THIS IS NOT A DRILL: SCIENCE, SOLIDARITY AND THE 2020 ELECTIONS

By Elizabeth Lovinger and Annette Gaudino

he 2020 U.S. presidential election has seized media attention and public conversation, even though it is still about a year away. With all the buzz surrounding the candidates, their platforms, and the policies they propose, it raises the question: What is really at stake here?

What if movements to promote public health held candidates to the highest standards of this value system and continued to hold them accountable once elected— not just in times of emergency or severe need, but in the minutiae of everyday governance?

As it turns out, quite a lot. Many of the policies advanced under the current administration have halted years of progress and will determine lifetimes of health outcomes. The upcoming election may usher in a change of course for the lives and health of people living in the United States and beyond. Debates about how best to provide healthcare for those who need it will be important, as will conversations about the myriad other factors that influence health. These include such hotly contested topics as immigration, protections against discrimination, criminal justice reform, drug policy, and access to public benefits. For example, our health insurance system's prioritization of hospital payments and pharmaceutical profits has directly contributed to infectious disease outbreaks by preventing people from receiving the basic primary and preventive care they need.^{1,2,3,4,5} Recently announced rules to restrict housing and nutrition benefits for some immigrants,⁶ known as "public charge," will worsen that trend. The failure to comprehensively address rising overdose rates and other comorbidities—emblematic of and driven by the pervasive belief that people who use drugs are less deserving of dignity and care—has led to hundreds of thousands of avoidable deaths.

Confronting the Value System Behind Oppression

These policies—and the elected officials and political appointees who promote them—are components of a value system of racism, xenophobia, classism, puritanism, misogyny, and prohibition that seeks to attack immigrants, LGBTQ people, people of color, women, and other oppressed groups. This authoritarian value system, however, is a value system that can be confronted.

What if advocates held fast to another value system, one that promotes science for the public good, evidence-based discourse, democratic governance, solidarity, and human rights? What if movements to promote public health held candidates to the highest standards of this value system and continued to hold them accountable once elected not just in times of emergency or severe need, but in the minutiae of everyday governance? What would this look like, and how can communities realize this vision in the coming election cycle?

People Power

First, this would involve approaching health advocacy from a strategy of values and not just individual issues.

Acting in solidarity is a cornerstone of this value-based system. For example, it is tempting to address the issue of immigrants' access to public benefits by using frameworks of immigrants' innocence and productivity, and by asserting that most immigrants have no criminal record and will financially contribute to the American economy if given the chance. However, while potentially politically expedient for a narrow cause, this strategy sets back movements against mass incarceration and the criminalization of poverty, both of which are also pivotal to advancing public health. Therefore, movements and candidates must articulate platforms and policies based on values of humanity and the human rights to health, shelter, and nutrition.

his principled and unified stance has a practical benefit: It increases our numbers. Perhaps the mostdocumented example of intersectional organizing across disparate communities to amplify people power is the AIDS Coalition to Unleash Power (ACT UP), where people living with and affected by HIV worked across myriad issues, including those that didn't affect them directly as individuals. Lesbians contributed to the ACT UP movement, despite the rarity of HIV infection in their community. Gay men dedicated the remainder of their lives to securing HIV diagnostic criteria-and the public benefits that followed-for women with HIV. While these groups, with their disparate self-interests, struggled with one another arguably as much as they struggled with the forces perpetuating the AIDS pandemic, ACT UP was held together by shared values, not universally shared individual interests.

ommunities mobilize, not diseases. This is evident in the immigrant communities galvanized by ongoing attacks; these communities have mobilized above and beyond what recent disease-specific public health campaigns have been able to achieve. While organizing for tuberculosis funding on the state level can engage perhaps dozens of people, hundreds have rallied in the New York capital in support of immigrant rights—and joining these two causes together increases the likelihood of success for both movements. Acting in solidarity across differences is a more difficult approach to advocacy those whose immigration status, gender identity, or drug use isn't criminalized may deem broader goals a distraction from carving out narrow benefits within existing

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systems—but it is ultimately a much stronger strategy, with many more allies engaged in the fight. Simply put, acting in solidarity amplifies people power.

This solidarity must also cross borders, even when global allies cannot directly return the advocacy favor. Advocating for sound U.S. policy overseas, and for the U.S. government to hold other governments accountable, is vital for promoting human rights abroad, but also has benefits domestically. Ideally, urging the U.S. to take a more active role in ensuring that other governments uphold human rights will in turn enable stronger arguments for the U.S. to do the same.

Call to Action

Solidarity needed for detained Chinese activists: Human rights lawyers defending the rights of people living with HIV and viral hepatitis have been targeted for arbitrary arrest and detention. You can follow and support their case at <u>https://hepcoalition.org/news/</u> <u>press-releases/article/freechangsha3-wrongfullydetained-hiv-viral-hepatitis-activists</u>

Democratic Decision-Making

Second, though the communities most directly affected by discriminatory policies are not always well-resourced, they must be the leaders and decision-makers in valuebased, democratic advocacy campaigns. For example, most candidates have proposals to address the epidemic of opioid-related overdoses across the country, but few mention the need to place people who use drugs at the center of program development and implementation. Indeed, people who use drugs are often seen primarily as passive recipients of services, even as advocates and community-based organizations advance the otherwise progressive goals of harm reduction. People who use drugs must be valued as indispensable leaders who possess vital understanding and firsthand knowledge of how to make policies truly successful. This requires opening up space for people who use drugs to act as decision-makers—in particular as equal members on governmental task forces and in working groups—and defending them if and when they come under attack by politicians and media with a stigmatizing agenda.

Strength in Science

Third, confronting authoritarian values involves a commitment to science and evidence-based policy in every facet of organizing. This means continually working to make science accessible, as well as correct and clear in the news, as with the recent approval of pretomanid as part of a multidrug regimen for some forms of drugresistant TB. While the general audience press uncritically hailed pretomanid as breakthrough science, TAG sought to ground the announcement in the evidence,⁷ which was more limited than headlines suggested. A commitment to science for the public good demands a critical stance and the broad sharing of specialist knowledge in plain language, by producing publications, social media engagement, and freeing knowledge from behind paywalls. We must question structures that keep scientific advances inaccessible and build sustainable alternatives for research and development and the diffusion of the resulting benefits.

recent advocacy campaign to restore public health funding to New York City after cuts in state matching funds, known as Article 6, highlights the importance of data for action. Advocates worked with local health department staff to pull together key figures for presentation to elected officials d uring t he a nnual state budget negotiation process. Wielding surveillance and case reporting data to put a human face on the cuts led to the successful restoration of over \$60 million in critical funds. Power concedes nothing without demand, and demands without data are empty pleading.

Governing with Good Values

Protecting the lives and health of communities under attack–immigrants, LGBTQ people, black people, people who use drugs, people with low incomes, and women–from direct attacks and negligence requires not only legislative and executive action but also ensuring that expert, visionary personnel with values based on human rights and solidarity will occupy key positions in government at all levels. Elections are won and lost in part through the narratives that campaigns craft, but governance is as much about personnel as it is about policy. Therefore, the framework that movements will use to evaluate candidates and political appointees must account for the values they purport to represent, their ability to adhere to those values in the face of political and industry opposition, and the allies with whom they surround themselves.

Unless we can articulate a set of shared values—and hold our allies and elected officials accountable to these values after the elections—we risk the further erosion not only of our public health infrastructure, but also of the very means of democratic debate and implementation of public policy. We must act in solidarity with and under the leadership of affected communities. We stand at a pivotal moment in American politics; the advocacy decisions we make today will shape our ability to survive and thrive for decades to come.

Notes

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