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Short Communication

Health Equity Requires Advocacy: Rejecting Silence and Individualism for the Sake of Public Health

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Abstract

Over time, the field and profession of public health has shied away from political engagement and reform efforts, focusing primarily on behavioral models of public health. In doing so, we have inadvertently reinforced radical individualism and inoculated the larger society against suspicion that the structures of our health, economic, and social systems are largely responsible for most health disparities. This commentary examines why responding to Covid-19 related inequities requires much more than monetary public health investments. Significant advocacy efforts are required to address the political determinants of health, and I argue that the field of public health should reclaim its position as a leader of progressive social and cultural change, in the interest of health.

Keywords: Advocacy, Public Health, Covid-19, Social Justice, Structural Inequity, Individualism

Covid-19 has exposed persisting inequities that have systematically undermined the physical, social, economic, and emotional health of minority populations within the United States. The disproportionate burden of Covid-19 on these vulnerable populations should be of no surprise to public health professionals and those in public service; the economic and health insecurities exasperated by Covid-19 have existed for decades and are long overdue in being properly addressed. Despite clear evidence that death and disability are collective problems (Powers & Faden, 2006), progress in responding to Covid-19 in a comprehensive public health framework has been stunted by the debilitating first language of individualism in American culture, described by Wallack and Lawrence (Wallack & Lawrence, 2005). This language and preoccupation with individual freedoms, personal responsibility, and limited government has led to a fragmented Federal pandemic response, individual non-compliance with Covid-19 safety mandates, and a complete lack of national strategy for equipment or disaster relief. Individualism is not a sufficient public health strategy (Wallack & Lawrence, 2005). The way through this pandemic is with collective action that prioritizes relief efforts and fiscal investments in historically underserved Black and Brown communities.

Fairchild and colleagues describe the shifting definitions of the public health profession and call for a "Back to the Future" realignment of public health that reclaims its place as part of an emerging reform movement (Fairchild et al., 2010). Let us not forget the progress of sanitarians who led reform efforts in the 19th and early 20th centuries (Fairchild et al., 2010). Requiring housing to have indoor plumbing, improving tenement laws, and imposing housing density regulations had positive effects on rates of tuberculosis and other disease (Blackmar, 1995). While American politics may prioritize individualism and limited regulation, the nature of disease humbly reminds us that human life is interconnected. With this in mind, public health professionals must expand and improve practices to protect African American and Latinx communities that do not have the privilege of working from home (Gould & Shierholz, 2019). This includes securing protective equipment for frontline workers, expanding testing, contact tracing, and healthcare services in low-income neighborhoods with overcrowded apartments and high rates of homelessness, advocating for paid sick leave policies, and extending the national moratorium on evictions. Public health professionals must also advocate for the incarcerated population, 40% of which is black, despite the fact that African Americans make up just 13% of the overall population (Federal Bureau of Prisons, 2020). Personal protective equipment should be secured for correctional facilities and inmates as social distancing is not possible. Additionally, states should consider policies to release nonviolent inmates, particularly those that are medically compromised, to mitigate inevitable and uncontrollable outbreaks.

The aforementioned policies are merely immediate band-aids, and do not address the years of lacking upstream investment in the country's social and economic system. No longer can public health retreat from political engagement with special interests that have generated such unhealthy environmental conditions. The central issue remains the injustice of a dominant market ethic described by Beauchamp in *Public Health as Social Justice* (Beauchamp, 1976). In this landmark 1976 paper, Beauchamp describes how the market model encourages victim blaming and attention to individual behavior rather than the social preconditions of such behavior (Beauchamp, 1976). In doing so, the market model unfairly protects majorities and powerful interests from their fair share of the burdens of prevention, while spreading the costs of public problems among the general public (Beauchamp, 1976). Market ethic is alive and well today, for during the worse economic downturn since the great depression, Jeff Bezos added $74 billion to his networth (Pitcher, 2020). Meanwhile, 11.5 million are unemployed as of October 2020 (Bureau of Labor Statistics, 2020) and social services are unable to keep up with increasing demand. Despite the millions that are affected by the disproportionate distribution of wealth in America, class analysis and efforts of social welfare have somehow been equated as anti-American since the McCarthy era (Powers & Faden, 2006). If public health professionals want to sustainably address the health inequities that have been magnified from Covid-19 for the long-term, we must prioritize addressing poverty and economic inequality- the strongest predictor of health- while developing America's second language of community (Wallack & Lawrence, 2005).

Some suggested solutions for addressing income inequality, as provided by the American Public Health Association, include increasing the minimum wage, expanded family and medical leave policies, worker's compensation reform, banning the use of forced arbitration agreements, and strengthening the rights of workers to organize and collectively bargain (APHA, 2017). While the field of public health has already expressed support for reducing income inequality to advance health, the current and incoming generation of professionals should push to reclaim public health's power as a leader of

progressive social change. Of equal importance is the need to shift cultural understanding of social welfare and the mutual dependence of human beings- a shift that has started taking place in the context of environmentalism and ecosystems. Now is the opportunity to initiate a shift in conversation and in mindset at the national and global level, and push for community values to be reflected in public policy, without fanning xenophobic fears. Any further complicity in regard to social progress is directly contradictory to public health.

"Without community, there is no liberation…but community must not mean a shedding of our differences, nor the pathetic pretense that these differences do not exist." – Audre Lorde

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