

Poverty, social injustice, and health

Barry S. Levy, MD, MPH

Abstract

Approximately 46 million Americans live below the poverty line, and about 2.5 billion people globally live on less than \$2 a day. Poor people have higher rates of morbidity, mortality, and disability, and less access to medical care and preventive services. They have more exposure to environmental health hazards. They are less likely to have access to healthful food. And they are more likely to be victims of violence. Much needs to be done to address the social injustices of poverty, including documentation and research, awareness-raising, and improved access to medical care, preventive services, education, job training, employment opportunities, and adequate housing. Health professionals must be culturally competent to address the medical needs of poor people, and socially and politically competent to address the social contexts that keep poor people poor. Victor W. Sidel, MD, has done important work to address poverty, and he has created a huge legacy for health, peace, and social justice.

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I feel very privileged to be a close colleague of Victor W. Sidel, MD, and to have collaborated with him for more than 20 years in co-authoring more than 50 journal articles and book chapters, co-editing six books, jointly giving many lectures, and participating in advocacy work together. I greatly admire and respect his scholarship and wisdom, his passion and energy, and his dedication and commitment to health, peace, and social justice.

The Institute of Medicine has defined public health as what we, as a society, do collectively to

assure the conditions in which people can be healthy.¹ Poverty and other forms of social injustice make it difficult to achieve the conditions in which people can be healthy.

About \$23,000 a year does not enable a family of four to adequately survive in the United States today. But that is the federal poverty line. In 2011, 46.2 million people were living below that line, a peak number that was not statistically different from the number living in poverty in 2010.² These individuals represented 15.0% of the U.S. population.²

Globally, about 2.4 billion people lived on less than \$2 a day in 2010 (the most recent year for which data are available), according to the World Bank.³

But statistics like these, as Vic and I have often said, are people with the tears washed away—data without a human face.

So, what is the face of poverty?

In the United States, it is a 17-year-old single woman in the Bronx with two children of her own, all three of whom are treated for asthma episodically in hospital emergency departments.

It is a 24-year-old immigrant man in Miami who washes dishes during the day and cleans offices at night, barely earning enough money for his family and never having the time or money to see a doctor for his severe headaches.

It is a 53-year-old man in Texas who lost his job as a truck driver during the financial meltdown five years ago, who has not found another job, and who self-treats his anxiety and depression with alcohol.

It is a 72-year-old widow in California with diabetes, hypertension, and early Alzheimer's disease who just lost her hard-earned pension when the company where she worked for 40 years went bankrupt.

In low-income countries, the face of poverty is an 8-year-old boy in South Asia who dropped out of

Barry S. Levy, MD, MPH

Adjunct Professor of Public Health
Tufts University School of Medicine
P.O. Box 1230
Sherborn, MA 01770
Email: blevy@igc.org

school to sew rugs to earn money so his seven siblings can be adequately fed.

It is a 15-year-old girl in East Africa who has lived on the streets since both of her parents died of AIDS and who sells her body for food.

It is a 23-year-old man in South America who lives in a hillside ghetto and sells cocaine to make ends meet and to support his own drug habit.

It is a 60-year-old woman in a refugee camp in Central Africa who lives there with her three grandchildren, the only survivors in their family of a brutal civil war in their native country.

It is a 33-year-old woman in Central Asia who has a cleft lip that has never been repaired who has been shunned by her community and has no chance of having her own family or getting an education or a job.

These and millions more are the faces of poverty—each of them a human being, and each with a personal story that may lead others to take action to minimize the effects of poverty and, ultimately, to eliminate poverty.

Poverty adversely affects health in many ways. Poor people have higher rates of morbidity and mortality for most diseases, shorter life expectancy, and higher rates of injury and disability. They have less access to high-quality medical care and less access to preventive services. They have less health literacy—less knowledge about threats to their health and how to navigate the health care system. And they are less likely to receive health care from providers who are sensitive to their needs and who understand both their living conditions and their personal and cultural perspectives on health and illness.

If you are poor, you are more likely to live in a community with hazardous outdoor and indoor air pollution. If you are poor, your children are more likely to have elevated lead levels and to have the cognitive impairment, attention deficits, and behavioral problems that are caused by lead. If you are poor, you are more likely to be unemployed or underemployed—and if you do work, you are more likely to work in an unsafe workplace with hazardous exposures. If you are poor, you are less likely to have access to healthful foods and more likely to develop obesity⁴ with its attendant health risks of diabetes and other disorders. If you are poor, you

are more likely to be addicted to tobacco.⁵ If you are poor, you are more likely to be a victim of domestic violence or community violence. And, if you are poor, you are more likely to join the military in the hope of getting out of poverty. But in military service, you may become physically disabled or mentally impaired, or you may die.

Poverty and its adverse health effects are not equitably distributed. You are more likely to be poor if your parents were poor, if you are a member of a minority group, if you live or have lived in a low-income country, if you do not speak the dominant language, if you are disabled, or if you have not had access to quality education, job training, or employment opportunities.

Poverty and poor health are inextricably linked. Not only does poverty adversely affect health, but also, as Vic has frequently articulated, poor health increases the likelihood that a person will be poor. Without adequate safety nets, people who are chronically ill or disabled from an injury are likely to become poor—or poorer. As a reflection of this reality, medical expenses have been the leading cause of personal bankruptcy in the United States, even among people who thought they had adequate health insurance.

As Vic and I have written, one form of social injustice consists of the denial or violation of rights of specific populations or groups in society.⁶ A second form of social injustice consists of unjust policies or actions that adversely affect everyone, such as environmental damage, government corruption, and restrictions on public discourse.⁶ Poor people are likely to suffer most from social injustice.

Why are there so many poor people in the United States today? Some of the reasons are the recent recession and the continuing high unemployment rate, the shredding of the societal safety net, the reduced power of workers and labor unions, the increased influence of market forces on social values and allocation of resources, decreased spending on societal infrastructure, and the diversion of human and financial resources to the military and away from programs and services that support people. Vic has frequently quoted the late President Dwight D. Eisenhower, a former five-star general, who once said:

*Every gun that is made, every warship launched, every rocket fired signifies ... a theft from those who hunger and are not fed, those who are cold and not clothed. The world in arms is not spending money alone. It is spending the sweat of its laborers, the genius of its scientists, the hopes of its children.*⁷

What needs to be done?

We need to promote academic and community-based research to document poverty and its adverse health consequences.

We need to communicate data that describe poverty, and put a human face on these data. We need to give voice to the stories of poor people. And we cannot preach only to the converted. We need to engage the public in public health.

We need to assure the conditions in which poor people can be healthy. That means promoting equal access to affordable high-quality medical care and preventive services. That means addressing the societal conditions that keep poor people poor. That means providing access to high-quality education, appropriate job training and employment opportunities, and adequate housing. That means addressing racism, sexism, classism, ageism, and other forms of discrimination. That means ensuring that poor people have a say in the decisions that affect them and their families and communities. That means protecting the rights of poor people. That means enabling poor people and their families to emerge from poverty. That means educating and training health professionals to be culturally competent to address the medical needs of poor people, and also socially and politically competent to address the social contexts that keep poor people poor from one generation to the next.

Much needs to be done to address poverty on a global scale. This includes increasing U.S. foreign assistance to low-income countries. This includes supporting achievement of the Millennium Development Goals. This includes advocating for disarmament, reduced military spending, and increased spending on health and human services. And this includes promoting a culture of peace.

Vic Sidel has addressed poverty and social injustice through education and training, through scholarship and research, through writing and speaking, through establishing and strengthening professional organizations, and through advocacy for progressive policies and programs. He has been and continues to be an inspirational role model for all of us because of what he has done.

But even more so, Vic Sidel has been and continues to be an inspirational role model because of the kind of person he is—a person of values, vision, and leadership. A leader who not only does things right, but also chooses to do the right things. A leader who has developed and has nurtured the next generation of leaders.

Vic Sidel has created a huge legacy for health, peace, and social justice.

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