Why We Need a Movement for Racial Justice and Health Equity in Order to Eliminate Hepatitis B and Hepatitis C

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By the National Viral Hepatitis Roundtable's Steering Committee

Recently, some people have questioned why the National Viral Hepatitis Roundtable's staff and members of its Steering Committee have made statements in words and action standing up for racial justice. We hope this statement provides additional context for why speaking out about the need for racial justice and health equity is critical to the hepatitis B and hepatitis C response.

First, we would like to provide some definitions.

Social determinants of health are "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as 'place'" (Healthy People 2020).

Health disparities are "… a particular type of health difference that is closely linked to economic, social, or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic-status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion." (Healthy People 2020).

Pursuing health equity is how we address health disparities. Health equity means "striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions," (Braveman, 2014) or, more simply, health equity means "striving to equalize opportunities to be healthy" (Braveman et al, 2011). Equity is distinct from "equality." Equality reflects sameness, or treating everyone in the same way. Equity reflects fairness, or equality of outcomes.

Racial justice is "the systematic fair treatment of people of all races, resulting in equitable opportunities and outcomes for all" (Race Forward). Some forms of racism are unconscious,

institutionalized, systemic, and/or hidden, and this is largely due to the historical context of the United States (e.g., enslaving Africans, the descendants of Africans, and Native Americans; enforcing Jim Crow segregation laws against non-whites; implementing anti-immigrant legislation largely aimed at non-European immigrants to the United States, such as the Chinese Exclusion Act; the internment of American citizens of Japanese descent; the criminalization of drug use and the disproportionate incarceration of black and brown people).

Each of our health statuses are influenced by our social and physical environments and by institutional structures. Our individual ability to engage in preventive and healthful activities and access health care services are affected by where we live, work, and play, how we are perceived by others, especially those from dominant cultures (e.g., people who are white, people who were born in developed countries like the United States), and our vulnerability to adversity, including factors like discrimination, stigma, abuse, poverty, lack of education, lack of social capital and/or incarceration. Our historical contexts as a country and as individuals, including our experiences of racial injustice, influence where each of us lives, works, and plays and, ultimately, how successful we are at accessing health care and reaching optimal health.

In the context of hepatitis B and hepatitis C, the concepts of the social determinants of health, health disparities, health equity, and racial justice matter (just take a look at the data provided below from the Centers for Disease Control and Prevention). People of Asian and Pacific Islander descent make up less than 5% of the of the United States population, but account for over 50% of people living with hepatitis B in our country. Left untreated, 15% to 25% of those with chronic hepatitis B infection develop serious liver disease, including cirrhosis, liver damage, and even liver cancer. People of Asian and Pacific Islander descent are 8 to 13 times more likely to develop liver cancer than other groups in the United States, largely due to hepatitis B infection, and the liver cancer death rate is 60% higher for people of Asian and Pacific Island descent than whites.

As for hepatitis C, black Americans are twice as likely to be living with the virus compared to the general population in the United States. While black Americans make up about 11% of our country's population, they make up approximately 25% of people living with hepatitis C. Chronic liver disease, mostly related to hepatitis C infection, is one of the leading causes of death for black Americans between the ages of 45 to 64. Native Americans have the highest rate of new hepatitis C infections of any racial/ethnic group in the United States – this is why the Cherokee Nation has taken a leadership role in launching one of the first hepatitis C elimination efforts in the world. These are troubling disparities and inequities. In order to eliminate hepatitis B and hepatitis C, we must describe them and work to address them.

We hope this gives some context for NVHR's statements about racial justice. If you are interested in reading more about the social determinants of health, health disparities, health equity, and racial justice, we recommend this bibliography from the United States Department of Health & Human Services Office of Minority Health. In addition, we welcome respectful discussions with us about these issues and why they matter to our efforts to eliminate hepatitis B and hepatitis C.

Sincerely,

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