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RACISM AND XENOPHOBIA IN THE
VETERINARY FIELD AND THE
IMPLICATIONS ON MENTAL
HEALTH

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1. Abstract

Racism and xenophobia are important societal concerns that persist all over the globe. The veterinary field has been documented as one of the least diverse professions in the world and is the profession with one of, if not the highest suicide rates. A novel study was undertaken to explore the presentation and prevalence of racism and xenophobia in the worldwide veterinary community and the impacts of these mental health. A survey collecting quantitative and qualitative data about experiences with racism and xenophobia was distributed as widely as possible, available to all members of the veterinary community. The participant diversity was very low with 88.8% of participants of Caucasian descent. Over half (65%) of the participants had no experiences with racism or xenophobia. Of participants who had experienced racism and/or xenophobia, 94% had suffered negative effects on their mental health. Although most participants did not experience racism or xenophobia, any level of these attitudes or behaviors is not acceptable. This research demonstrates that the veterinary profession needs to increase diversity, actively educate the community and create supportive structures to deal with racism and xenophobia. These efforts will serve to protect the mental health and wellbeing of members of the veterinary community and aid in transitioning to a socially and ethically relevant manner of operating.

2. Introduction

Recent world events have brought issues of systemic racism and xenophobia to the front page of global headlines ever growing in global consciousness. Some notable worldwide events are the upsurge of racist and anti-immigrant attacks in the United Kingdom in relation to the Brexit vote, the Black Lives Matter movement catalyzed by police violence against black people in the United States and the upsurge of xenophobia against people of Asian descent spurred on by the COVID-19 pandemic. In March of 2021 Antonio Guterres, the secretary general of the United Nations, state in regard to the International Day for the Elimination of Racial Discrimination that the ‘pernicious evil of racism is pervasive in all regions and all societies’. Racism and xenophobia are dynamic terms, ever changing, and the context of where it is taking place and who is involved is important to consider. Every country has different manifestations of racism and xenophobia formed by history.

The field of veterinary medicine is not exempt from issues of racism and xenophobia but the literature on the subject is scant. This research paper will be based upon the information gathered in a survey about the experiences of different populations working and/or studying in the veterinary field with racism and/or xenophobia regarding the impact of these forces on the mental health and well-being. The aim is to access the information gathered and help provide the veterinary field with a greater insight of what, where and how racism and xenophobia are operating in its midst and how mental health is affected.

2.1 Definitions

For the purpose of this research paper, some terms should be defined.

Racism: “prejudice, discrimination, or antagonism by an individual, community, or institution against a person or people on the basis of their membership of a particular racial or ethnic group, typically one that is a minority or marginalized.” This means that racism only occurs between people of different races/ethnicities where one of the members is part of a marginalized/minority group. The power differential between the marginalized/minority group and the dominant group (often thought of as the ‘normal’ group) is upheld by structural/systemic racism.

This definition is from the Oxford English Dictionary.

Xenophobia: “fear and hatred of strangers or foreigners or of anything that is strange or foreign.” Xenophobia can be experienced between people of the same race but from different countries, cultures and/or between different races as well. One can experience racism and xenophobia simultaneously but it’s important to differentiate them to respect the systemic powers that uphold racism in society.

This definition is from the Merriam Webster Dictionary.

BIPOC: means “black, indigenous and people of color”. This term is inclusive of all people of color but makes divisions to acknowledge that not all people of color have identical experiences of racial injustice.

This term developed approximately around 2013.

3. Literature Review

As previously stated, the literature about racism, xenophobia and diversity issues in the veterinary profession is limited. Four scholarly articles were found, and only one of them explicitly tackles racism, while the three others focus on the ‘lack of diversity’ in the veterinary profession. Xenophobia has not been studied at all specifically concerning the veterinary field.

3.1 A Diversity Deficiency

Although a lack of diversity does not indicate a definite presence of racism or xenophobia, one can easily imagine that these forces will be more commonplace in diversity deficient environments.

In a journal article from a U.K source it is stated that “only 3%” of veterinary professionals report being from an ethnic background (Limb, 2019). Similarly, a United States based article stated that around 8% of veterinary students were reported to come from a BIPOC background (Elmore, 2003). Even more indicative of the diversity issues, the percentage of BIPOC veterinary students was not a reflection of the overall BIPOC United States residents, which was stated to be approximately 30% of the population. In communion with these data, Greenhill et al. blatantly report that “the veterinary profession has been identified as the least racially diverse health care profession in the United States” (Greenhill, Nelson and Elmore, 2007). In their 2005 study they recorded change in the rate of enrollment of minority students from 1978 (6.8%) to 2004 (9.6%). Although an increase was seen, the general demographic of minority populations in the United States was not represented. Greenhill et al. also mentioned that the percentage increases to veterinary university programs in the U.S was mostly on account of international student enrollment, as a consequence of globalization and its extenuating effects, but the actual percentage of BIPOC from their own country was not “appreciably” increasing. Other medical professions such as pharmacology, dentistry and human medicine do not show the same degree lack of diversity as the veterinary field (Elmore, 2003). In reference to the issues with diversity in the veterinary profession another

study stated that “the enormous inequalities in the ethnic composition of key professional degrees highlight potentially major issues of equality and access which still need to be overcome” (Limb, 2019).

The study by Greenhill et al. surveyed students from 25 American Veterinary Medical Association (AVMA) institutions on issues of diversity. The authors’ bleak concluding statement to the study was that “Overall, the results of this survey indicate that racial, ethnic, and cultural diversity issues are not a priority for most faculty members at most colleges of veterinary medicine within the United States” (Greenhill, Nelson and Elmore, 2007). Participants reported that less than half of faculty members (48%) and less than half of students (44%) at their own universities had good understandings of diversity related issues. Only 32% of the institutions had organizations set up for diversity issues and the general opinion was that faculty rarely attended diversity trainings. Another discouraging finding was that 89% of participating universities didn’t want cultural competency training to be required.

These studies have voiced that the lack of diversity requires action and have raised some interesting points about how to increase diversity and why it matters. Elmore asserts that greater diversity will greatly enhance all aspects of the profession (Elmore, 2004). The authors proclaim that “racial and ethnic demographic changes presently occurring in the United States have created such urgency that we can no longer depend on the relatively passive strategies of the past” and make a compelling point that being bilingual and culturally/ethnically competent will aid in serving an increasingly diverse client base. Another source directly states that “Embracing diversity also produces tangible results” for veterinary business (Kornegay, 2011). If the veterinary community does not endeavor to increase its diversity, potential business productivity could be affected. It was also mentioned that having a more diverse veterinary community could alleviate issues with a lack of manpower (Greenhill, Nelson and Elmore, 2007). Another U.S study explained that veterinary jobs are on a projected increase, especially in rural areas, public health and food safety positions and the biomedical field (Greenhill, Davis and Lowrie, 2013). The supply of veterinary professionals to serve the public needs could be better met if the barriers holding unrepresented racial and ethnic groups back from joining the field are combated.

The literature discussed that one of the reasons for a lack of diversity in the veterinary profession is that BIPOC are not seeing many role models in the profession that represent them (Elmore, 2004). Therefore, increasing efforts to recruit people from diverse backgrounds is essential. Elmore also claimed that further research into reasons why the veterinary profession is so lacking in diversity is needed.

3.2 Racism Revealed

Accounts of racism faced by veterinary professionals have been documented by one important and very recent 2019 study based in the U.K. The British Veterinary Ethnicity and Diversity Society (BVEDS) conducted a series of case studies for the purpose of exposing racism and alerting the veterinary community to the prevalence of the issue. BIPOC were interviewed and these case studies illuminated incidences of “racist abuse, bigoted attitudes and use of discriminatory language; tutors and employers failing to call out and combat racism when they see it” (Limb, 2019).

Participants in these case studies emphasized how when faced with racist events, they had tried to get support without success and/or learned that there was no way to speak up or ask for support and be heard. In most of the interviews, practice partners who were aware of racist attitudes and incidents from clients towards the participants in question didn’t stand up for them or make any attempt to change the situation. Even faced with unjust treatment, the priority was placed on client satisfaction. The interviewees also reported racist commentary from their own colleagues. In one account a practice manger was using a racial slur and upon voicing concern about this issue, the participant was treated with “contempt” and disciplinary action was threatened.

Obvious racial slurs and insults were experienced by the participants such as a student of Southeast Asian descent receiving the shocking comment from a fellow student saying, “I think we should just cull Chinese people”. Less overt incidences, such as racist stereotyping, difficulties in attaining employment and ignorant manners of thought and speech were also experienced and had an impact on the participants. One person emphasized how racist commentary born of ignorance isn’t without importance by saying that “It doesn’t have to be intentional for it still to be racist” (Limb, 2019). One of the founders of the

BVEDS who conducted these case studies (and was also a participant) conveyed the great difficulty of gaining employment, even applying for greater than 100 jobs before having any success.

In Limb's article, participants of the case studies and members of the Royal College of Veterinary Surgeons (RCVS) offered commentary on what should and could be done to tackle issues of racism in the educational and professional spheres of the veterinary community. One participant said that those who experience racism are the key to creating solutions for the issue, but practically nothing has been done to gather information from them (Limb, 2019). Amanda Boag, the president of the RCVS echoed this participant's opinion by the statement "Certainly I think it's hugely important whenever we're talking about diversity that we listen to people from a variety of different backgrounds because we don't see, and we don't all experience, the same thing" (Limb, 2019).

The role that universities have in fighting against problems with racism was said to be vitally important, although a single organization wouldn't be enough to provide enough education and support (Limb, 2019). Another participant echoed the previous statement and said that the veterinary profession should act at a university level, creating an initial standard. This will ensure that at the start of one's veterinary journey, an important code of ethics and a trusted system of dealing with racial issues will be instilled and can be brought forward into their professional lives. The role of specific bodies created to deal with diversity issues, such as the BVEDS, will be invaluable in supporting BIPOC of the veterinary community, and representatives from these types of groups need to be included in any university or workplace initiatives.

Experiences from BIPOC participants in the study made it clear that being unsafe and unsupported in the aftermath of racist episodes was prevalent. Danielle Dos Santos, the junior vice president of the British Veterinary Association emphasized that "we need to give vets a safe place to talk about their experiences, and we need to call out the profession on unacceptable behaviour" (Limb, 2019). To help create a safe and supportive environment having faculty members that "actively engage and promote anti-racism" is essential. This points to the need for diversity trainings and becoming culturally/ethnically competent, reiterating the same point made by Greenhill et al. in the diversity studies (Greenhill, Nelson

and Elmore, 2007). Another congruency between the study of Greenhill et al. and Limb is the need for more data.

The literature on racism and xenophobia is limited but clear; racism is alive and well and diversity is lacking. University and workplace environments need to make improvements in educating their communities and providing specific structural support for anyone affected by these issues. The lack of literature prompts the need for more research on the topic.

The literature reviewed above clearly indicates the lacking diversity in the veterinary world and the need for structural programs to tackle this issue. The websites of the top ten ranking veterinary universities in the world for 2021 were examined regarding the existence of a diversity/inclusion/ethnicity program (Table 1). It was found that all the universities had a program in place to attend to issues of diversity but only four of them had the programs present on the page specifically devoted to the veterinary program. It is encouraging to see that some veterinary universities/departments within a larger university have realized the importance of having supportive programs that tackle issues of diversity specifically in their programs and not just at a wider university level. It is clear that more veterinary programs need to also have this same realization and create programs to encourage a diverse veterinary student body.

Table 1: Diversity programs of the top 10 ranked veterinary program

University	Diversity and Inclusion Program present?	Obvious on vet page
Royal Veterinary College	Yes	Yes
University of California, Davis	Yes	Yes
The University of Edinburgh	Yes	No
Utrecht University	Yes	No
Cornell University	Yes	Yes
University of Guelph	Yes	No
The Ohio State University	Yes	Yes
Cambridge University	Yes	No
University of Copenhagen	Yes	No
Vetsuisse Faculty Bern and Zurich	Yes	No

Although the academic literature is lacking on the topic of diversity and racism in the veterinary field, it is worth mentioning that there are many non-scholarly sources that are easily accessible discussing these issues. Some of these

are social media pages, YouTube, veterinary magazines (such as the DVM 360), veterinary associations like the AVMA, news websites and university websites. A common slogan has emerged and is circulating through many of these sources, calling veterinary medicine ‘The Whitest Profession in America’. These sources mainly drawn from United States publications, but also include some from the United Kingdom.

3.3 Veterinarians, mental health and racism/xenophobia

In the veterinary field, mental health related concerns are prominent issues. The mental health effects of working or studying in such a demanding and complex field are documented well; the veterinary profession has the highest suicide rate of any profession. In a Canadian study of suicide rates in the veterinary field, it was found that veterinarians had rates that were four times that of the general public and twice as high as people working in the medical and dentistry fields (Stoewen, 2015). Being a veterinary professional involves a range of factors that come together in an unhealthy mixture that have the potential to make mental health issues so prominent. In Stoewen’s study these factors are outlined to be “personality factors, undergraduate training, professional isolation, work-related stressors, attitudes to death and euthanasia, access to and knowledge of means, psychiatric conditions, stigma around mental illness, and suicide contagion” (Stoewen, 2015).

These high professional suicide rates prompt the need for concern for people at the start of their veterinary career, during student years. In their study of mental health in the veterinary field, Rind and Grant state that “the mental health and well-being of students and graduate veterinarians is a critical area of concern” (Rhind and Grant, 2017). A U.K study made it apparent that students in veterinary programs are similarly at risk for mental health concerns as veterinary professionals stating that “poorer wellbeing and a higher degree of mental distress in both populations compared with the general population” was found (Cardwell *et al.*, 2013). Congruent results regarding veterinary students have been reported in the U.S as well, in the form of “heightened psychological distress” (Strand, Zaparanick and Brace, 2005)

The literature clearly demonstrates the concerning trend of poor mental health in veterinary students and professionals. It is also worth highlighting what the literature shows on the effect racism and xenophobia have on mental health. The negative impacts of racism and/or xenophobia in one's work or study environment can be a compounding factor to the concerning state of mental health in the veterinary profession. Emphasizing the negative impact of racism and xenophobia on mental health can highlight the importance of taking these issues seriously in the veterinary profession, especially considering the already precarious nature of mental health in this field.

A comprehensive review by Suleman et al. examined 513 articles from global sources demonstrating the link between xenophobia and health. It was indisputably found that xenophobia and racism have important effects on individual mental health (Suleman, Garber and Rutkow, 2018). When concerning racism, the study stated that "the experience of racism is associated with worse mental health and physical health, general health, and poverty". Xenophobia was reported to have a particular impact on mental health, with depression and anxiety being common as well as the 'Ulysses Syndrome'. This syndrome is when people experience psychosomatic symptoms due to stress. The importance of xenophobia is rising with increasing globalization and immigration. Suleman et al emphasizes this: "a wave of anti-immigrant rhetoric has spread across many European and North American countries, including France, Germany, the United Kingdom, and the United States. From Brexit to the attempted immigrant ban in the United States, anti-immigrant backlash has had immediate and real consequences on the lives of immigrants living in host countries" (Suleman, Garber and Rutkow, 2018). Within the veterinary sphere, international students and immigrant veterinary professionals are at risk for xenophobic treatment due to this anti-immigrant sentiment.

The impact of xenophobia and racism on the mental health of the already vulnerable veterinary profession is worrying. One academic source from the U.K gathered personal accounts from veterinarians about the impact of racist and xenophobic treatment on their mental health. A participant of this paper expressed having period of depression due to treatment based on his racial background, affecting his confidence in practicing his profession (Limb, 2019). Another interviewee asserted that it's "mentally and emotionally

completely exhausting to deal with discrimination. Being a vet is so much easier”. In Limb’s research, BIPOC reported fearing that reporting any incident would result in punishment rather than support, “which can lead to damaging impacts on mental health, confidence and wellbeing”. These anecdotes show the detrimental impact of racist and xenophobic environments on the mental health of veterinarians as well as their professional performance. More literature on the subject would be valuable to boost awareness in the veterinary field about how important the effects of racism and xenophobic behavior is, and not to be underestimated.

The literature reviewed presents a worrying picture for veterinarians, especially those from diverse backgrounds. Positive movements to address issues of mental health in the veterinary field have begun, described by Grant and Rind’s research such as the fourth veterinary Wellness Summit in 2018 (Rhind and Grant, 2017). Outside of the academic literature, a quick Google search about veterinary mental health events presents many foundations and projects focusing on the mental health of veterinarians, mental health week events, mental health veterinary balls etc. These events provide some hope for the future and show that there is not only an awareness of what mental health challenges veterinary professionals face but drive to create change as well.

4. Research Aims

The importance of mental health in professional and personal realms is being increasingly recognized and spoken about and this is ever more important in the veterinary field as demonstrated by the dire statistics brought up in the academic literature. The available literature about racism and xenophobia in the veterinary field expresses a lack of diversity as well as racist and xenophobic attitudes towards people of different races and origins. This research paper aims to provide more academic data on the prevalence of racism and xenophobia in the veterinary field as well as the effects they have on the mental health on those experiencing them.

5. Materials and Methods

5.1 Data Collection and definitions

The online application called Google Forms was used to create the survey to gather information about racism and xenophobia in the veterinary field and their effects on mental health. The data from the survey was transferred and analyzed using Microsoft excel.

Due to the dynamic and complex nature of racism and xenophobia, definitions that the author found to be the most simplistic and understandable were selected to be presented at the beginning of the study. The survey participants most probably had varying knowledge bases/ideas on the subject and these simplistic definitions aimed to guide all participants to answer survey questions with a similar base understanding.

5.2 Target Population

The target population for this study was any person involved in the veterinary field, anywhere in the world. This included students, professors, practicing veterinary clinicians, veterinary technicians, veterinary pathologists and any other position in the field. A broad and diverse survey population was desired because there is little available literature on the topic of racism and xenophobia in the veterinary field. By creating a survey with a broad focus group, more participants could be included, and more points of view could be represented.

The survey consisted of 30 questions of multiple choice with one answer, multiple choice with multiple sections permitted and short answer questions. The different question types allowed for the collection of quantitative and qualitative data. A crucial question in the survey asked if the student has had any experience with racism or xenophobia (including being a witness). If the answer was 'I have not experienced racism or xenophobia', the participant would automatically skip various questions based on the 'no' answer to the experiences. Most of the questions in the survey applied to people who had experiences racism and xenophobia in some context.

5.3 Distribution

The survey was distributed to a variety of platforms that veterinary students, professors and professionals have access to. The survey was shared to veterinary groups on social media, through personal connections to other students and veterinarians as well all by email to larger groups of university communities. The survey was released on June 14th, 2021 and was available for 1 month.

6. Results and Discussion

The results and subsequent analysis are presented together and organized into different sections based on the survey questions. Results regarding diversity, quantitative and qualitative data about experiencing racism/xenophobia and perceptions of community understanding are presented first. Presented subsequently is quantitative and qualitative data and analysis about the effects of racism/xenophobia on mental health. Finally, qualitative results about the main challenges in creating a more diverse and inclusive field and suggestions for improvement are presented and discussed.

The survey gathered data from 297 veterinary field participants living in 34 different countries. Of these 297 participants, 186 (63.6%) were students, 80 (27.2%) were veterinarians, 20 (6.8%) were in other veterinary positions and 8 (2.7%) were veterinary technicians or assistants.

6.1 Diversity

The racial diversity of the survey participants showed a similar trend as the previously discussed literature; 88.8% of the participants were Caucasian and only a respective 11.2% were BIPOC. Practicing BIPOC veterinary professionals only account for 3%, with the majority being students. The diversity of the survey participants was low, with very similar results to the previous studies on the topic. The statistics from the United States of America at veterinary schools 2003 and 2004 reporting 8% and 9.6% BIPOC (Elmore, 2004; Greenhill, Nelson and Elmore, 2007). the United Kingdom of veterinary professionals in 2019 reporting 3% (Limb, 2019). The diversity of the veterinary community in 2021 presented in this study shows no improvement compared to the previous literature, the majority of which are more than 10 years old. This highlights the lack of progress being made in the veterinary field and the great need for these issues to become an urgent concern to the veterinary community.

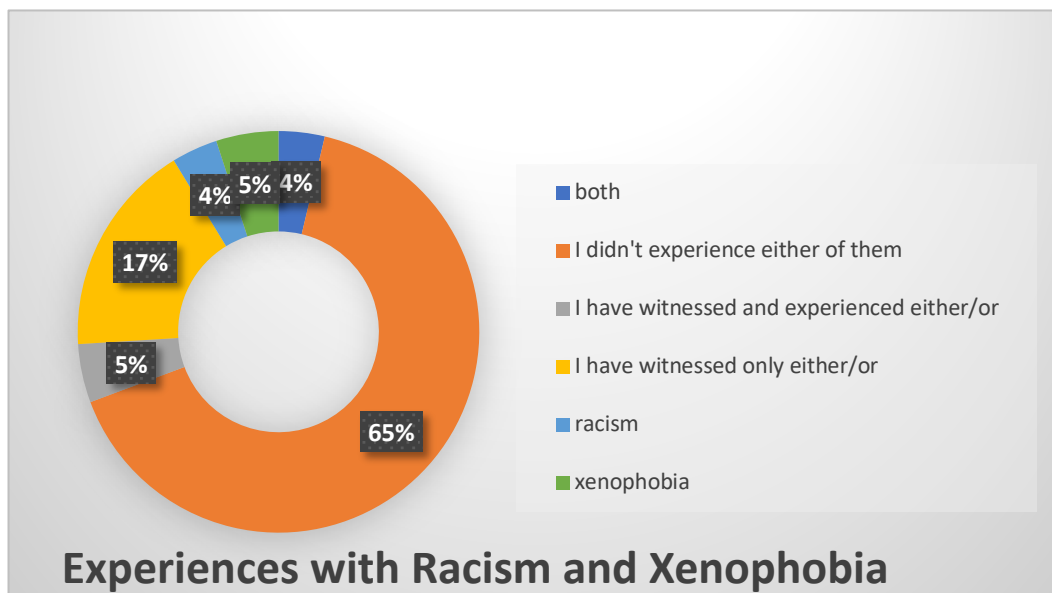
6.2 The prevalence of racism and xenophobia

A very important survey question, 'select your experience regarding racism and xenophobia in the veterinary field,' provided the following results (shown in Table 2); 65 percent of the participants reported that they had no experience with racism or xenophobia in their veterinary environment. The remaining 35 percent experienced racism and

xenophobia divided into the following five selections; experienced only racism, experienced only xenophobia, experienced both of them, experienced them as a witness and directly and finally, experienced them only as a witness. Of the Caucasian participants, greater than half (60 %) reported no experiences with racism or xenophobia, while less than half (42 %) of the BIPOC participants reported no experiences with them.

Although most of the participants did not experience racism and/or xenophobia, this does not mean that the 35% of people who did experience it are to be discounted. A zero-tolerance attitude for racism and xenophobia should be the standard set in universities, clinics and any of veterinary workplace.

Figure 1: Experiences with Racism and Xenophobia



The survey then asked the participants to describe (if applicable) their experience with racism and/or xenophobia. Many student respondents described negative interactions with professors. Anecdotes ranged from overt insults to microaggressions. Several of these stories had the professors publicly making gross generalizations about Asian people as well as ‘insensitive jokes and comments’ during lectures and practical lessons. One participant explained that ‘The teacher often talks about "the stupid germans(sic)" or "stupid foreigners" but only to other teachers’, an experience which was echoed by another student asserting that ‘professors talk bad about foreign students in Hungarian (sic), in the believe (sic) we don’t understand the Hungarian (sic) language’. An example of a racist microaggression was

reported when a 'Professor asking where a student of colour were (sic) they were "really from" after they said they were Irish'. A few students claimed that during oral examinations, the professor's discrimination based on their ethnicities were a causative reason in failing the exam.

Student participants who are foreigners in the country of their studies reported having less access to academic materials and support in their studies than the local students. A student from the U.K studying in Slovakia explained that 'Staff and otger (sic) Slovak (sic) students can be quite rude and unhelpful to foreign students. There are definitely (sic) less opportunities and less student services available to English (sic) speaking students'. Another foreign student studying in Hungary said the international students are 'left out, not cared about including us in the same way hungarian (sic) students are, not translating anything for a long period of time, not explaining things, not letting us participate or enter surgery room while Hungarian (sic) students are allowed etc'. A student studying in a Polish university also described being treated in a 'rude' manner by university staff because she didn't know the language.

The difficulties of veterinary school itself are numerous without any outside pressures. Acclimatizing and adapting to a new culture and environment for international students studying in a foreign country is also difficult. These experiences with xenophobia and racism coming from the university staff place even greater unnecessary and unacceptable stress on students. Behavior demonstrated by the university sets an example and if racism and xenophobia are acceptable behaviors demonstrated by staff, the culture of the student body may also adopt the same attitude. These shared experiences from students across the world can provide an important voice calling for change in the veterinary community.

Many accounts from the survey of racist and xenophobic experiences were regarding the veterinary workplace. It was reported numerous times that clients were the source of racist and xenophobic behaviors against veterinary professionals and the consensus was that clients prefer to see veterinarians of the same race and background as they are, namely Caucasian. One participant discussed his Iraqi colleague who is 'Professionally excellent, personally very pleasant and witty, BUT many of the farm animal clients discriminate [against] him, or straight refuse his services only [because] he's a foreigner'. Another

participant described an angry client wanting a native English-speaking vet exclaim that ‘they’d “had enough of all these foreign vets”’ and similarly, a survey respondent discussed how clients don’t want to see vets with Asian heritage.

Racism and xenophobia from veterinary professionals in the workplace were also reported. Participants discussed difficulties acquiring jobs due to their backgrounds. For example, a participant wanting to work in Germany was discouraged to apply for jobs by colleagues due to ‘not being German, and the fact that [I] look “[A]rabic”’, while another respondent applying for a job was denied because of their ‘foreign name’. Inappropriate jokes and comments about people from different backgrounds made by colleagues were reported, such as a ‘Vet tech saying “don’t make me pull a George Floyd” to restrained cat’ and a vet nurse asking ‘if we could employ a ‘proper British’ vet next time’. Respondents recalled disrespectful behavior from colleagues towards foreign accents.

6.3 Community understanding

Participants were asked if they think that most people in the veterinary community understand issues of racism and xenophobia. Out of the 65 % of participants who had no experiences with racism or xenophobia, 70 % reported yes, they believed most people in the veterinary community understand racism and xenophobia. In contrast, only 35 % of the participants who had experienced racism and/or xenophobia in some capacity believed that most of veterinary community understand these issues. It could be that the individuals’ experience with racism and/or xenophobia contributed to the belief in how much understanding the veterinary community has with these issues; people who didn’t experience any racism or xenophobia were twice as confident in the understanding of the veterinary community of these issues than the group who did experience them. This interpretation of the data might reflect an attitude of ‘if it doesn’t happen to me, it is not a problem’. This data suggests that it is important that people who don’t experience racism or xenophobia receive education on these issues and the specific ways they provide challenges in their geographical region, as well at the veterinary field.

6.4 Mental health

The survey included three questions regarding the mental health of the participants. You had to have expressed ‘yes’ on the survey to experiencing racism or xenophobia in some capacity to have access to these questions.

The first question was ‘how much does racism and xenophobia affect your mental health’. The answer scale was 1-5, 1 being ‘not at all’, and 5 representing ‘extremely’. Only 6 % of respondents selected option 1, 23 % selected option 2, 35 % selected option 3, 19 % selected option 4 and finally, 17 percent % option 5. These findings show that only a low proportion of the people experience no effects at all on their mental health and wellbeing; in other words, 94% of participants had some effect on their mental health. The results can be visualized in Table 3.

The second question asked the respondents to select any of the following mental health difficulties due to their experience(s) with racism and xenophobia: anxiety, depression, low self-esteem, shame, isolation, social ostracism, concern for safety, physical health issues, issues with performing work/study tasks, other or none. There were 101 respondents that answered this question, and 28 of them selected ‘none’. This means that the majority of people (73%) suffered with one or more of the listed issues. The two most commonly experienced mental health ailments were anxiety (35 responses) and shame (34 responses). Tied for the third most common response (25 responses) were isolation and low self-esteem, and after this came issues with performing work/study tasks (22 responses), depression (17 responses), social ostracism (12 responses) and other (11 responses). The last two and least common responses were concern for safety (8 responses) and physical health issues (2 responses).

The people that answered ‘none’ (28%) gave a result that was incongruent with the first mental health question, where only 6% of people reported that racism and xenophobia didn’t affect their mental health ‘at all’. Perhaps the different format in which the questions were asked affected some participant’s ideas about the effects of racism and/or xenophobia on their mental health.

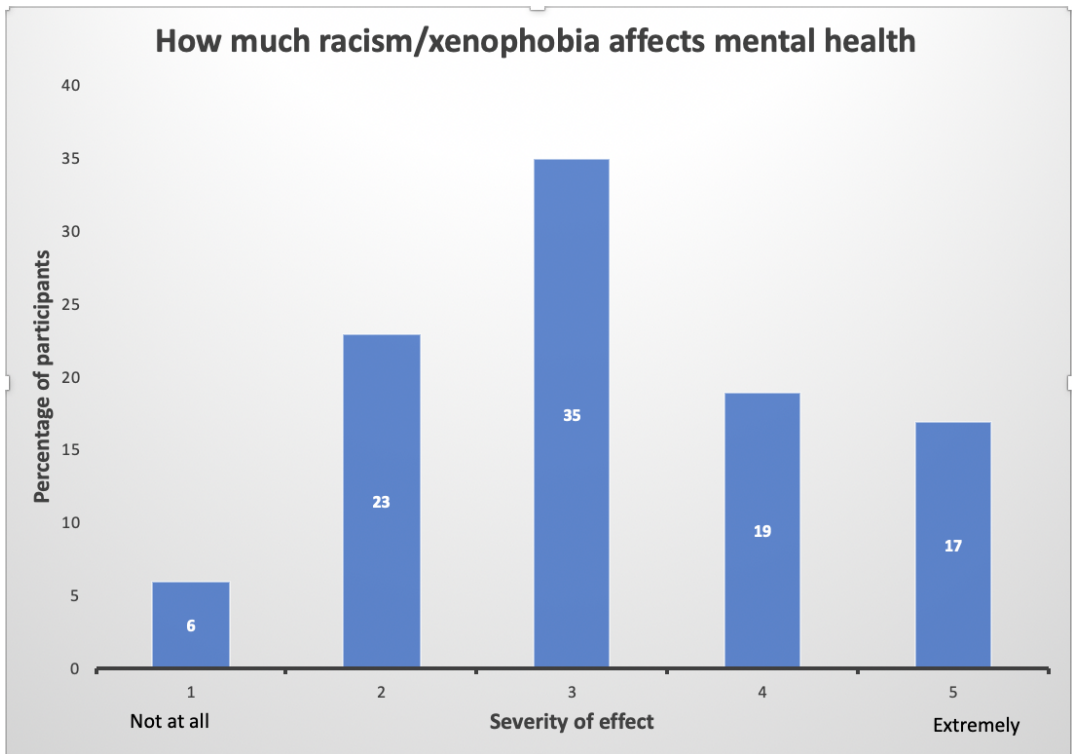


Figure 2; How severely racism/xenophobia affects mental health

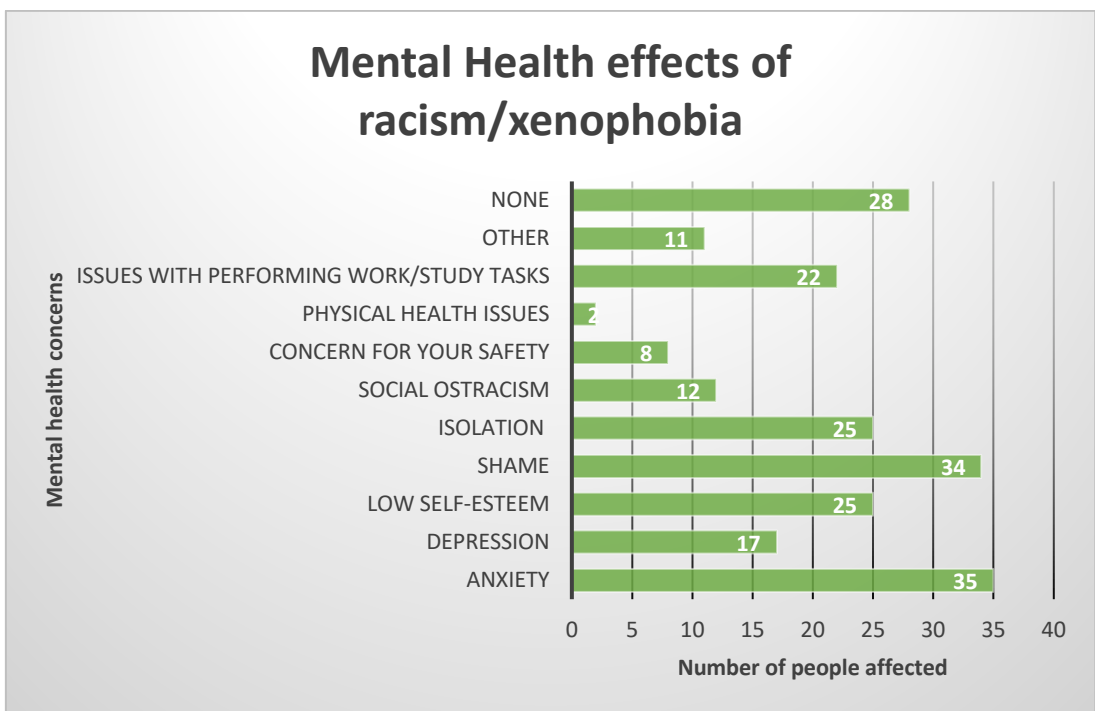


Figure 3; Different Effects on Mental Health from Racism and Xenophobia

The third question regarding mental health gathered information in short-answer form from the participants. Survey respondents who had direct experiences with racism and xenophobia expressed that these events negatively impacted their outlook on their future careers as veterinarians. One participant expressed this by explaining that “For reasons described before (not having the citizenship of the good country, & looking a bit “[A]rabic”), [I] doubted my future profession at some point and doubted myself for my own choices etc.” and another said that “ I constantly question my own ability and future career and scrutinise every little thing [I] did and said with a high amount of self doubt in a predominantly caucasian nation”.

Several participants shared in feelings of isolation and social ostracism caused by racism and/or xenophobia. A respondent said that “Being a foreigner by oneself anywhere is already somewhat isolating, so the idea that some people would avoid me because I don't look or act like them further intensifies that feeling of isolation. Low self esteem is also caused by such situations”. A student also explained that “I feel extremely unwelcome and hopeless (sic) on days when these experiences have happened”. Another participant asserted that “I often feel disrespected and not valued. It is very uncomfortable and disappointing not to feel like a part of a team”.

Many students reported negative feelings because of lack of inclusion and support at university in their host country. Many international students expressed that there is less access to study materials and less willing help available which results in ‘foreign students sticking together and isolating ourselves’ and ‘low self confidence’. Respondents demonstrated feelings of social distress and division because of racism and xenophobia. One respondent explained that ‘As a person who grew up in a very diverse city, I felt very isolated because most of the time, I was the only one not laughing at racist jokes and the only one pointing out racist behaviour’ and another reported being ‘Scared to go to social gathering that might include people who made the racist comments’.

Several participants who experienced racism and xenophobia as witnesses expressed how these incidents impacted their mental state and wellbeing. Feelings of shame were described from witnesses of these events, exemplified by this participant’s description “I feel ashamed for how my colleagues speak about gypsy clients, how they hate it when a person with darker skin goes to the reception (we see it through CCTV), they always assume that they will not have enough money to pay for the therapy.” Another student participant said they feel ashamed to be around racist/xenophobic behaviors and “I don’t have an option

not to be associated with them in school since they are my fellow classmates”. Another participant explained that “I felt ashamed for the behaviour of others and because I don't really know how to react to those behaviour. I also feel a lot of anger and distraction”. Discomfort was reported when witnessing acts of xenophobia and racism and one participant iterated that “I really am uncomfortable when an instructor says stupid things to BIPOC people”. Witnesses were also angry when they witnessed racist and xenophobic incidents.

The responses gathered from the survey questions regarding the effects of racism and xenophobia on mental health demonstrate that these forces do impact negatively on mental health. This is in agreement with the academic literature on the subject in general, which asserts that racism and xenophobia negatively affect personal and group mental health. There is only one source about racism and xenophobia specifically in the veterinary field so far, which only provided anecdotal data about the impact of racism and xenophobia on mental health. The new data from this study is important in contributing to the lacking literature on racism and xenophobia and mental health in the veterinary field.

6.5 Barriers to a better future

The final question in the survey was a short answer question, ‘What do you think the main challenges to an inclusive veterinary field are?’. All participants had access to this question, whether they had experience with racism and xenophobia or not. There were 125 responses to this question.

Participants felt that the lack of diversity subsequently creates an even greater lack of diversity, making it one of the main barriers to a more inclusive veterinary field. The sparse representation of BIPOC in the field could contribute to younger BIPOC individuals feeling that it is an inaccessible profession to them. Survey respondents speaking about lacking diversity in the student body also voiced the concern that the lack diversity in veterinary universities results in a lack of supportive bodies to deal with concerns of racism and xenophobia. Similarly, it was suggested that the lack of exposure to diversity creates a culture of apathy or oblivion around issues of racism and xenophobia. In Elmore’s study, it

is stated that a lack of role models of color is one of the reasons for the low number of people of color in the veterinary field.

Another main opinion reflected by survey participants was that ‘old fashioned’ views from the older generation of veterinarians/professors and clients create barriers to an inclusive veterinary field. One respondent called veterinary medicine an ‘old school profession’. According to the survey answers, the older generation have backward thoughts, traditional thinking, fear of change, prejudiced ideas and have difficulties with new ways of thinking and behaving. Many participants noted that clients are the main source of racist and xenophobic interactions, and that they believe that client behavior is a significant challenge.

The lack of awareness/education of racism and xenophobia was thought to be another major challenge to an inclusive veterinary field. Respondents discussed how lack of education allows ignorance and apathy and a lack of understanding to prevail. One participant said that ‘the educators need educating’, emphasizing that the profession is lacking a proper approach to these issues from the top down.

Many participants stated that racist and xenophobic trends in society at large were the largest barrier to an inclusive veterinary field. Systemic racism, specific local demographics and politics, and racially motivated pay and employment inequalities were all listed as important factors that create barriers in society in general. It is difficult to change things in the veterinary field when the challenges come from everywhere in society. People from minority or marginalized communities often have lower incomes fewer opportunities for education and support from the beginning of their academic lives, creating greater barriers to becoming a veterinarian (or similar professions).

One respondent noted that certain cultural values of immigrant groups could also play a part in directing people away from veterinary medicine. One reason being that the lower pay doesn’t offer as much prestige as other health professions (medicine, dentistry) or other professional careers. The literature supports this opinion, discussing the fact that most minority students choose other health profession careers over veterinary medicine, especially due to the discrepancy between average incomes (Elmore, 2004). Furthermore, cultural biases in the attitude towards animals may play a part in directing people away from the veterinary field. Also, studies have shown that minority groups have lower levels of pet

ownership, disconnecting these groups from exposure to the veterinary profession (Elmore, 2004).

The majority of respondents for this question provided their opinions on what challenges the veterinary field faces for inclusivity, but there were also 12 participants who said they don't know and 7 participants that said that there are no challenges or made negative or sarcastic remarks regarding the research being done in this paper.

6.6 Looking for solutions

A question in the survey was asked to gather data about addressing racism and xenophobia as a 'yes or no' question: 'Do you think it's necessary for the veterinary community to put effort into tackling racism/xenophobia?'. All participants in the survey had access to this question, whether they had experience with racism and xenophobia or not. Out of the 293 responses, 85 percent answered 'yes', with a respective 15 percent responding with 'no'. It is positive to note that although the majority of survey participants (65%) had no experiences with racism or xenophobia, most people think that action needs to be taken.

One of the short answer questions of the survey was 'How do you think the veterinary community can improve regarding racism/xenophobia?'. All participants in the survey had access to this question, whether they had experience with racism and xenophobia or not. There were 134 answers to this question and three major themes presented.

The first theme is the importance of education to increase awareness of the issues. Many respondents suggested that education should start at university level. This suggestion is beneficial to prepare students with an appropriate attitude to racism and xenophobia for their future professional lives and also very feasible to operate in reality because universities are already centers of education. Multiple participants suggested that it is especially important to educate professors.

Participants iterated the need for education to teach important historical concepts, covert versus overt racism, the importance of language used and the harm that racism and xenophobia cause. Several respondents made a point that they are not only veterinary field issues, but greater societal issues and that people need to be educated at a base level.

Another permeating idea present was that education is necessary for allowing acceptance of these issues. As is evident in some of the results discussed in this research paper, not all people accept that racism and xenophobia are alive and well in the veterinary field, especially if it is something they don't personally experience or witness. Specific ideas for education included presentations from people who have experienced racism, workshops, cross cultural events and international experiences.

The second theme presented by the respondents was the importance of creating structures of support, such as the 'diversity and inclusion bodies' discussed previously in this research paper. The participants want these bodies to provide a safe space for people that experience racism or xenophobia, allowing them to report incidents free from fear of negative repercussions. A suitable and effective reporting system was suggested multiple times as well. Many answers included the presence of clear codes of conduct and specific policies to facilitate the successful functioning of the support system.

The respondents felt that the supportive body in place should demonstrate a 'zero-tolerance' policy for racism and xenophobia and that there need to be consequences and accountability for incidents, such as firing people or refusing to serve a client. It was reiterated several times that clients are a main source of racist and xenophobic incidents and should not be prioritized over employees in these situations, as is often the case. The notion that 'power should protect' was echoed through the answers i.e the students should be protected by the professors and the employees by their superiors.

Under the 'support' umbrella, support services for mental health were suggested by the survey participants.

The third suggested theme for tackling racism and xenophobia is to increase diversity and representation of BIPOC in the veterinary field. Respondents said that programs supporting increasing diversity and representation need to be in place. Regarding universities, it was suggested that the substantially higher fees for international students prove a significant barrier for students from different countries and greater diversity in the student body. Many respondents said that efforts to higher employees from diverse backgrounds should be made, with specific suggestions such as diversity quotas for larger corporate veterinary groups.

The public image of a veterinarian is most often white; changing the face of who veterinarians are by adding in people from different races and backgrounds was reflected in the responses by the survey participants. Also, there was a call for more people from different backgrounds and BIPOC in senior roles.

These three major themes suggested by the survey participants connect in a circular manner; rather than a ‘vicious cycle’ it can be called a ‘propitious cycle’: education to improve awareness and acceptance, which will create attitudes and policies that increase diversity and representation, which in turn will push for a more supportive environment that provides guidelines on behavior holds people accountable for their actions, which will further educate people and on and on the circle continues. Another compounding positive affect of creating education programs and events, support systems and initiatives to increase diversity is that their existence will demonstrate that racism and xenophobia are taken seriously.

The literature supports the themes presented by the survey participants. In Greenhill and colleagues’ study, the importance of having an aggressive approach to lacking diversity was emphasized. They said that universities should strive to ‘attract, retain, graduate and transition diverse students’(Greenhill, Davis and Lowrie, 2013). Efforts to recruit disadvantaged and/or minority populations from veterinary practices and universities are needed along with pre-university level encouragement and support. A veterinary practitioner and journal author encourages personal participation to increase diversity through education. He suggested becoming a mentor, participating in community events such as career day at primary and secondary schools and inviting these students for tours or volunteer opportunities at veterinary clinics (Kornegay, 2011).

The majority of participants contributed practical and positive ideas for improving the situation with racism and xenophobia in the veterinary field, but 15 (representing 11 percent) respondents said that there is no need for any improvements because there are no issues.

6.7 Limitations

The voluntary nature of the survey means that response bias must be considered. Some participants may have decided to do the survey because of political or personal opinions or experiences on the subject.

The majority of the participants in the study were students, and the most of these students represented one university in Hungary. This is because it was easiest to reach the student population when distributing the survey because social media platforms are heavily used by the student body. Furthermore, the author of the paper is a student and has a personal connection with students. This bias towards student data (especially coming from one university) must be considered in the results.

The Google Forms platform is a limited software in that it isn't possible to make all questions obligatory and simultaneously have the participants who answered 'I didn't experience any racism or xenophobia' be skipped forward to questions relevant to them. Many participants omitted answers for some of the questions because they were not mandatory to move forward, providing less data for the study.

Misunderstandings also limit the study. The question 'where do you live currently' was interpreted by many students as 'where do you come from'. This resulted in an inaccurate count of different countries represented. Some participants answered short answer questions incorrectly, such as writing about being discriminated against due to gender instead of racism and xenophobia, resulting in less relevant data provided. The author of this research sometimes had difficulty understanding some of the anecdotal accounts submitted in the survey.

Another limitation of this paper is the complex and controversial nature of racism and xenophobia. This research paper is simplistic in several ways and cannot do justice to the complexity and nuances that exist.

For instance, the data gathered is not from a specifically selected group or geographical location. Racism and xenophobia are not uniformly presenting everywhere, and the broad nature of the survey questions and participant pool cannot represent important differences based on specific places or groups of people. Also, the definitions are limited

because they are dynamic, changing with the times and context. Different authors on the subject even define them differently, some researchers even think xenophobia doesn't exist separately from racism, but as a type of it. These terms and their differences and similarities may have also caused some confusion to the survey participants. The term BIPOC itself is also limiting because not all people of this group have shared experiences of racism and/or xenophobia. The author of this research and their supervisor are members of a veterinary university and do not have any academic background in these difficult concepts, limiting the scope of their understanding and approach when creating the survey and analyzing the results.

7. Conclusion

This research paper is the first academic paper to specifically collect qualitative and quantitative data about the racism and xenophobia and the effect on mental health of members of the veterinary community. Members of the worldwide veterinary community were invited to participate in a survey about racism and xenophobia, with the majority of the participants being students. Caucasian survey respondents comprised almost 90% of the survey participants, demonstrating the lacking diversity of the veterinary community. Just over half of the participants had no experience with racism and/or xenophobia in the veterinary field. The participants that had experienced racism and/or xenophobia gave personal accounts of these experiences and reported that negative experiences with racism and xenophobia in host country universities were very common as well as with clients in veterinary businesses. The effects of racism and xenophobia on mental health were quantified, showing that the majority of people had their mental health impacted. In an already mentally vulnerable profession, these effects are important to consider.

In the future, it would be valuable to undertake further studies on this subject that go deeper and more specifically into racism (and the different subtypes and presentations of it such as structural v. microaggressions) or xenophobia, and perhaps separately. Studies that have the capacity to account for the complexities and geographical/demographical differences of racism and xenophobia would be ideal, such as gathering data from a more specific population/country. In addition, future studies could undertake a more thorough review of the current literature about racism/xenophobia in general, especially if the study is undertaken by members of the veterinary community as supplementary understanding is probably needed. A mentor who is an expert in the field of racism and xenophobia could help improve future studies on the subject.

This research provides necessary data to provide greater impetus for taking issues of racism and xenophobia in the veterinary field seriously by creating frameworks for education and support. Movements to support the veterinary community care for their mental health have begun but need to realize and prioritize racial and/or xenophobic discrimination as adversaries to mental wellbeing.

The participants in this study have presented many ideas about how to improve the situation in the veterinary field, which have also been suggested in the literature available.

These were increasing diversity, actively educating the veterinary community and creating frameworks of support to create a safe place for those affected by xenophobia and/or racism and that outline tangible consequences for committing this type of behavior. Greenhill and colleagues emphasize the importance of ‘shared effort’ these complex issues, from primary school to the workplace. It is time for the veterinary profession to take an active role in taking care of the people who serve it.

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