access to resources.’ Existing inequitable social structures and conditions facilitate vastly different realities for more vulnerable communities and individuals when coping with and being resilient to disaster events.

The premise of the Gaynor and Wilson (2020, p. 834) study is to start analysis with structural vulnerability itself, so as to assess the “baseline susceptibility of a community to any disaster.” This is also why structural vulnerability has been chosen as the preferred tool of investigation for the meta-ethnography. Structural vulnerability locates everyday life as the source of a community’s susceptibility to disaster. Here, everyday life means the “policies and practices that have, over time, allowed these communities to remain and/or grow in this vulnerability” (Gaynor & Wilson, 2020, p. 836). The qualitative studies chosen for this meta-ethnography will discuss policies

and practices so as to see if they are connected to processes of racialization and if they have made the Somali community vulnerable.

3. Methodology

Meta-ethnography, which synthesizes qualitative research, is a popular methodology in health research that works to produce “comprehensive and generalizable theory” (Atkins et al., 2008, p. 2). The meta-ethnographic synthesis differs from aggregative methods of synthesis in that it requires “induction and interpretation”: the researcher is persuaded “to understand and transfer ideas, concepts, and metaphors across different studies” (Britten et al., 2002, p. 210).

Because meta-ethnographers “do not collect deeply personal, sensitive or confidential information from participants” and rather “use publicly accessible documents as evidence,” they are rarely asked to consult an institutional ethics board (Suri, 2020, p. 41). Nonetheless, ethical considerations in this meta-ethnography included “ensuring authentic representation of the viewpoints of the participants of the original studies as expressed through the interpretive lens of the authors of those studies” and “focusing on how the findings of individual studies intersect with their methodological and contextual configurations” (Suri, 2020, p. 49). The multi-phase methodology developed by George W. Noblit and R. Dwight Hare for meta-ethnography will be described in relation to this thesis. The phases are condensed here as 1) intellectual interest, 2) search strategy, study selection, and qualitative assessment, 3) analysis, and 4) synthesis. Noblit and Hare first produced and employed the multi-phase methodology, in order to synthesize qualitative research related to education. Ultimately, meta-ethnographies attempt to formulate new theory, or interpretations, from the selected studies in a way that is not a mere accumulation of results.

3.1. Intellectual Interest

The first phase asks to ascertain “an intellectual interest” that qualitative research can apprise (Noblit & Hare, 1988, p. 26). In the case of this meta-ethnography, the interest lies in the following question, as explained in the introduction: why were Somalis in Helsinki, Finland overrepresented in April 2020 coronavirus cases? Across the world, systemic racism has been linked to ill-health generally (Paradies et al., 2015; Williams et al., 2019) and infection and death by

coronavirus specifically (Bentley, 2020; Gaynor & Wilson, 2020; Gravlee, 2020; Poteat et al., 2020; Singer & Rylko-bauer, 2021). Given that a 2017 EU-MIDIS survey placed Finland as among the most anti-Black countries in Europe, where Somalis face the brunt of racist discrimination, has the same trend materialized in its capital city? A precursive search of qualitative research related to Somalis in Finland demonstrated that study focus was often limited to one sector of Finnish society, such as education or healthcare. Thus, a need was established to create a synthesis of Somali experiences across multiple sectors, so as to determine the nature of systemic racism faced -- notably the presence of a “risk environment” as Quesada et. al. (2011, p. 343) termed.

3.2. Search Strategy, Study Selection, and Quality Assessment

The second phase, where studies are screened to meet the initial interest, consists of three parts: A) search strategy, B) study selection, and C) quality assessment.

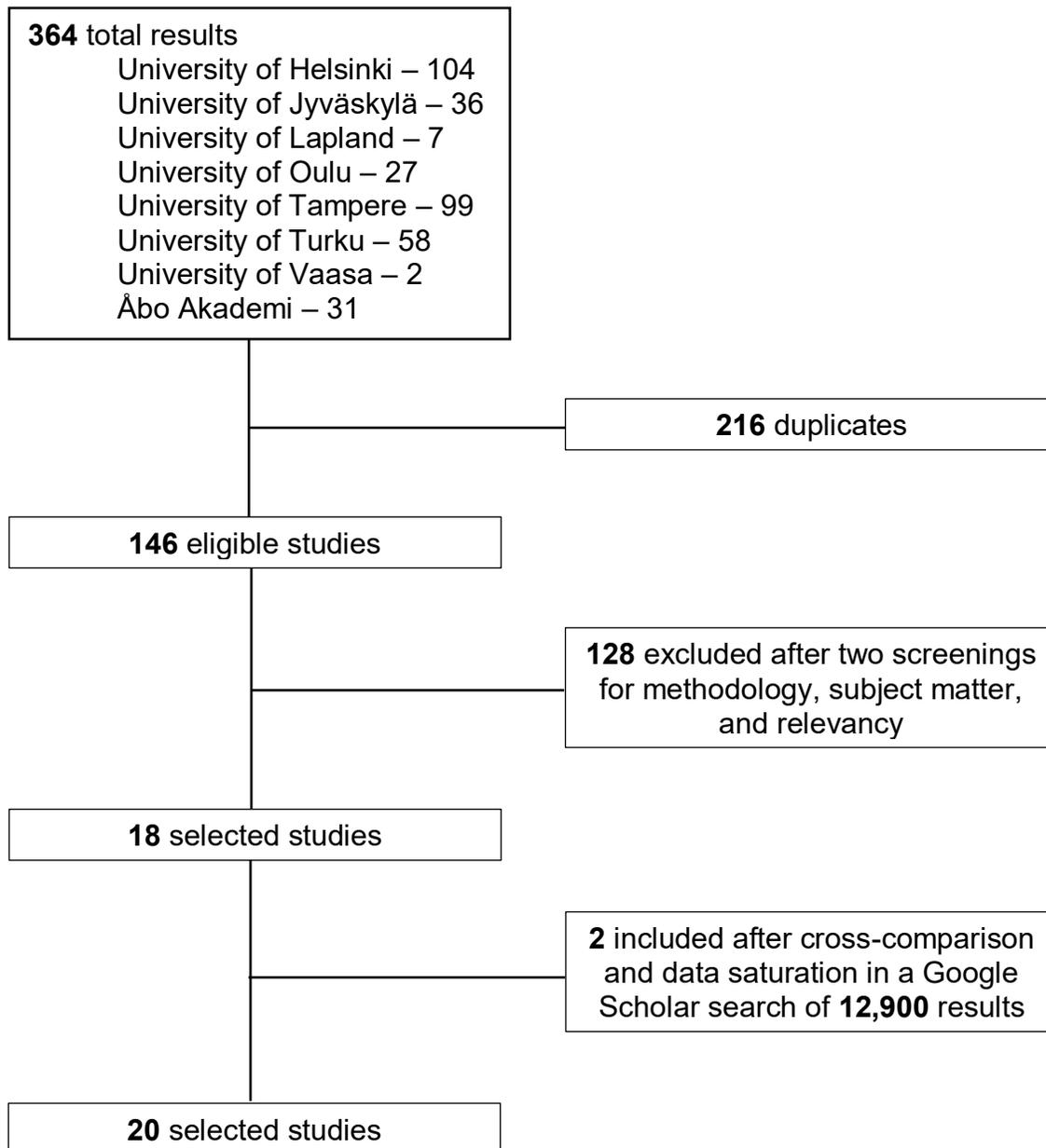
The search strategy is depicted in Figure 1 (see p. 43). Because the context of the meta-ethnography is local, a systematic review of Finnish university library databases was undertaken to source relevant literature. Universities included University of Helsinki, University of Jyväskylä, University of Lapland, University of Oulu, University of Tampere, University of Turku, University of Vaasa, and Åbo Akademi. Search terms included “Somali,” “Finland,” and “Helsinki,” which were further refined so that these terms would appear in the book or article title rather than the text. The search was clarified to only provide English language studies from 1990 (the arrival of the first Somali asylum seekers to Finland) to 2020. This proffered a total of 364 studies; 216 were duplicate results, and 146 were unique results.

For the 146 studies, two evaluations were conducted, where each study was checked for methodology, subject matter, and relevancy before selection. Qualitative research was prioritized over quantitative research, so that Somali experiences, as expressed firsthand, were situated in the forefront as well as Finnish participant perceptions of Somalis. Quantitative studies were not privileged, because as Neal-Jackson (2018, p. 5) explained in her meta-ethnography, “quantitative studies do not

readily reveal the meaning making and world-views of participants in their own words.”

Second, studies were excluded on the basis of subject matter and relevancy, namely if they did not include a contextualization of Somali experiences in a sector or sectors of Finnish society. Additionally, studies that were peer-reviewed and studies situated in Helsinki were given precedence. Moreover, because the purpose of the meta-ethnography is to gauge Somali “meaning-making and world-views,” Finnish “meaning-making and world-views,” and the material consequences of the latter cross-sectorally, selected studies had to represent an array of sectors within Finnish society. These sectors include education, healthcare, housing, immigration and integration, labor market, and law enforcement. After two evaluations with the aforementioned inclusion criteria, a total of 18 studies were selected. These 18 results were cross-referenced on an international database, Google Scholar, so as to ensure that other relevant studies were not precluded. Two studies were included after a comprehensive search on Google Scholar, before data saturation, or where the same results appear and re-appear, was reached.

Figure 1: Search Strategy



The CASP quality assessment tool, used to conduct critical appraisal of qualitative studies, was employed to review the 20 selected studies for quality. This is demonstrated in Figure 2 (Sleijpen et al., 2015).

Figure 2. Quality Assessment

Criterion	Meets criterion	Does not meet criterion	Not addressed
Was the purpose and/or research question stated clearly?	20	-	-
Was relevant background literature reviewed?	20	-	-
Was a theoretical perspective identified?	20	-	-
Was the process of purposeful sample selection described?	20	-	-
Was sampling done until redundancy in data was reached?	1	-	19
Was informed consent obtained?	17	-	3
Was procedural rigor used in data collection strategies?	20	-	-
Were data analyses inductive?	20	-	-
Were findings consistent with and reflective of data?	20	-	-
Was the process of decision trail and of analyzing the data described adequately?	20	-	-
Did a meaningful picture emerge of the phenomenon under study?	20	-	-
Were conclusions appropriate given the study findings?	20	-	-

The 20 studies passed quality assessment. They are detailed in Table 1, by related sector, title, author(s), year of publication, research topic, participants, and data collection.

3.3. Analysis

To refer back to Bonilla-Silva (1997, p. 474), systemic racism is defined as “racialized social systems” that work to “allocate differential economic, political, social, and even psychosocial rewards to groups along racial lines.” As the meta-ethnography seeks to ascertain the nature of systemic racism faced by the Somali community, articles were analyzed for 1) instances in which Somali participants named culture, ethnicity, language, race or racism, and religion as the source of differential treatment in a given sector, 2) instances in which Finnish participants referred to culture, ethnicity, language, race or racism, and religion as the reason for differential treatment of Somalis and subsequent denial of opportunities in a given sector, and 3) author

conclusions that mention culture, ethnicity, language, race or racism, and religion as sources of differential treatment or denial of opportunities in Finnish society for Somalis. Once the presence of processes of racialization was established, then a few themes started to appear, specifically the material consequences of the differential treatment.

3.4. Synthesis

In the synthesis phase, Noblit and Hare (1988, p. 28) require "making a whole into something more than the parts alone imply." As a result, themes that cross-cut each study were identified, that is themes that "protect the particular, respect holism, and enable comparison" (Noblit & Hare, 1988, p. 28). Risk factors for coronavirus include but are not limited to 1) allostatic load, 2) poor access to high-quality health care and poor health, 3) poor accommodation, 4) reduced access to education and employment (Rollston & Galea, 2020). These risk factors, which are interrelated but which materialize through unique processes, also constitute the cross-cutting themes for this meta-ethnographic synthesis. They appeared and reappeared in the analysis phase; they constitute the material consequences of systemic racism. Because systemic racism produces the "policies and practices that have, over time, allowed these communities to remain and/or grow" in precarity, the same precarity has been shown to predispose minority populations worldwide to infection or death by coronavirus (Gaynor & Wilson, 2020, p. 836). The last section of the article synthesis was situated in the context of the coronavirus pandemic via the concept of structural vulnerability -- is there a correlation between the forms of differential treatment observed and the risk factors for coronavirus?

Table 1: Description of selected studies

Related Sector	Title	Author(s)	Year of Publication	Research Topic	Participants	Data Collection
Education	The Generation In-between: Somali youth and schooling in metropolitan Helsinki	Anna Alitolppa-Niitamo	2002	Young Somalis in the context of formal education	N/S	Discussions, interviews, participant observation
Education	Somali youth in the context of schooling in metropolitan Helsinki: a framework for assessing variability in education performance	Anna Alitolppa-Niitamo	2007	Young Somalis in the context of formal education	18 authorities and school staff members, 17 Finnish teachers, 19 Somali students, 27 Somali community members, and two imams	Discussions, interviews, and participant observation
Education	Immigrant Children, Educational Performance and Public Policy: a Capability Approach	Abdirashid A. Ismail	2019	The difficulty in educational opportunities and performance for Finnish-Somali students	N/A	Qualitative content analysis of two 4 year studies: "Transnational Somali families in Finland: discourses and lived realities of marriage" and a research project funded by Open Society Foundations

Related Sector	Title	Author(s)	Year of Publication	Research Topic	Participants	Data Collection
Healthcare	The experiences and perceptions of Somalis in Finnish primary health care services	Fatuma Dayib	2005	Language, cultural differences, and racial discrimination against Somalis in primary health care services of Helsinki metropolitan area	6 Somali respondents	Semi-structured interviews with “storytelling”
Healthcare	Changing Conceptions of Mental Distress Among Somalis in Finland	Mulki Elmi Mölsä, Karin Harsløf Hjelde, and Marja Tiilikainen	2010	Conceptions, expressions, and treatment of mental distress in Somali	27 Somali men and women, 2 Islamic healers	Focus group interviews and individual interviews
Healthcare	Communication and Cultural Issues in Providing Reproductive Health Care to Immigrant Women: Health Care Providers’ Experiences in Meeting Somali Women Living in Finland	Filio Degni, Sakari Suominen, Birgitta Essén, Walid El Ansari, Katri Vehviläinen-Julkunen	2012	Physician and nurse communication with Somali women in the provision of reproductive care	10 gynecologists and obstetricians, and 15 nurses and midwives	Focus group interviews and individual interviews with open ended questions

Related Sector	Title	Author(s)	Year of Publication	Research Topic	Participants	Data Collection
Healthcare	Transforming the Boundaries of Health Care: Insights from Somali Migrants	Marja Tiilikainen and Peter H. Koehn	2011	The experiences of illness, healing, and interactions among Somali migrants and their medical providers	14 Somali care seekers	Structured interviews with questionnaire
Healthcare	Reproductive and maternity health care services in Finland: perceptions and experiences of Somali-born immigrant women	Filio Degni, Sakari B. Suominen, Walid El Ansari, Katri Vehviläinen-Julkunen, and Birgitta Essén	2014	Experiences of Somali women in physician-patient interactions when seeking reproductive care	70 married Somali women (45 from Vantaa, 22 from Helsinki, and 13 from Turku)	Focus group discussions through purposeful sampling
Healthcare	Lived experience related to the COVID-19 pandemic among Arabic-, Russian-, and Somali-speaking migrants in Finland	Eerika Finell, Marja Tiilikainen, Inga Jasinskaja-Lahti, Nasteho Hasan, and Fairuz Muthana	2020	COVID-19 related experiences, such as difficulties, fears, and resilience, among three migrant groups living in Finland	209 respondents (76 Somali respondents)	Inductive thematic analysis of telephone interviews
Housing	Housing policy and the ethnic mix in Helsinki, Finland: perceptions of city officials and Somali immigrants	Hanna Dhalmann and Katja Vilkkama	2009	Ethnic residential segregation in Helsinki through the case of Somalis	10 social workers and housing officials, and 22 Somali residents in Helsinki	Policy analysis and open-ended interviews

Related Sector	Title	Author(s)	Year of Publication	Research Topic	Participants	Data Collection
Housing	Explaining Ethnic Residential Preferences—The Case of Somalis and Russians in the Helsinki Metropolitan Area	Hanna Dhalmann	2013	Residential preferences of two immigrant groups in the Helsinki Metropolitan Area and ethnic segregation processes	24 Somali immigrants, 26 Russian immigrants, and 18 housing authority personnel	In-depth interviews
Housing	The Interaction of Local Context and Cultural Background: Somalis' Perceived Possibilities in Nordic Capitals' Housing Markets	Rikke Skovgaard Nielsen, Emma Holmqvist, Hanna Dhalmann, and Susanne Søholt	2015	Impact of local context and cultural background on possibilities in housing markets of Copenhagen, Helsinki, Oslo, and Stockholm for Somali residents	56 interviews: 13 in Copenhagen and Oslo, and 15 in Helsinki and Stockholm	Semi-structured interviews
Immigration and Integration	Somali Parents' Experiences of Bringing up Children in Finland: Exploring Social-Cultural Change within Migrant Households	Filio Degni, Seppo Pöntinen, and Mulki Mölsä	2006	Post-migration establishment and maintenance of family structures for Somali parents	117 married Somalis from Helsinki and Turku	Research survey

Related Sector	Title	Author(s)	Year of Publication	Research Topic	Participants	Data Collection
Immigration and Integration	Civil Society Making: Challenges of the Somali Diaspora Organizations	Marja Tiilikainen and Abdirizak Hassan Mohamed	2013	Difficulties faced by Somali diaspora organizations as civil society actors and as representatives for the Somali diaspora	N/S	Findings of the DIASPEACE project, interviews with international non-governmental organizations, ethnographic fieldwork in Somaliland, and observations and discussions with Somali associations of the Finnish Somalia Network
Immigration and Integration	The Concept of "Family" in Somalis' Immigration to Finland: Views from Immigration Officials and NGOs	Outi Fingerroos	2016	Family reunification processes for Somalis travelling from Ethiopia to Finland, and conflicting conceptions of "family"	Finnish officials from Embassy of Finland in Addis Ababa and Migri, employees of the Finnish Red Cross, and employees of the Finnish Refugee Advice Centre and the Finnish Refugee Council	Ethnological research

Related Sector	Title	Author(s)	Year of Publication	Research Topic	Participants	Data Collection
Immigration and Integration	Battling for Citizenship: A case study of Somali settlement in Lieksa, Finland	Tiina Sotkasiira and Ville-Samuli Haverinen	2016	How citizenship is contested in Lieska and Somalis' acts of citizenship	10 Somalis and 11 officials and representatives of non-government organisations	Interviews and media materials from national, regional, and local newspapers and the Finnish Broadcasting Company (Yle)
Labor Market	Ethnic discrimination against second-generation immigrants in hiring: empirical evidence from a correspondence test	Akhlaq Ahmad	2020	Labor market discrimination against second-generation immigrants	N/A	Field experiment where five fictional applicants (of Finnish, English, Iraqi, Russian, and Somali background) sent identical job applications to 1000 job vacancies, in order to gauge discrimination

Related Sector	Title	Author(s)	Year of Publication	Research Topic	Participants	Data Collection
Law Enforcement	An investigation into African immigrants' experiences with the police in Finland	Stephen Egharevba	2005	Previous experiences of African immigrants with Finnish police and the role of race in these encounters	120 African immigrants from Turku (Nigerians, Somalis, Kenyans, Moroccans, Tanzanians, Algerians, Zambians, Gambians, Senegalese, Rwandans, and Ghanaians)	Semi-structured interviews with a prepared questionnaire
Law Enforcement	Are Finnish police racists? A critical analysis of police cadets' attitudes towards African immigrants in Finland	Stephen Egharevba and John White	2005	Police cadet interactions with African immigrants in Finland and the conceptions or misconceptions developed	45 police cadets	Questionnaire and SPSS statistical analysis
Law Enforcement	Distrust of the Police in a Nordic Welfare State: Victimization, Discrimination, and Trust in the Police by Russian and Somali Minorities in Helsinki	Juha Kääriäinen and Jenni Niemi	2014	The effect of personal experiences of discrimination, insecurity, fear, and victimization, trust in law enforcement	562 Russians and 484 Somalis	Three hypotheses tested with data from the European Union Minorities and Discrimination Survey

4. Discussion

The 20 qualitative studies showcase one indisputable fact: Somalis in Finland, specifically in the city of Helsinki, are racialized in that they are allocated “differential economic, political, social, and even psychosocial rewards” on the basis of racial and religious categorization (Bonilla-Silva, 1997, p. 474). This racialization is operative across each represented sector: education (3 studies), healthcare (6 studies), housing (3 studies), immigration and integration (4 studies), labor market (1 study), and law enforcement (3 studies). In the studies analyzed, Somalis were often referred to in non-human terms. As in, the Afro-pessimist binary of Human and Black is at play in Finland and the capital city of Helsinki. For example, one Helsinki based school teacher described newly arrived Somali students as “a swarm of flies” (Alitolppa-Niitamo, 2002, p. 282). The imagery of insects arises in another study as well: when Somalis used a room in the Lieksa city hall to partake in the Somali affairs council, a city council member asked for the room to be treated the pesticide so as to cleanse the space of their presence (Sotkasiira & Haverinen, 2016). Such comparisons to animals also produce coherence for European humanism. The Western conception of Human, where “one can be more or less human” (Maldonado-Torres, 2017, pp. 122 & 123), is what becomes operative in the confining of Blackness to “the category of ‘animal’” (Jackson, 2020, p. 4) -- more Human as Western, civilized, bourgeoisie, and secular, less Human as Eastern, uncivilized, poor, and religious, and finally Black as non-human and “the living border dividing forms of life” (Jackson, 2020, p. 22). Thus, in studies that involved interviews (approximately 17 out of 20), Somali participants were acutely aware that their skin color and their religion, especially the devaluation attached to Blackness and the apprehension attached to Islam, produce differential treatment:

“Even if I have what is required and I am educated, but *I cannot help the color of my skin* and that worries me” (Ismail, 2019, p. 725).

“They need to understand that *patients from different cultures and races are not inferiors* and not because we are different and coming from different cultures that we are monsters” (Degni et al., 2014, p. 360).

The devaluation also carries physical repercussions, where Somali children are threatened at gunpoint, Somali taxi drivers are intimidated with death threats, and agencies or organizations that offer support to Somalis are issued bomb threats (Dhalmann, 2013; Sotkasiira & Haverinen, 2016). On the other hand, Finnish participants were equally aware of the processes of racialization initiated against Somalis:

“We can’t underestimate discrimination and racism when it comes to Somalis” (Ismail, 2019, p. 725).

Particularly, non-Somali Finnish participants understood that culture and foreign language were regularly used in the place of race and ultimately served the same insidious purpose, reiterative of Bonilla-Silva (2002, p. 43) in his theorization of color-blind racism as avoidant of “direct racial language while expressing their racial views”:

“If you don’t want to hire one [an immigrant], *you would say they do not know the language, you don’t say they have the wrong color*, you understand that you cannot say that even if you think so” (Ismail, 2019, p. 726).

Materially, Somalis are denied access and opportunity that may be accorded to others. In relation to the labor market, for example, Ahmed (2020, p. 665) writes that the callback rate for job interviews correlates to “the degree of socio-cultural and ethnic distance [from] the mainstream group.” For Somalis, this distance is considerable, and the consequences of this distance are not limited to the labor market but visible in every institution of Finnish society. This synthesis will take a look at the following material consequences of systemic racism: 1) allostatic load, 3) poor

access to high-quality healthcare, 3) poor accommodation, and 4) reduced access to education and employment. These surfaced, either individually but most often simultaneously, in each selected study. These consequences are also risk factors for coronavirus, and as it will be shown at the end of each section, systemic racism did create the overrepresentation of Somalis in Helsinki coronavirus cases.

4.1. Allostatic Load

As the analyzed studies show, discrimination and stigmatization heavily underline Somali experiences in Finnish society. While most Somalis are citizens or carry residence permits to live and work in Finland, their citizenship continues to be contested, where belonging becomes dependent on culture, foreign language, ethnicity, race, and religion (i.e., markers of difference) as opposed to an official demarcation of legal status (Sotkasiira & Haverinen, 2016). Since their initial arrival as asylum seekers nearly three decades prior, Somalis were quickly delimited to a category “onto which many Finns projected all that was inherently frightening” (Fingerroos, 2016, p. 27). Physically, this translates as allostatic load. If discrimination and stigmatization are pervasive, as evidenced in the case of Somalis that reside in Finland, they pose a detrimental effect on health: “...cumulative exposure to chronic stressors such as discrimination in the context of overall racial disadvantage leads to accelerated physiological aging” (Van Dyke et al., 2020, p. 317) and “cumulative physiologic dysregulation, leading to an eventual increase in allostatic load as well as an increase in premature morbidity and mortality from chronic diseases” (Duru et al., 2012, p. 90).

Each of the 20 qualitative studies showcase a host of chronic stressors imposed on Somalis in Finland. Broad chronic stressors include “name calling, intimidating staring, episodes of being treated with disrespect by locals or local authorities” (Sotkasiira & Haverinen, 2016, p. 117); “racial attacks and feelings of rejection in Finnish society” as everyday life (Dhalmann, 2013, p. 400); “[societal] mistrust towards the Somali diaspora, its capacity, representativeness, and aims, including increasing fears related to possible radicalization” (Tiilikainen & Mohamed, 2013, p. 40); and “unemployment, integration problems, changes in gender and

elderly roles, parenting problems, family conflicts, the loss of social support, isolation and loneliness, in addition to language and cultural barriers” (Mölsä et al., 2010, p. 287). These exist beside the chronic stressors faced by first-generation adults, children, and families in the aftermath of the Civil War in Somalia: “separation and loss, disruption of socialization, and traumatic experiences” (Alitolppa-Niitamo, 2004, p. 87). Notably, there is a Somali word, *buufis* or “to be filled with air,” that also denotes the cumulative stressors that have been studied to exacerbate allostatic load: “*Buufis* has come to express the anxiety, sadness, and distress that follows a long wait for migration and resettlement, and also affects families in Finland” (Mölsä et al., 2010, p. 286).

Even though none of the 20 qualitative studies mention allostatic load as a concept, they proffer an exhaustive account of pre-migration and post-migration stressors which work in conjunction to produce the physiological weathering of the body. One Somali participant does not name allostatic load specifically, but describes the troublesome effect of chronic stressors in the next excerpt:

“I believe that we and the Finns are the same and have the same rights. Whether you have citizenship or not does not matter. You tend to think that you have rights in the country. You live here. But they do not receive you the same way as Finns. Whenever they see you, their faces change tremendously. You can notice it visibly. *Then you get frightened and feel anxious.* And you feel that these people despise you. Your health is not a priority to them” (Dayib, 2005, p. 53).

Even if allostatic load is not addressed, the impact of chronic stressors on health is thoroughly observed in the majority of the selected studies. Somalis report a deterioration of mental health and an increase in mental illnesses (Mölsä et al., 2010). This deterioration also applies to general health, where “Somali participants felt that their quality of life was deteriorating in Finnish society due to everyday racism” (Dayib, 2005, p. 42).

One notable source of stress, which is largely understudied in Finland and has been shown to negatively correlate with minority health, includes discriminatory interactions with law enforcement. Harassment and routine unwarranted searches by the police, experienced personally or stories of similar experiences faced by family, friends, or community, are linked to increased allostatic load (Alang et al., 2017). When African immigrants were interviewed in relation to police-community tension, they detailed three sources of grief with officers: “(1) being unfairly accused of traffic offences; (2) unjustified stop and search while taking a walk; (3) police discourtesy (for example being treated rudely or impolitely and being ignored while at the police station)” (Egharevba, 2005, p. 54). In one instance with an alleged traffic offense, a police officer approached a participant with the N-word (Egharevba, 2005, p. 55). A complementary study showcased racist beliefs held by Finnish police cadets, where 31 percent of respondents to a questionnaire agreed that “African immigrants commit more crime in Finland than it is generally perceived” (Egharevba & White, 2007, p. 24). Specifically, Somalis report less trust in the police, because they encounter inappropriate behavior with the police more frequently than other minorities (Kääriäinen & Niemi, 2014). Furthermore, an additional study, which was not included in this specific meta-ethnography since its scope was more extensive than Somalis in Helsinki, shows that “respondents from Somali backgrounds are approximately four times more likely to know other young people who have been stopped by the police” for reasons they consider “illegitimate” (Keskinen et al., 2018, p. 101). Such repeated harassment becomes internalized as physical ailment, described here by Alang et. al. (2017, p. 663):

“When faced with a threat, the body produces hormones and other signals that turn on the systems that are necessary for survival in the short term. These changes include accelerated heart rate and increased respiratory rate. But when the threat becomes reoccurring and persistent—as is the case with police brutality—the survival process becomes dangerous and causes rapid wear and tear on body organs and elevated allostatic load. Deterioration of organs and systems caused by increased allostatic load...can lead to conditions such as

diabetes, stroke, ulcers, cognitive impairment, autoimmune disorders, accelerated aging, and death.”

In summation, whenever one qualitative study focused on racism exacted on Somalis in Finland or in the city of Helsinki, they also provided a clear picture of the chronic stress produced -- even if they did not explicitly refer to the physical toll of the discrimination. Racism is cross-sectoral; as in, it is routinized. Hartman (1997, p. 4) shows that the enduring effects of colonialism and slavery are evident beyond the “shocking and terrible.” In fact, it is within “the terror of the mundane and quotidian” that racism enacts its violence (Hartman, 1997, p. 4). In city schools, principals refuse to meet with Somali parents, unless it happened ““over [his or her] dead body”” (Alitolppa-Niitamo, 2004, p. 96); in city hospitals, nurses mock Somali mothers for large households, ““bye-bye and see you again next year”” remarked one nurse to a mother who recently gave birth (Degni et al., 2014, p. 360); in city housing, Somali families experience the ““aggressions and bad feelings”” of xenophobic neighbors (Dhalmann & Vilkkama, 2009, p. 436); in the labor market, Somalis constitute the “least desirable candidates” (Ahmed, 2020, p. 676); in the Finnish press, Somalis are painted as thieves of taxpayer money, associated with terrorism, and become visualized as security threats or as threats to “an imagined Finnishness” (Fingerroos, 2016, p. 32). Even as late as 2010, the increase of Somali residents in a Finnish town also meant an increase in racist violence (Sotkasiira & Haverinen, 2016).

Elsewhere in the world, systemic racism has been studied to move minorities toward death, as it wears and tears one’s body to demise (Paradies et al., 2015; Williams et al., 2019). In the case of the coronavirus pandemic, a reason that was not provided by city officials nor Somali community representatives but is also a risk factor for the disease, is systemic racism. Systemic racism creates overrepresentation in non-telework sectors and overcrowded apartments, but it produces ill-health on its own as well. This occurs especially through allostatic load, and increased allostatic load is indeed a risk factor for infection by the coronavirus: “High allostatic load scores are consistently associated with increased all-cause mortality in adults. Individuals from lower-income communities, with higher allostatic loads, can reasonably be

expected to have an impaired immune response to novel pathogens such as SARS-CoV-2” (Dasco et al., 2020). Increased allostatic load in Somalis is once again *created* by the society that they inhabit, as demonstrated by the extensive data recounted in the 20 qualitative studies selected.

4.2. Poor Access to High-Quality Healthcare

Systemic racism, in the form of anti-Blackness and Islamophobia, encumber access to high-quality care for the Somali community in Finland generally and Helsinki specifically. Finnish law (No. 785/1992) explains:

“The patient has a right to good quality health care and medical care. The care of the patient has to be arranged so and he/she shall also otherwise be treated so that his/her human dignity is not violated and that his/her conviction and privacy is respected. The mother tongue, individual needs, and culture of the patient have to be taken into account as far as possible in his/her care and other treatment” (*Act on the Status and Rights of Patients*, 1992, p. 2).

In practice, as explored in the selected qualitative studies, processes of racialization regularly compromise the quality of healthcare received by Somali patients and ultimately work to undermine the dignity of the same patients, who upon their arrival in Finland were labelled as “problematic patient groups” (Degni et al., 2012, p. 339). First and foremost, as income is a determinant of health in Finland, the rampant unemployment (again because of systemic racism, which will be further explored in section 4.4.) in the Somali community produces a dependence on municipal (or public) healthcare. Policies of austerity have created underfunded municipal healthcare systems across the country. Several weeks or months may transpire before an appointment in non-emergencies, and as experienced doctors leave for private practice, “‘inexperienced’ and ‘inefficient’ doctors” are left to operate municipal health centers (Dutton, 2016). A director of the European Observatory on Health Systems and Policies even remarked that “in some health centres, patients with non-

emergency cases have to wait in a queue for a few weeks to see a doctor” (“Report: Fragmentation Weakening the Finnish Healthcare System,” 2019).

The diminished quality of municipal healthcare is most evident in the availability of medical interpreters, and if one is available, they typically lack the required qualifications to serve as an interpreter. In several of the studies, doctors explain that the people often employed as interpreters do not speak fluent Finnish or Swedish or do not know the proper terminology to describe medical prescriptions, and thus are unable to facilitate doctor-patient communication. One female physician expressed, “We are frustrated because of the interpreters’ poor knowledge of Finnish or inability to translate our words correctly to the [Somali] women. We believe that the women were not getting the right information” (Degni et al., 2012, p. 334). Municipal health centers receive federal funds to employ qualified interpreters (Dayib, 2005). However, Somali patients have complained that in some cases, there are no interpreters present. As a remedy, Somali patients may use their children as interpreters, since their rights as patients, specifically where their mother tongue must be accommodated “as far as possible,” are weakened (*Act on the Status and Rights of Patients*, 1992; Degni et al., 2012). As a result, doctors regularly attribute communication issues and bad interpreters as the reason for poor healthcare provision described by the Somali community.

On the other hand, Somali patients across studies offer systemic racism as an alternative explanation for poor healthcare provision. For example, doctors explain that a Somali woman is likely to reject the services of a male gynecologist, because her religion dictates that she cannot speak of her menstruation with a male figure that is not her husband. The same doctors then decry Somali culture as incompatible with Finland: “Somali women should understand that if they are going to live in Finland, *they have to accept* medical services provided by male physicians” (Degni et al., 2012, p. 337). Male gynecologists explain that they either feel insulted or humiliated. These emotions, like insult and humiliation, and directives, like “they have to accept,” must be contextualized. Finnish law dictates freedom of choice. As in, Somali patients have *the right to choose* his or her medical provider, and to consent to or deny the medical services offered as well (*Health Care in Finland*, 2013). Nonetheless, a physician

remarked that Somali women must accept services that they are not comfortable with, whereas male gynecologists are insulted and humiliated by a Somali woman that exercises what is within her right as a patient. Since Somali culture is made synonymous with the religion of Islam and because Islam is regularly constructed as the antithesis of a secular West with its “universally valid values and norms,” it becomes the entitlement of the Westerner as ““more advanced”” to enlighten Muslims, who are situated ““outside the civilized world”” (Creutz-Kämpfi, 2008, pp. 301 & 302). In such a context, the physician will feel justified to offer a conditional like the above: *if* the Somali woman wants to live in Finland, she *has* to violate her religious norms. Here, an “assimilationist dream” is also at play, where “the great well-intentioned, post Enlightenment, liberal discourse of assimilation came to reveal its dark side: that we could all belong to one ‘family of man’ provided *you* became more and more like *us*” (Hall, 2017, p. 88). The inverse would be that if she continues to choose to practice Islam with its “uncivilized” values and norms, then she does not deserve to be in Finland according to nationalists. Similarly, the insult and humiliation felt by the male gynecologists seems, in this context, to be an insult and a humiliation of Western modernity: a practitioner of a religion labelled as “hierarchically subordinate to ‘Western hegemony’” has denied advanced, Western services in the name of a backwards religion (Creutz-Kämpfi, 2008, p. 305). This racialization is readily witnessed by patients, and one participant even noted that:

“It wasn’t due to misunderstanding or language problems. I manage with my Finnish language skills pretty well. I don’t need an interpreter. *It was because of racism or due to the hate that they have for us.* That is what I feel. They don’t do this to their own people” (Dayib, 2005, p. 60).

Thus, while the underfunded nature of municipal healthcare produces an absence or shortage of interpreters to facilitate communication, to locate poor healthcare received by the Somali community in issues with communication is only a partial analysis. Often, Somali patients describe municipal health centers with suspicion; systemic racism has created differential treatment in other sectors *in*

addition to healthcare, and because they experience being treated with an antagonism that is not levelled at white Finnish patients, they report increased hesitance to trust service providers. They may even travel to nearby European countries to receive better healthcare, in order to escape Finnish health care, which for Somali patients is marked by a “lack of compassion, rudeness, and insensitivity” (Dayib, 2005, p. 51).

Importantly, one study mentioned the “urban myths” prevalent in Somali communities that further erode patient trust:

“There are urban myths in Somali communities about how they are used as guinea pigs in hospitals, how Finnish health care providers are trying to limit the number of children by sterilizing women without informing them, and how some Somali children have been poisoned because of the hatred service providers have for Somalis” (Dayib, 2005, p. 53).

What is unmistakable in the urban myths described is that they seem to describe fears induced by what Finnish municipal officials present as real policies. In 2015, a City of Helsinki official called for the forced sterilization of immigrant African men “to avoid total collapse” of welfare provision: “Three children maximum. It would require the forced sterilization of African men, which will effectively discourage them from trundling into our country” (“Finnish Politician Suggests Sterilizing African Immigrants,” 2016).

Beyond this specific politician, Finland, a former ally of Nazi Germany, has historically engaged in measures of forced sterilization; Finnish doctors even studied in German universities (Broberg & Roll-Hansen, 2005, p. 201). Forced sterilization in Finland was aimed to ensure that advancements in Finnish culture were not erased, because of “the ever increasing incidence of mental illnesses, feeble-mindedness, and mental degeneracy” of people seen as “degenerate” (Broberg & Roll-Hansen, 2005, p. 204). In a broader context, Nazi practices of racial hygiene that influenced Finland were in turn motivated by American and British colonialism and racism in addition to the German-led genocide of the Herero people of Southern Africa from 1904 to 1907 (Haas, 2008). Nazi racial hygiene was largely predicated on anti-Black racism, where

after the first World War, the Nazi regime capitalized on “the fear among the German populace that occupying African troops and their Afro-German children would lead to ‘bastardization’ of the German people” and “extended this mind-set to a variety of ‘unworthy’ groups” to enforce sterilization laws and eventually extermination camps (Haas, 2008, p. 332). Anti-Black medical practices and sentiments persist in colonial societies to this day, such as in France where the head of an intensive care unit in Paris suggested to test potential coronavirus vaccines on Africans (Finnan, 2020), and in the United Kingdom where Black women are more likely to experience pregnancy complications, miscarriage, and stillbirth because “Black women’s ‘cries’ for help are routinely unheard, unseen, and misunderstood” (Haye, 2020). The latter is mimicked in the Finnish context, where women of African origin, especially Somali women, experience the highest perinatal mortality rates in Finland. Somali women also experience “a significant risk of low birth weight and small for gestational age newborns,” which may contribute to the fear of poisoned children (Malin & Gissler, 2009, p. 1). Moreover, fear of forced sterilization is also shared across the diaspora, as seen in Somali women in Kenya, who fear that cesarean sections may lead to infertility (Lowe, 2019). All in all, even if there is no evidence that these “urban myths” have transpired or transpire in Finland, the myths seem to be rooted in the adverse and often deadly treatment of Black people by white medicine.

Yet, medical racism has not been extensively studied in Finland. But it is spoken of, for example by Helsinki based Doctors Hibo A. and Ibrahim A. on Instagram. In one post, they mention the discriminatory classification of pain as “cultural pain.” When patients with a foreign background may express pain strongly, and when this pain is seen as a “cultural” expression, and if the culture in consideration is seen as inferior as in the case of Somali patients, healthcare practitioners may “think that it is not genuinely a matter requiring treatment” (A. & A., 2021). This seems to be described by two female participants in the same study, where they are in unbearable pain but do not receive effective treatment (Dayib, 2005, pp. 50 & 51):

“Personally, I went there to get relief from my tooth pain...for the pain to stop...for my teeth to be normal and for me to be able to eat with them. What I

experienced was that I didn't get any relief from these problems. They received me well. They do that. *But they didn't care for my pain.* Be it the pain in my hand or the pain in my teeth.”

“I have had backaches for a long time which had me visiting the health care center frequently. I even saw my doctor who sent me to the X-ray department. But then, you think, the pain is endless and that they are not trying to find the reason. Why? *They say everything is okay but the pain is there.*”

As explained in section 2.1., racism is central to Finland, and Finland is an active participant in an anti-Black world. Finnish conceptions of Black people as “heathens” are dated to pre-independence, but post-independence Finland also shares equally negative conceptions of Black people, from practices of blackface to the regular use of the N-word in official documents (Rastas, 2014, p. 193, 2016). One cannot conclusively say that the two participants were neglected, as a result of “cultural pain.” But one can argue that the processes of racialization present in Finland can perpetuate similar stereotypes that have the potential to play out in the clinical encounter. In effect, diminished access to high-quality healthcare starts at labor market discrimination, where lack of work also means lack of access to funded private care instead of underfunded municipal care. This coalesces with anti-Black racism and Islamophobia, where doctors and nurses become hostile with Somali patients, and results in a justified distrust of service provision by the Somali community.

This distrust carries consequences during the coronavirus pandemic. In the study related to lived experiences of the pandemic for Arabic, Russian, and Somali migrants in Finland, one Somali interviewee was “was worried about suffering discrimination due to poor language skills when seeking help” (Finell et al., 2020, p. 14). Another Somali interviewee expressed critique of Finnish media, after the publicization of Somali overrepresentation in April 2020 coronavirus cases: “Sometimes I feel like the media puts Somalis in a bad light, and this makes me sad” (Finell et al., 2020, p. 12). The same study showed that several Arabic and Somali participants “could not receive information directly from the authorities because they

did not understand Finnish news reports or announcements,” which resulted in further skepticism of the ability of Finnish authorities to provide information and support (Finell et al., 2020, p. 8).

This particular study, however, concluded that out of the migrant groups interviewed, “Somali speakers were the least critical of the Finnish authorities’ ability to manage the crisis, and many reported that the authorities tried to do their best and helped them” (Finell et al., 2020, p. 14). However, it is important to note that the majority of Somali interviewees chosen for the study were over 49 years of age. This is pointed out, because first generation migrants typically trust public institutions more than second generation migrants, as explained in another study related to law enforcement:

“The fact that first-generation immigrants have a lot of negative experiences related to the public institutions of their country of origin, and, correspondingly, they may have overly optimistic expectations of the institutions in their new home country. Second-generation immigrants lack this comparison with the other country’s conditions, and their personal experiences of poor social standing lower their level of trust in public institutions” (Kääriäinen & Niemi, 2014, p. 20).

Because second generation migrants were not represented in this study, and with a total of two engagements with the word ‘racism,’ it becomes incomplete to say that as a whole, Somali speakers trust Finnish authorities and now see themselves as “as an active agent in Finnish society” (Finell et al., 2020, p. 11). In addition, first generation immigrants, who may have felt a more intense pressure to assimilate, experience anti-Black racism and Islamophobia differently than second generation immigrants. The conclusion of the study can be easily refuted, for example, by the case of Keyse Abdifatah, a Somali teenager who was stabbed 8 times and died (“Two White Finn Suspects Held in Police Custody for Somali Finn Youth Death,” 2020). This occurred in late April 2020, soon after the Mayor of Helsinki held a press conference on Somali overrepresentation in coronavirus cases. In a letter to *Migrant Tales*, a Finnish Somali

woman wrote, “The roots of this tragedy go back to when the mayor of Helsinki [Jan Vapaavuori] labeled the Somalis [on April 14] as those spreading coronavirus” (Tessieri, 2020). The police, however, explained that the “preliminary investigation has not revealed any motive for the act” (Calvar, 2020). Motivated or unmotivated, the non-human status attributed to Somalis, labelled as threats since arrival, has only exacerbated since the community has been linked to excess coronavirus cases. Therefore, the murder of the Somali teenager acts as an explicit example of how “gratuitous violence ‘against Blacks’ lives’ is necessary ‘to actually produce the inside-outside [of civil society]” (Von Gleich, 2017, p. 2) – where such acts of unwarranted violence delineate who belongs and who does not, who is Human and who is the Other, and works to produce coherence for the reproduction of “White civil society” (Wilderson III, 2010, p. 81).

4.3. Poor Accommodation

In terms of household composition, the Othering experienced by Somalis in Finland is codified in law. For example, Section 37 of the Finnish Aliens Act describes what constitutes a family by establishing “a family member as a person who is in an officially recognized conjugal relationship with or is the guardian or ward of the person in question” (Fingerroos, 2016, p. 30). A nuclear family, which consists of two parents and their offspring, is established as the normative definition of family. Because Somalis in Finland diverge from the normative definition, they face considerable difficulty in city housing markets. Somali families are typically larger, and in addition to parents and offspring, grandparents, grandchildren, uncles, aunts, cousins, foster children, and close friends often live under the same roof and account for multigenerational households (Tiilikainen & Mohamed, 2013). Even before opportunities in city housing markets, the definition of family as nuclear is first policed at national borders. Section 37 of the Finnish Aliens Act determines who can and who cannot apply for family reunification, and who can and cannot be offered access to the country. One study showed that Finnish immigration authorities devalue Somali household composition, and accompanying policies “are founded on particular, morally charged understandings of how family members and a decent family life

should be defined” (Fingerroos, 2016, p. 33). In effect, Somali families are rendered “suspicious ‘others’ not only in a religious sense but also racially and ethnically” (Fingerroos, 2016, p. 33).

Upon arrival (if residence is secured), this translates as numerous family members living in compact spaces. In one study, conducted on what it means to raise a family in Finland as Somali, a participant explained, “*There is not space for everybody*. In this country, they do not build big houses with several rooms because families are small” (Degni et al., 2006, p. 8). In Somalia, to birth several children is viewed as “an honor,” but the same action is seen negatively in Finland. Another participant in the same study said,

“In Somalia, bringing up several children is a respect for the woman. *In Finland, it is shameful to have several children* and I found it humiliating when Finns are looking at me or other Somali parents in the bus or in the metro, because they are irritated to see Somali women with several children” (Degni et al., 2006, p. 10).

This occurs, even as Finnish family composition as nuclear is a recent advent. Before the mid-twentieth century, when the nuclear family became cemented as norm, Finnish families resembled Somali families: “Households often consisted of several generations, hired hands, and maidservants as well as other workers and dependents who were not necessarily related by blood or marriage to the male head of the household” (Fingerroos, 2016, p. 31). From the Somali definition of family as extended and patrilineal, to the number of children that they choose to birth, they are seen as violators of the norms that now comprise Finnish national identity. This is not to reify Somalis as backwards, but to problematize the codification of the nuclear family:

“The heteronormative, nuclear family form has been privileged and protected by...public policies and practices, and persists as a primary vehicle for persons to be visible and eligible for material benefits under the auspices of the state. This arrangement is problematic in that individuals and relationships that exist

outside the family's designated bounds are at risk of being deemed undesirable, 'unworthy of societal support' and even pathological" (Peterson, 2011, pp. 2–3).

This undesirability is seen especially in perceptions of Somali families as threats. Here, the threat must be contextualized in terms of the discourse around Great Replacement Theory that explains "white European population is being demographically and culturally replaced with non-European people through mass migration" ("Supo: Far-Right Terror Threat Increasing in Finland," 2021). Particularly, the theory has seen a recent increase in popularity within far-right Finnish circles. Conceptualized as threats to the white Finnish population, Somali families become sidelined in attempts to acquire "material benefits under the auspices of the state."

In the city of Helsinki, Somalis are heavily segregated; more than half of the residential areas in the Helsinki metropolitan area do not house Somali inhabitants (Dhalmann & Vilkama, 2009). This segregation is not self-induced or voluntary, where Somalis seek to form ethnic enclaves, as believed by City of Helsinki authorities (Dhalmann, 2013). Rather, they experience discrimination that works to constrict options for residence and later mobility. Because of differential treatment in the labor market and subsequent dependence on social welfare, Somali households are concentrated in city council estates, also known as social housing. As of 2010, over 80 percent live in social housing (Vaattovaara et al., 2010). As of 2015, 1 percent are homeowners (Skovgaard Nielsen et al., 2015). Because of Somali family sizes, they are labelled as undesirable residents that "disturb their neighbors" (Dhalmann, 2013, p. 399). In one study, social workers confirmed that "new council estates [with larger apartments] are not allocated to immigrant households," while Somali interviewees explain that they are "shepherded into certain areas and housing estates that are less desirable to the native population" (Dhalmann & Vilkama, 2009, pp. 431 & 435). The same differential treatment in the labor market also means reduced financial resources and diminished opportunities to afford apartments that can accommodate several family members; this also explains the underrepresentation of Somali homeownership.

In addition to the discrimination and prejudicial behavior of city council estate supervisors, the flats are often too small. In a comparative study of Somali housing possibilities in Copenhagen, Oslo, Stockholm, and Helsinki, housing conditions in Helsinki were criticized as “overcrowded” (Skovgaard Nielsen et al., 2015, p. 441). Furthermore, council houses were described in one study as being “in poor condition,” which produced airway infections and respiratory complaints in Somali children (Dayib, 2005, p. 46). Unfortunately, city housing continues to act as a safe option for Somali families, because of the unregulated nature of private rental markets. One participant explained the preferential behavior of private proprietors and real estate agents, “I don’t want to go anymore to the showings of private rental flats, since *I don’t have any chance. Frankly, it is Finns first.* That’s why I haven’t got anything” (Skovgaard Nielsen et al., 2015, p. 443).

Equally, Somali participants have observed hostility and describe “a decline in the service provision and upkeep of the neighborhood,” once more and more immigrants are allocated housing in a neighborhood (Dhalmann, 2013, p. 399). This is confirmed in another study related to healthcare, where participants describe a similar decline of services over time (Dayib, 2005). They have also observed the relocation of white Finnish residents (also known as white flight) upon the increased arrival of non-Finns to a neighborhood, and the white Finns that remain partake in “racial harassment” (Dhalmann & Vilkama, 2009, p. 434). Racial harassment also dictates Somali residential patterns, because fear of racism dissuades Somalis from certain areas. As one participant explains,

“It is the feeling of security when you live near some other foreigner. You feel that you are somehow protected. *Some Finns can be very racist, you know.* Maybe you haven’t done anything to them, but *they just attack you or something.* That’s why, you feel more comfortable when there are also other foreigners in your neighborhood” (Dhalmann, 2013, p. 400).

Fear of racism, described in section 4.1., is a chronic stressor that negatively affects health. Summarily, Somali residents do not have the same housing possibilities as

majority Finns. An array of doorkeepers, from city authorities, private landlords, and racist neighbors, materialize and effectively limit access to more suitable accommodations.

All in all, overcrowded apartments are also an *imposed* reality for Somalis. From arrival three decades prior to the present day, Somali families, in their very composition, transgress the Finnish definition of family as nuclear and as legitimized in law. This means that they are demarcated either as “disturbing neighbors” (Dhalmann, 2013, p. 399) or as “threats to an imagined Finnishness” (Fingerroos, 2016, p. 32), which adversely impacts chances in both city housing and private rental markets, where they are ultimately deprioritized. This, in Afro-pessimist thought, is a form of social death, where the Black person is:

“naturally alienated, which is to say that the temporality of one’s life that is manifest in filial and afilial relations—the capacity to have families and the capacity to have associative relations—may exist very well in your head. You might say, ‘I have a father, I have a mother,’ but, in point of fact, the world does not recognize or incorporate your filial relations into its understanding of family. And the reason that the world can do this goes back to point number one: because you exist in a regime of violence which is gratuitous, open, and you are openly vulnerable to everyone else” (Wilderson III, 2017, p. 18).

As argued above, the Finnish society does not recognize nor incorporate Somali family and household compositions, because their racialization as Black, which serves as the antithesis of Human, and as Muslims, which serves as the antithesis of European humanism, leaves Somalis “openly vulnerable to everyone else.” This is made more evident by some Somali families who report respiratory illness in children, because of the crowded and poor conditions in which they are housed (Dayib, 2005). Furthermore, rampant unemployment as a result of racism and diminished financial resources as a result of rampant unemployment curbs the ability to acquire homeownership. Poor conditions in accommodation are another risk factor for coronavirus; coronavirus spreads easily in overcrowded apartments, and apartments

in poor conditions produce illnesses like asthma that places a person at increased risk for coronavirus.

4.4. Reduced Access to Education and Employment

Finland is frequently applauded on the international forum for the quality of education that it provides (Colagrossi, 2018). However, immigrant students fare worse than native students. The results of the Programme for International Student Assessment (PISA) study for 2012 and 2015 indicate a wide native-immigrant achievement gap in mathematics, reading, and science (“Discrimination behind Migrant Students’ Poor Performance,” 2020). This correlates to fewer immigrants with university degrees: the European Commission showed that only 27 percent of immigrants held Finnish university degrees in 2017, the worst statistic in comparison to other Nordic countries (“Discrimination behind Migrant Students’ Poor Performance,” 2020). In Helsinki, only 25 percent of the immigrant population was represented at the university level (*Population with Foreign Background in Helsinki*, 2021). In this context, Somali students perform less than other minorities and dropout at higher rates from school (Ismail, 2019). National statistics for 2015 show that only 49 Somali students were enrolled in undergraduate (32), graduate (10), or postgraduate programs (7) (*Education Statistics Finland*, n.d.). This underachievement can be explained by systemic racism.

In addition to traumatic experiences prior to arrival in Finland, which undermine the healthy development of a child and later educational performance, Finnish school curriculum was described in selected studies as one that did not provide “culturally sensitive school material, teaching techniques, and educational contents” that would better support a non-native student. “Catching up with the formal curriculum, which represented Finnish hegemonic conceptions of valued, important and necessary knowledge, remained a real challenge” for the Somali student (Alitolppa-Niitamo, 2002, p. 284, 2004, p. 96). Furthermore, the lack of interpreters in the early days also meant a delayed apprehension of Finnish and Swedish, the official languages of instruction. Interpersonally, Somali students did not have many close friends and

faced bullying as well as physical violence (*Somali Refugees Trigger Debate on Racism in Finland*, 1998).

Besides racism from students, principals and teachers engaged in differential treatment. There are documented instances in studies of principals who refused to cooperate with Somali parents, which resulted in entire schools that refused to accommodate Somali students. For example, some teachers described the “restless behavior of Somali students” as “horrificing,” and worked to reify differences in culture, ethnicity, and language and construct Somali students “as exotic and strange” (Alitolppa-Niitamo, 2002, p. 282, 2004, p. 88). Some teachers refused to reprimand the racist remarks levelled by other students, while other teachers expressed racist remarks openly. A participant to one of the studies, a Somali parent, explained, “It has happened that a teacher asks his students, ‘*How is it possible that an immigrant child receives these grades but you can’t?*’” (Ismail, 2019, p. 726). Afro-pessimism shows that “the intractability of racism lies in its hidden and unspeakable terror,” rather than “the liberal ethos [that] looks at racism as ignorance, something characteristic of the individual that can be solved at a social level through education and democratic procedure” (Martinot & Sexton, 2017, pp. 61–62). Here, those that are tasked to educate Somalis about the democratic procedure are the ones that perpetuate racism. Effectively, the responsibilities of the host society become sidelined to place the burden of socialization on Somali students and parents, who are expected to successfully traverse these hostile environments.

The discrimination, harassment, and prejudice faced in the school translates as reduced access to and fewer opportunities in the labor market. The increased professionalization, a “process of giving an occupation, activity, or group professional qualities, typically by increasing training or raising required qualifications,” of Finnish society means reduced opportunities for lesser educated persons (*Professionalization*, n.d.). Entry-level occupations now require extensive qualifications, and less education in the wake of de-industrialization can mean unemployment and a weakened socioeconomic status. Given that Somali student experiences in school are marred by racism, this pattern also carries to the labor market, where Somali applicants, distinguished by their name, become “the least

desirable candidates”: “Findings show that having a ‘wrong’ name carries a significant labor-market penalty for immigrant job seekers even when they possess identical human-capital credentials as the mainstream candidate” (Ahmad, 2020, pp. 675 & 676). Finnish employers demonstrate that “non-European immigrant applications” are their last priority in the callback phase (Ahmad, 2020, p. 676). For Somali job applicants, callback rates are at a mere 9.9 percent, the lowest in comparison to other minority candidates and Finnish candidates (Ahmad, 2020, p. 676). Somali applicants who are educated at the same level as white Finnish counterparts also face considerable barriers in employment. Even if a Somali applicant were to have two years more experience than the Finnish candidate, they are shown to have a mere 5 percent chance of a callback interview (Ahmad, 2020, p. 675). This means that, in an effort to remedy the discrimination and source income, non-native applicants start to use co-ethnic networks to find employment that then direct job seekers to low-pay positions in underserved labor market sectors (Ahmad, 2020, p. 677).

As described in early sections, unemployment or precarious employment can mean poor quality healthcare and thus poor health in addition to unsuitable accommodation. Reasons provided by Somali community representatives and later by health officials for Somali overrepresentation of coronavirus cases included overcrowded apartments and employment in positions that did not permit telework, such as in care and service sectors. Neither reason is self-induced, but intentionally created by Finnish society. When employment statistics of foreign background persons in Helsinki are examined, it shows that half of the persons employed are concentrated in “administration and support services, health or social care services, accommodation and food services or wholesale and retail trade” (*Population with Foreign Background in Helsinki*, 2021). This data is not subdivided by race, thus it is difficult to say which racialized subsets are represented in this specific statistic. However, a report by the Open Society Foundations explains that “Somali men typically work in the transport and storage sectors, whereas Somali women are often employed in health and social services. Both men and women also work in technical and support service activities” (*Somalis in Helsinki*, 2013, pp. 64 & 65). Especially in health and social services, this is once again intentional, as state policies direct

unemployed migrants to the care sector irrespective of past education, experiences, and interests.

In the case of Somali women, it starts at the level of education. Teachers paternalize Somali female students: because they are from “caring immigrant cultures,” they should then “apply for practical nurse training and become care workers,” even as the same teacher may devalue reproductive work undertaken by the same student at home as “effecting the future of her student” (Kurki et al., 2019, p. 335). Otherwise, provided the extensive discrimination levelled at members of the Somali community that deteriorates quality of education, lessens access to full-time employment, and restricts social mobility, it is safe to assume that they are represented in the aforementioned statistic and are concentrated in non-telework positions that pay menially. Labelled “essential workers” worldwide, non-telework positions are predominately reserved for members of minoritized communities, often asylum seekers, refugees, and migrants who are reduced from personhood and seen instead as potential workers (Rodríguez, 2018, p. 15). As in, they are “essential” in that they provide services “essential” to citizens but are otherwise un-essential and treated as “interchangeable items within labor market demands” (Rodríguez, 2018, p. 15). Non-telework positions are also a risk factor for coronavirus. Employees are exposed to the virus in their very work, because they are not afforded the same opportunity to social distance as offered in desked positions.

5. Conclusion

The analysis and synthesis of the 20 qualitative studies demonstrates that systemic racism is operative in Finland and has produced several material consequences for the Somali community. This is observable across each represented sector: education, healthcare, housing, immigration and integration, labor market, and law enforcement. From increased allostatic load, poor access to quality healthcare, poor accommodation, and reduced access to education and employment, Somalis are deprioritized and devalued by “a racial calculus and a political arithmetic” of anti-blackness and Islamophobia (Hartman, 2006, p. 5). This racial calculus produces differential treatment in the individual, interpersonal, sectoral, and systemic level. As the coronavirus pandemic unfolded in Helsinki, Finland, Somalis were overrepresented in cases for their share of the city population. Because structural vulnerability as theorized by Quesada et. al. (2011, p. 341) is a positionality, where vulnerability is “produced by his or her location in a hierarchical social order and its diverse networks of power relationships and effects,” then the meta-ethnographic analysis and synthesis have made clear that Somalis are currently one of the communities at the *bottom* of the hierarchical social order in Finland. From this depreciated position, Somalis are *made* structurally vulnerable in moments of crisis like an international pandemic. Gaynor and Wilson (2020, p. 832) write that “socially vulnerable communities are *created*.” This is true, because as shown in earlier sections, Finland *created* the socially vulnerable community of Somali persons. Everyday processes of racialization, perpetuated by doctors, nurses, principals, teachers, classmates, neighbors, housing officials, private landlords, real estate agents, potential employers, and police officers, has worked to *create* structural vulnerability to “a disproportionate load of intimate suffering” (Quesada et al., 2011, p. 351).

Effectively, each of the risk factors to coronavirus is created by systemic racism. Each risk factor is also a material consequence of systemic racism. Thus, so too is *risk* created by systemic racism. This is another tenant of structural vulnerability, where “the ways social inequality imposes ‘risk’ on subordinated population groups” is recognized to create “a larger ‘risk environment’” that counters individual agency

and decision making (Quesada et al., 2011, p. 343). Members of the Somali community, especially in the city of Helsinki, were pre-placed in positions of dependency and precarity that they cannot easily escape. As in, they are marked by risk, which cannot be remedied by national health directives that focus on “the micro-behaviors of individuals” like social distance (Quesada et al., 2011, p. 344). The inability to social distance is not an individual or a communal failure but a systemic failure in the case of Somalis in Helsinki. Thus, “we are not all at equal risk” for the disease and that coronavirus “is decidedly a racialized disease” (Poteat et al., 2020, p. 4). If processes of racialization “allocate differential economic, political, social, and even psychosocial rewards to groups along racial lines,” then coronavirus as a racialized disease also infects “along racial lines” (Bonilla-Silva, 1997, p. 474). In Finland, where “Somalis are the most hated minority” and constitute the bottom of the ethnic hierarchy because of anti-Black racism and Islamophobia, there is a *definitive* link between systemic racism and the structural vulnerability of the community to coronavirus (*Somali Refugees Trigger Debate on Racism in Finland*, 1998).

This research and the accompanying conclusion exist in stark comparison to how the City of Helsinki and more largely Finland have approached the pandemic. Even as foreign language speakers now represent over 30 percent of new coronavirus cases as late as March 2021, both the city and the country have yet to name systemic racism as a causal factor (“Third of New Covid Cases among Foreign Language Speakers,” 2021). When apolitical explanations are levelled, in which non-telework positions and overcrowded accommodation are presented as reasons for said overrepresentation but severed from the historical and present-day processes that produce each, important information becomes occluded. With the help of Afro-pessimism, where from the purview of Blackness, the constitutive dimensionality of various racial hierarchies and processes of racialization like Islamophobia is offered nuance, this research demonstrates that racism is routinized in Finland. As in, the routinized racism carries adverse consequences in terms of who suffers disproportionately in a crisis or disaster. However, while the coronavirus may constitute a crisis or disaster, it is the “the terror of the mundane and quotidian” of pre-

coronavirus Finland that has worked to produce and then exacerbate inequalities in health (Hartman, 1997, p. 4).

This research also differs from other studies in social sciences and health sciences in Finland, because it did not choose to analyze health disparities with culture, which is constructed as static and comes to represent “essential differences between groups of people” (Carpenter-Song et al., 2007, p. 1363). This research started from race and racism and was able to offer a structural explanation for health disparities that move beyond the individual and the individual’s markers of difference. Nonetheless, limitations included the colorblind ideology of Finnish health statistics, which did not offer a clear picture of the state of minority health in the country. This is once more seen in the City of Helsinki’s coronavirus statistics, which only codify cases by postal code. Thus, while this research shows that systemic racism paved a coherent path for the pandemic to follow, where it coalesces with the previous patterns of anti-Black discrimination in addition to Islamophobia to produce infection and to reproduce structural violence, the adherence to racelessness obscures the full impact of the pandemic on minoritized communities like Somalis in Finland.

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6. Author's Reflections

“The function, the very serious function of racism is distraction. It keeps you from doing your work. It keeps you explaining, over and over again, your reason for being. Somebody says you have no language and you spend twenty years proving that you do. Somebody says your head isn't shaped properly so you have scientists working on the fact that it is. Somebody says you have no art, so you dredge that up. Somebody says you have no kingdoms, so you dredge that up. None of this is necessary. There will always be one more thing”

– Toni Morrison (Herron, 2019).

When I presented on the inclusiveness of the City of Helsinki's coronavirus recovery efforts as a part of my traineeship in Helsinki from September to December 2020, I explained that Somalis face systemic racism in city services. One coworker responded, “That is quite the claim. Can you back it up?” I was confused, because I felt that I had “backed it up.” Undeniably, that one question shifted the focus of my entire thesis. I wanted to prove that systemic racism existed. As a person of color, systemic racism is perceptible everywhere, but my subjective experiences do not hold any authority in predominately white spaces like a unit in the City of Helsinki or Åbo Akademi University. I had to approach this “objectively.” Therefore, as a woman of color, aware of associated stereotypes of anger and hysteria, I chose to not use “I” at any point in my argumentation. I did not want any distraction from my main research questions: how does systemic racism operate in Helsinki, Finland, and has this created a structural vulnerability to infection by coronavirus in Somali communities? I did not want to explain again and again that yes, it does exist, and of course, it carries consequences for those that are racialized.

More broadly, the question posed by a coworker is indicative of Finland's relationship with racism as a whole. Finland does not see race. Since I came to study at Åbo Akademi University, I have encountered numerous peers and professors who contest the use of “race” and ask that I instead opt for “culture” or “ethnicity.” All three terms serve the same function, but because race is seen as loaded with histories of

Nazism (of which Finland was once a supporter), I have to elide any reference to race. Race is often elided in academic texts and completely elided in official texts. This has led to innumerable frustrations in the process of this thesis, because what I was effectively attempting to make clear was “the historical and conceptual predication of racism’s meanings upon the political objections to” (Hesse, 2014, p. 141). For example, one frustration that stalled this thesis for the entire month of December was the Finnish measurement of health inequalities. I searched and searched to find some data that clearly shows the state of minority health, but I was left with studies that visualized the entire population as Finnish men and women or as men and women as Finnish speakers and Swedish speakers. I was stunned by the feverish commitment to color-blind ideology, because a quick search of the term “Somali” in *Helsingin Sanomat* or *Yle* shows rather quickly the Otherhood attributed to Somalis and other migrants. It seemed the only place where Somalis and other minorities are classified as “Finnish” is at the level of official health statistics. Elsewhere, they are perpetually reminded of their status as outsiders.

The theoretical framework of Afro-pessimism and its analysis of anti-Blackness informed this study, precisely because distance from Blackness equals a proximity to Humanness. I want to quote Sexton in full here:

“Black existence does not represent the total reality of the racial formation — it is not the beginning and the end of the story — but it does relate to the totality; it indicates the (repressed) truth of the political and economic system. That is to say, the whole range of positions within the racial formation is most fully understood from this vantage point, not unlike the way in which the range of gender and sexual variance under patriarchal and heteronormative regimes is most fully understood through lenses that are feminist and queer. What is lost for the study of black existence in the proposal for a decentered, ‘postblack’ paradigm is a proper analysis of the true scale and nature of black suffering and of the struggles — political, aesthetic, intellectual, and so on — that have sought to transform and undo it. What is lost for the study of nonblack nonwhite

existence is a proper analysis of the true scale and nature of its material and symbolic power relative to the category of blackness” (Sexton, 2010, p. 48).

I centered Blackness not only because Somalis are racialized as Black but also because “the whole range of positions within the racial formation is most fully understood from this vantage point” (Sexton, 2010, p. 48). Anti-Blackness is the very foundation that sustains racism. As an Indian American in Finland, my distance from Blackness has meant easier access to employment, healthcare, and housing. As in, I am materially rewarded for this distance. Because I spent my formative years in America, I could only see one frame of analysis to interpret the structural position of Somalis – that of race and Blackness. But, when my thesis advisor reminded that the Other is also the Muslim in Europe, I started to engage with more European researchers to better situate Somalis as Black Muslims. The minute I read and incorporated Fatima El-Tayeb or Gloria Wekker, I felt that my research became much clearer, because whiteness not only produces coherence through anti-Blackness but also through Islamophobia.

I chose meta-ethnography, because there existed a tremendous amount of work done by Somali researchers and other researchers that contextualizes the position of Somalis relative to the Finnish racial formation. Because my focus was not on the moment of crisis or disaster, i.e., the pandemic, but on the discrimination in day-to-day life that exacerbates moments of crisis and disaster, I did not see a need to act as a primary researcher who is also an outsider to the community, when this research had been conducted, often by insiders to the community. The answers to my research questions quite literally lay in the studies, sometimes they were said so straightforwardly that little interpretation was required. This offered validation, but then again, it created frustration. If the answers are there, and they have been studied for three decades, why did Helsinki city officials and national media not name systemic racism as the reason behind Somali overrepresentation of coronavirus cases?

Notably, I came back to one question repeatedly: why does a person of color have to engage in the work of naming racism and its functions? Why is the psychic burden of race placed on the shoulders of those racialized as non-white to explain that

processes of racialization are indeed underway? It is a rhetorical question, because I know why. In numerous moments, nonetheless, I wanted to desperately escape this burden. One of my peers spoke of a Finnish student who wrote their thesis on houseplants, and I was perplexed. Because it was self-evident from the moment that I chose this Master's program that my thesis will be political. I too would like to research houseplants, but again, the burden of race that I encounter everyday did not permit that leeway. Maybe it did, but I did not see it. In conclusion, I want this thesis to be a reference for anytime someone is asked of the existence of systemic racism in Finland. Ideally, I would not want any other person of color to have to re-explain the existence of systemic racism in this country, to be distracted from more important work. Unfortunately, it will likely happen again and again, until this system is abolished.

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