

Structural Violence and HIV in the Deep South

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Medical Advocacy and Outreach

Credit to Dr. Dill

- Some content from this presentation was developed by Dr. Laurie Dill and presented at the SE AETC conference in Florida last May

Notes

- Using the Black Belt of Alabama as a case study for a broader discussion of structural violence and HIV in the Deep South
- Trauma activation:
 - discussion of slavery, no images
- I am:
 - a white Southerner from west Alabama
 - a descendent of early Alabamians who held enslaved Black people and built wealth off their labor

Medical Advocacy and Outreach (MAO)

Established in 1987 in response to the AIDS crisis

In our 30th year, we're expanding into hepatitis C, PrEP, and soon behavioral health and LGBTQ wellness

MAO

Headquartered in Montgomery, the capital of Alabama since 1846

Brick and mortar clinics in Montgomery and Dothan

10 telemedicine clinics in rural counties across our region – in partnership with the Federally Qualified Health Centers and county health departments

MAO's Region

26+ of Alabama's 67 counties

Lower third of the state of Alabama

Provide services to many of the Black Belt counties

Traditional Counties of the Alabama Black Belt



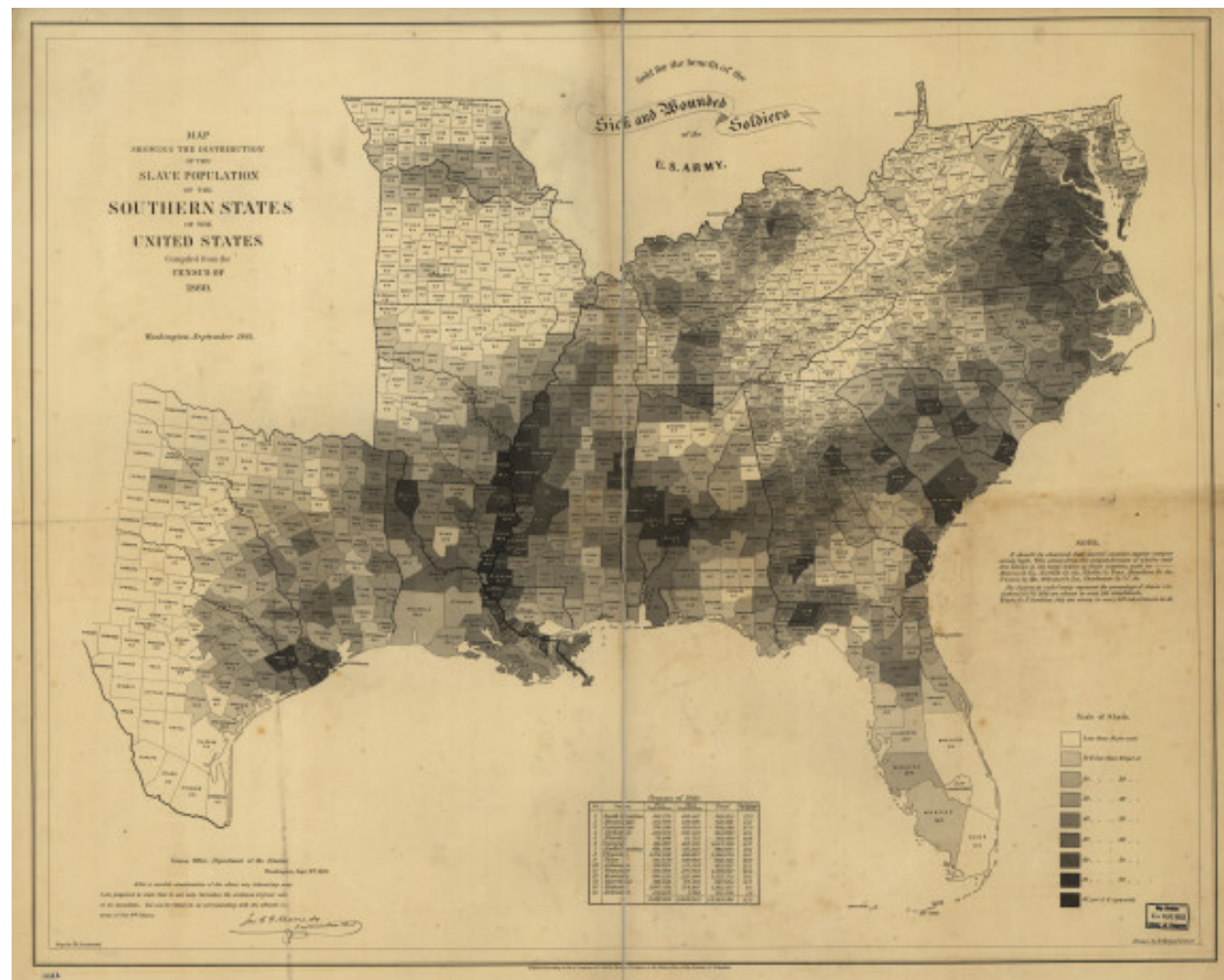
Black Belt



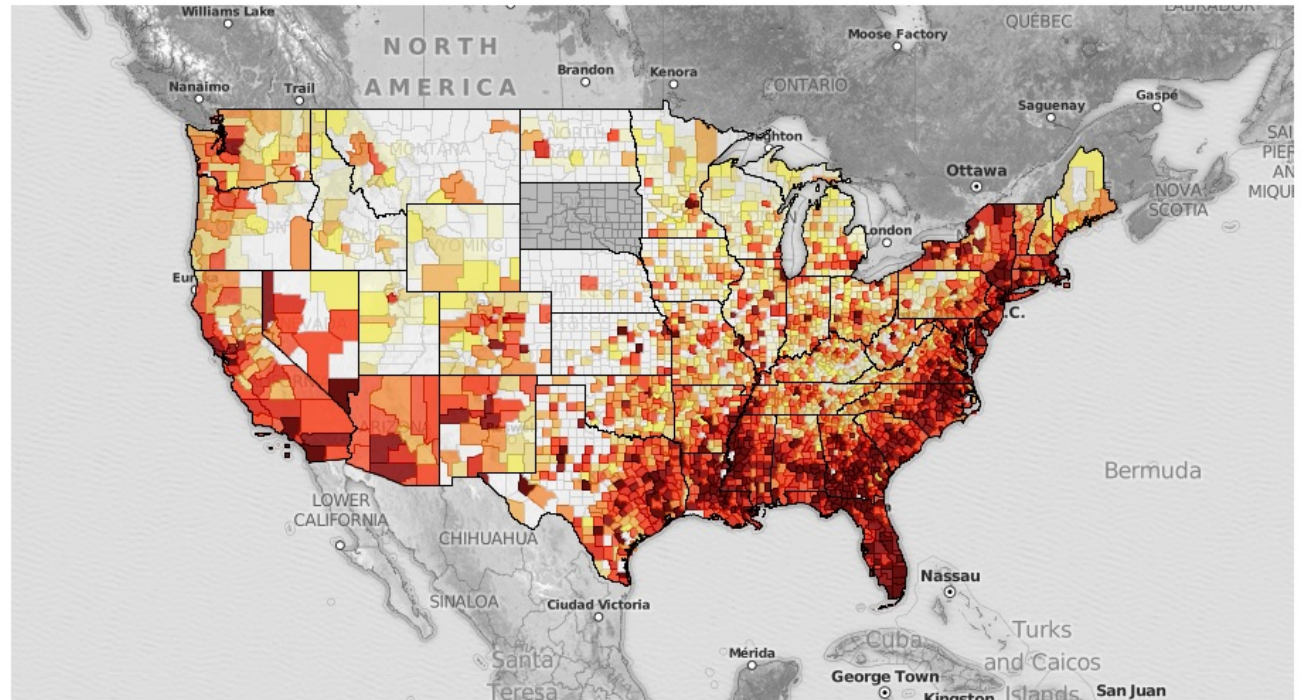
Black Belt



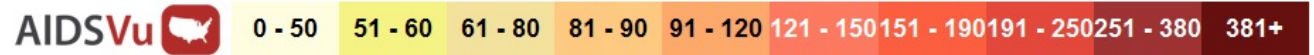
1860 Census
 Data Map:
 Population of
 Enslaved Black
 People in the
 Deep South



2014 Rates of Persons Living with Diagnosed HIV



Rates of Persons Living with Diagnosed HIV, 2014



DATA NOT SHOWN *

DATA NOT RELEASED TO AIDSvU **

Click to view [Alaska](#) | [Hawaii](#) | [Puerto Rico](#) | [Contiguous US](#) | [Data Methods](#) | [Data Sets](#)
 Rates displayed are the number of cases per 100,000 people.

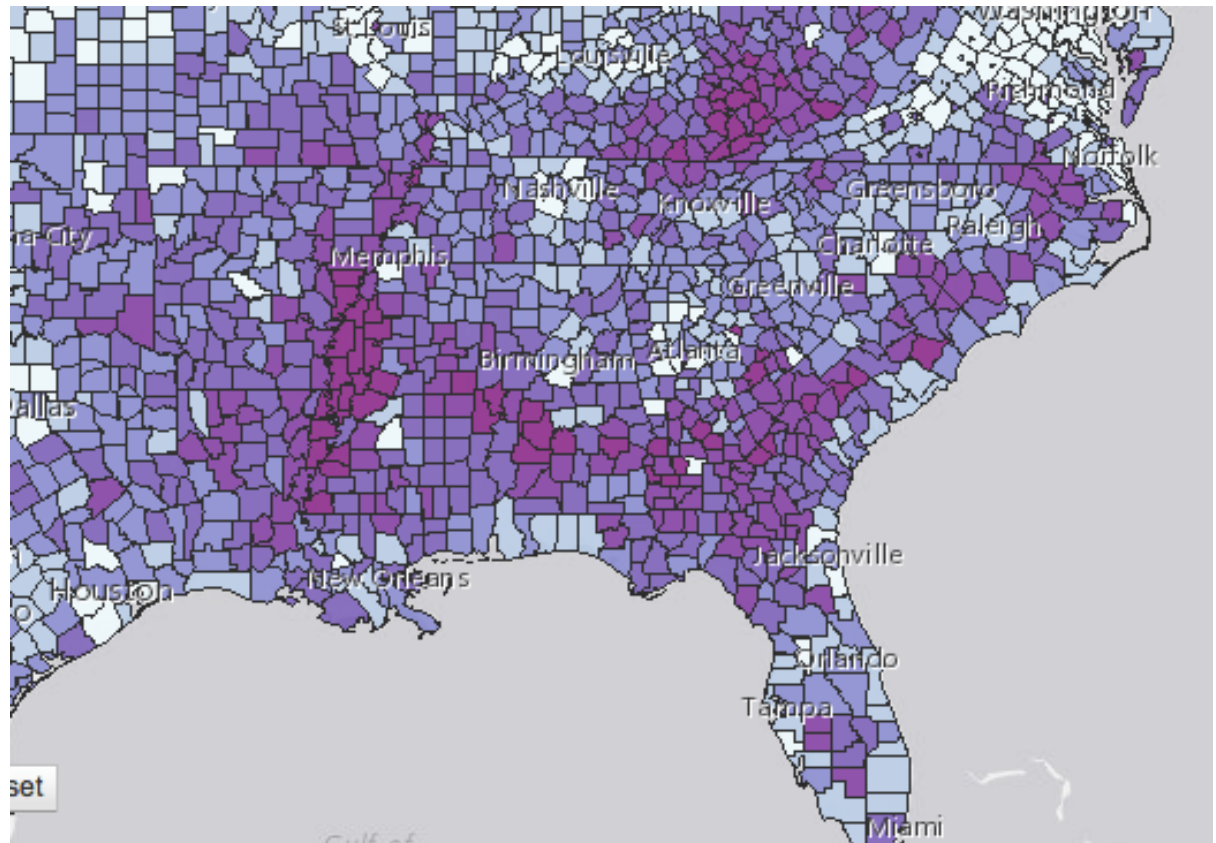
*Data not shown to protect privacy because of a small number of cases and/or a small population.

** State health department, per its HIV data re-release agreement with CDC, requested not to release data to AIDSvU. See Data Methods for more information.

NOTE: There are no county-level maps for Alaska, District of Columbia, and Puerto Rico because there are no counties in these states.

2015 All Ages
in Poverty

US Census





- All 9 Deep South states have higher poverty rates than the national average
- Research has demonstrated that states with the lowest income will have higher death rates among individuals diagnosed with HIV
- The Deep South continues to lead in HIV-related deaths

Structural Violence

- Coined by peace and conflict researcher Johan Galtung
- Galtung defines violence as being present “when human beings are being influenced so that their actual somatic and mental realizations are below their potential realizations”
- If a person is kept from reaching their mental/physical potential by an avoidable disruption, that equates violence

Markers of Structural Violence

- “There may not be any person who directly harms another person in the structure.” This would be personal violence, as when one person murders another person, or when a person abuses their partner
- Above all, it has to do with unevenly distributed resources
- “The situation is aggravated further if the persons low on income are also low on education, low on health, and low on power...”

Galtung's Examples

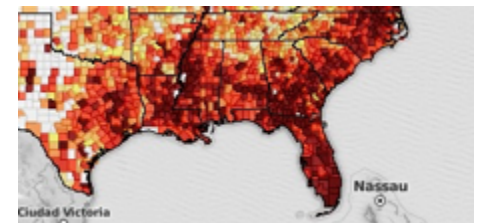
- “In a society where life expectancy is [higher] in the upper as in the lower classes, violence is exercised even if there are no concrete actors one can point to directly attacking others, as when one person kills another”
- Violence is exercised here because members of the lower classes are unable to achieve a potential due to social structure and inequitable distribution of opportunities and resources

Infectious Disease Example

- “If a person died from tuberculosis in the eighteenth century it would be hard to conceive of this as violence since it might have been quite unavoidable, but if he dies from it today, despite all the medical resources in the world then violence is present...”

Structural Violence and HIV

- Paul Farmer further defined structural violence as the “physical or psychological harm that results from exploitative and unjust social, political, and economic systems”
- Farmer also cites a “synergy of plagues” causing higher rates of people living with HIV in marginalized spaces



Synergy of Plagues and Structural Violence in the Black Belt

- Inequitable distribution of wealth (rooted in slavery)
- Lack of political power (consider gerrymandering)
- Stigma rooted in particular forms of religiosity
- Lack of transportation and infrastructure
- Poorly funded education systems
- Lack of formal sexual health and relationship education
- Mass incarceration/criminal justice involvement
- High rate of uninsured individuals
- Health Provider Shortage Areas and closing rural hospitals
- Lack of substance use prevention and treatment services

Race and HIV

- We know that HIV disproportionately impacts people of color, particularly Black people, particularly Black MSM, particularly Black MSM living in the Southeastern US
- Nationally, African Americans have a poverty rate twice that of whites
- Research has consistently demonstrated a link between African American race and poorer health care access even after controlling for income and/or health insurance

Medical Racism

- Lack of trust by community members in our public health, research, and other health professionals
- Why? Example:
 - US Public Health Service Syphilis Study at Tuskegee
 - Started in 1930s, lasted until 1972
 - 600 Black men in Macon County area, 399 with syphilis and 201 without syphilis
 - No informed consent
 - Continued after penicillin became common treatment for syphilis – men were never offered treatment nor given all the facts about their condition
 - “Mississippi Appendectomy”
 - Forced sterilization of Black women in the Deep South
 - Term coined by Fannie Lou Hamer

General Mistrust

- “Country people”

Case Study: Tuberculosis in Perry County, AL



RACIAL JUSTICE | CHILDREN IN PRISON | MASS INCARCERATION | DEATH PENALTY | JUST MERCY

- There is a TB outbreak in Marion, AL.
- 20 cases have been linked to Marion since January 2014.
- TB is preventable and curable.
- You may be infected and have no symptoms. If so, you need to be treated before you become sick.

Tuberculosis Crisis in Alabama's Black Belt
May 15, 2017

In Rural Alabama, a Longtime Mistrust of Medicine Fuels a Tuberculosis Outbreak

By ALAN BLINDER JAN. 17, 2016



A Shameful Racial History Has Led To A Severe Tuberculosis Outbreak In Alabama

ALEX ZIELINSKI JAN 20, 2016, 4:57 PM



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A small town with a big problem: Tuberculosis in Marion

By MACKENZIE BATES • JAN 18, 2016

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READERS ARE...

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LAUGHING

0%

BORED

Fears over TB outbreak cause game cancellations



By Daniel Evans
Email the author

Published 1:33 pm Friday, January 22, 2016

Where Health Care Won't Go

A tuberculosis crisis in the Black Belt

By Helen Ouyang

npr WVAS news arts & life music programs shop



3:33

+ Queue

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HEALTH

Small Alabama County Offers Cash Amid Struggle To Stop Tuberculosis Spread

January 19, 2016 - 4:34 PM ET
Heard on All Things Considered

Case Study: Tuberculosis in Perry County, AL



- January 2016
- Centered on county seat of Marion, ~pop. 3,500
- ~35 active cases, near 200 with latent cases
- Incidence rate was 253 per 100,000, “worse than many developing countries including Afghanistan, India, and South Sudan”
- Much discussion of the lower income African American neighborhood known as “the Hill”
- Sensationalized reports of residents throwing bottles at public health workers – people in the Hill neighborhood felt targeted and stereotyped
- Much national and state media attention, some flagrantly incorrect or playing on “poverty pornography”

Case Study: Tuberculosis in Perry County, AL

- Health department offered a cash reward - \$20 to get tested, \$20 more for returning to get results
- If results were positive, another \$20 for following up for chest X-rays
- 2,500 people tested, project reportedly cost the state \$235,000

Why did it happen?

- Perry experiences severe provider shortage and lack of healthcare infrastructure (appx. 5,000 residents per every primary care provider)
- Isolation and segregation – inequitably distributed resources
- History of mistrust in healthcare infrastructure and providers
- Racism is at play – Marion was the site of Jimmie Lee Jackson's death, the first martyr of the Selma to Montgomery marches

Case Study:

HIV in Lowndes County, AL – pop. ~10,000

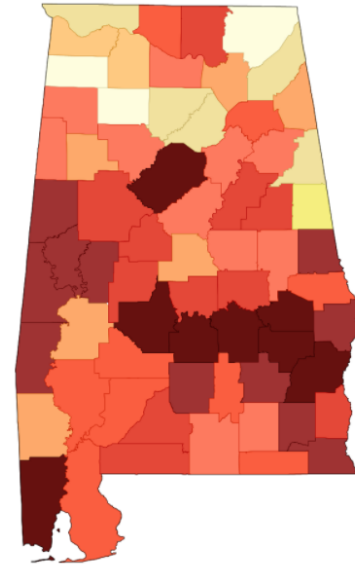
Rates of Persons Living with an HIV Diagnosis by County, Alabama, 2014

Prevalence
(# Living with HIV per 100,000)

US	295.1
Alabama	297
Dallas	409
Lowndes	591
Montgomery	790
Macon	589

Incidence
(newly diagnosed per 100,00)

US	15
Alabama	17
Dallas	42
Lowndes	58
Montgomery	40
Macon	39



* □ Data not shown to protect privacy because of a small number of cases and/or a small population.

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NOTE: There are no counties in Alaska, the District of Columbia and Puerto Rico.

Case Study:

HIV in Lowndes County, AL – pop. ~10,000

- Red flag in 2013 data
- County seat Hayneville, location of county health department and one primary care physician
- Very small population, so concerns over those unaware of their status
- MAO, Selma AIR, University of Alabama at Birmingham, University of Alabama



Why is this happening?

- Lowndes experiences severe provider shortage and lack of healthcare infrastructure
- Inequitably distributed resources
- History of mistrust in healthcare infrastructure and providers
- Evidence of disconnectedness between various communities across the county
- Religious and community discomfort with a conversation of men having sex with men or the behavior of anal sex (or any kind of sex)

What are we trying to do?

- MAO worked with community partners to try and start the Getting to Zero in Lowndes project
- Successes:
 - Got stakeholders to the table
 - Initiated series of testing events at the Hayneville clinic in partnership with Selma AIR
 - Involvement in health fairs and collaboration with faith leaders
 - Deepened connection with that clinic at the FQHC network of Health Services Inc., which led to interest in routine testing in their Montgomery location
- Challenges:
 - Engaging local community members – we are outsiders
 - Resources and staff time (Dr. Dill can't do everything)
 - Acceptability and urgency
 - Stigma

So what works?

- Understand your history and how it has evolved into our current challenges
- Consider the structural realities you're working within – what can and cannot be changed?
- Go to the community, don't wait for them to come to you
- Build diverse and meaningful partnerships (faith institutions, car dealership owners)
- The messenger matters (shout out to Lydia Chatmon)
- Normalize HIV testing and engage your key community health leaders (Dr. George Thomas and staff)
- PrEP and harm reduction
- Complicating our ideas about MSM – remember, identity does not necessarily = behavior, behavior does not necessarily = identity
- Understand that rural communities respond differently to your language!
- Consider your own positionality as healthcare professionals – what are you potentially forgetting, are you the right person for this particular task?
- Integrating a collective impact and community development approach to your HIV awareness, prevention, testing, and linkage work
- Consider hiring locals, consider hiring anyone at all!
- Telemedicine helps!

THE UPDATED STRATEGY DETAILS **11 STEPS** AND **37 ACTIONS** THAT FOCUS ON

RIGHT PEOPLE, RIGHT PLACES, RIGHT PRACTICES

RIGHT PEOPLE

KEY POPULATIONS

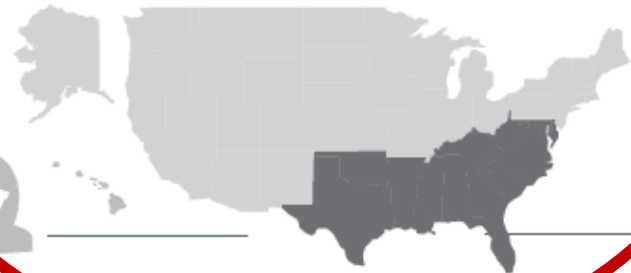
- **Gay, bisexual, and other men who have sex with men of all races and ethnicities** (noting the particularly high burden of HIV among Black gay and bisexual men)
- **Black women and men**
- **Latino men and women**
- **People who inject drugs**
- **Youth aged 13 to 24 years** (noting the particularly high burden of HIV among young Black gay and bisexual men)
- **People in the Southern United States**
- **Transgender women** (noting the particularly high burden of HIV among Black transgender women)



RIGHT PLACES

PRIORITY AREAS

- **Major metropolitan areas** have higher rates of HIV than other areas of the country.
- **Southern United States:** more than 1/3 of the population lives in southern states, but the region accounts for more than 1/2 of all HIV diagnoses.



RIGHT PRACTICES



Widespread HIV testing and linkage to care enabling people living with HIV to access treatment early.



Full access to PrEP services for those whom it is appropriate and desired, with support for medication adherence for those using PrEP.



Broad support for people living with HIV to remain engaged in comprehensive care, including support for treatment adherence.



Universal viral suppression among people living with HIV.

Final thoughts

“I also believe that in many parts of this country, and certainly in many parts of this globe, that the opposite of poverty is not wealth. I don’t believe that. I actually think, in too many places, the opposite of poverty is justice.”

Bryan Stevenson

Equal Justice Initiative

“We need to talk about an injustice,”

Ted Talk March 4, 2014 TED.com

Thank you

- Selma AIR
- Dr. Pamela Payne-Foster for her work on HIV and the Black Church in the Deep South
- Partnering FQHCs and the Alabama Department of Public Health
- Staff of MAO

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