# **Capitalist Determinants of Health Create Environments of Vulnerability for HIV**

**Private property and profit** for the elites and economic insecurity for workers  $\rightarrow$ 

**Racism with increased exploitation** (lower wages, higher unemployment, poorer services, greater imprisonment) of Black and Latin@ workers  $\rightarrow$  fewer resources and power

**Ideologies of blame and white supremacy**  $\rightarrow$  limit the unity of people with common needs and aspirations

<u>Contributive justice</u>  $\rightarrow$  society will be structured so that everyone can Marginalization and exclusion of poor people, those with realize their full potential to contribute both mentally and manually to its HIV, mental illness, drug use, incarceration and who are LGBT advancement  $\rightarrow$  concentrates the virus in some communities and robs society of people's contributions

 $\rightarrow$  Increased stress with fewer resources  $\rightarrow$  self medication and transactional relationships to cope and survive

 $\rightarrow$  **Poorer health outcomes** and higher HIV rates among Black and Latin@ people even when behaviors are the same as others

## **The Plan:** National HIV AIDS Strategy

**Prevent new infections**: education, clean needles, free condoms, housing, mental health care, drug rx, PrEP

**Improve care**: test and treat with competent care, improve adherence, reduce community viral load

**<u>Reduce disparities and stigma</u>**: end criminal prosecution of people who transmit HIV, create supportive community environments for people with HIV, enforce civil rights laws

# **The Reality**

An <u>unstable economy</u> with high poverty and unemployment <u>Budget cuts</u> in public health, housing, food programs Focus on medical models with exclusion of social services

*"insufficient progress has been made in developing and* implementing structural interventions that would mitigate the social determinants... As the biomedical interventions ... expand it is important to ensure that nonmedical CBOs continue to be funded."

Robinson R et al. <u>HIV/AIDS Inequality: Structural Barriers to</u> Prevention, Treatment, and Care in Communities of Color. Center for American Progress. July 27, 2012.

# **Eliminating Capitalist Determinants of HIV Inequalities**

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"We are rapidly approaching the day when we shall repudiate all private property ... and demand that distribution hinge not on the power of those who monopolize the materials, but on the needs of the mass of (people)." *W.E.B. Du Bois (Darkwater*, 1920, page 117)

# **Egalitarian Communist Determinants of Health Create Conditions of Health and Equality**

<u>No wage system or profit</u>  $\rightarrow$  ends class divisions, privilege, exploitation, and accumulation of wealth by a few

**Workers' power**  $\rightarrow$  allows the working class to implement policies that benefit workers, such as universal health care, safe worksites

<u>Collective ownership of resources</u>  $\rightarrow$  shared resources with no profit

 $\rightarrow$  <u>Racial equality</u> ends exploitation of workers of color and unifies workers throughout the world

 $\rightarrow$  Gender and sexual equality abolishes rigid gender and sexual roles, and discrimination

# **Eradication of Syphilis in Socialist China: A Model for HIV?**



Mass campaigns to find infections and treat people

**Training and mobilizing** 10s of 1000s of health workers

**Improvements in the status of women** by ending poverty that led to prostitution, legalizing divorce, and paying equal wages

**<u>Harm prevention</u>** - closing the brothels and destroying the drug trade

#### Mass health and literacy education

**Social inclusion and support** - de-stigmatizing prostitutes and people with syphilis by indicting social causes, such as poverty and British imperialism, and calling on people not to bring syphilis into the new society.

Horn J. Away with All Pests. Monthly Review Press, 1971.

#### **Social Movements Build Healthier Outcomes** inure 2: Trends in the Infant Mortality Rate by Race, 1950-1990

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Civil Rights, the War on Poverty, and Black-White Convergence in Infant Mortality in Mississippi. DV Almond, KY Chay, M Greenstone. 2003.

<u>**Urban Rebellions**</u> of the 1960s  $\rightarrow$  more accessible and publicly funded health care, anti-poverty, and education programs

**Women's Movement**  $\rightarrow$  increased health services and health empowerment

**<u>LGBT Struggles</u>** (led by ACT-UP and others)  $\rightarrow$  AIDS treatments and greater social inclusion

# **Public Health Workers Can Act Up Again!**



<u>Build</u> working class unity by supporting anti-racist struggles

<u>Unite</u> public health workers with people most affected by HIV

<u>Demand</u> housing, drug treatment, mental health care, re-entry support, jobs, health education, and anti-stigma programs

<u>Reject</u> politicians and electoral politics

Support LGBT individuals, and oppose discrimination and gender bias

<u>Protest</u> the war on drugs, the prosecution of people with HIV, mass imprisonment, and immigrant detention

<u>Support</u> global funding and oppose unfair trade policies



<u>**Civil Rights Movement**</u>  $\rightarrow$  drop in infant and adult mortality rates



### Join the Revolutionary Movement **Meet with a Progressive Labor Party Study/Action Group**