



Sex, stigma & the 'murderous logic' of the healthcare industry

Dispatcher: 911, what's your emergency?

Caller: America's healthcare system is broken and people are dying! (ambulance siren)

Welcome to **Code WACK!**, where we shine a light on America's callous healthcare system, how it hurts us and what we can do about it. I'm your host, **Brenda Gazzar**.

(music)

This time on **Code WACK!** In honor of pride month, we're examining the pivotal role the LGBTQ community has played in advocating for healthcare reform. Is it just a coincidence that most of California's single-payer bills have been introduced by lawmakers in the LGBTQ community? How can we further galvanize the community around this life-saving issue? To find out, we spoke to **Michael Lighty**, president of the **Healthy California Now** coalition and former constituency director for Bernie 2020. This is the second episode in a two-part series.

Welcome back to Code WACK! Michael.

Q: Last time we were talking about the devastating AIDS pandemic but more recently the epidemic of Monkeypox broke out. It's been suggested that the public health messaging about Monkeypox was "deeply flawed" because it failed to target people who were most likely to be exposed - gay men. What are your thoughts on balancing the need to communicate openly about health issues while avoiding stigmatizing communities?

Lighty: Well, it's reflective of the experience with HIV in the sense that because it was stigmatized as a gay disease, people didn't want to talk about it on a public health basis. So now I guess we've got 180 degrees 'Oh, because we don't want to

stigmatize gay men. We don't want to talk about it as, you know, primarily affecting gay men,' both of which are wrong, frankly. And it really just goes to that kind of anti-sex attitude that seems prevalent in parts of American society that, no, I mean, what public health requires is direct, honest, transparent communication. So if there is a disease that is transmitted through bodily contact and the outbreak is initiated among a certain population, you've got to target that population. And similarly with HIV if it turns out that Black men who have sex with other men are at heightened risk of HIV, then you've got to develop messaging for them.

And messaging for, you know, White gay men that might be around safe sex and so forth, isn't going to necessarily reach Black men who have sex with other men, in part because maybe they don't identify as gay. So, you know, messaging has to be tailored to specific populations. IV drug users need a specific message, right? Women who have sex with men need to have specific education. Trans people need to have specific education. One has to, if one is committed to public health, get over whatever negative attitudes you have about sex, and talk about what specific populations need to do to protect themselves from sexually transmitted infections. It really is that simple. Now, monkeypox, per se, is not sexually transmitted. Obviously, it's heightened transmissability when engaging in sexual activity. But since that was a primary transmission route, it has to be directly addressed.

Q: Got it. Today, LGBTQ populations are more likely to be uninsured, to be living in poverty and to have disabilities that may impact access to health care according to the Williams Institute. Why do you think that is?

Lighty: Well, there's the stereotype that gay White men in particular are, you know, wealthy and so you know they can take care of themselves. And obviously there's a segment of population that is better off economically but the truth is, most LGBT people are working class, and it's particularly true for trans folks. Trans folks are the last hired, first fired. If you want to talk about a population that needs a kind of equitable socialist type economy where there are real protections and a high living wage, it is, you know, trans folks who really are in many respects at the lower end socioeconomically – obviously true for communities of color. I mean, Black wealth is a fraction of White wealth and there are a lot of LGBT folks in the Black community, or people in those communities who have sex with the same gender or are trans who are uniquely disadvantaged. And so basically the result is that marginalized populations have less access to health care, period, because they don't pay, because they're more likely to be uninsured, because they're more likely to be on public programs that have lower reimbursement rates, because they can't afford the pharmaceutical treatments like the

prophylactic treatment for HIV that cost \$22,000 a year. So if you don't have the economic resources, you're not going to count in a healthcare industry based upon the profit motive, because we can't make money from you and that really is the explanation.

Yes. That makes sense in a perverse kind of way.

Lighty: It's the logic of the healthcare industry, and it's a murderous logic.

Q: Right! Talk to us about the LGBTQ community and single payer. Is it just a coincidence that most of California's single-payer bills have been introduced by lawmakers in the LGBTQ community?

Lighty: It's not a coincidence. Senator Sheila Kuehl, a former LA County supervisor, and Senator Scott Wiener, these are people who understand the lessons of AIDS, who understand that the LGBTQ community has to have guaranteed universal health care, or it's not going to happen, or it's going to be, just a hugely difficult fight. And (it's) the only way to guarantee health care to folks who have been marginalized by society, who have socioeconomic barriers and discrimination. I mean, now in Florida, any doctor can basically deny care to an LGBTQ person just for no reason, just cuz they don't want to, right? And so, any kind of system that doesn't guarantee health care and demand culturally competent, equitable care that's non-discriminatory is not going to be a system that works for LGBTQ people. So legislators from our community are going to know that intrinsically.

Q: There have also been several LGBTQ advocacy leaders, including yourself, active in healthcare reform and single payer. Why do you think that is?

Lighty: Certainly many of us come, you know, out of the AIDS activist movement. Mark Hannay, who's the director of the Healthcare for All coalition in New York City, was a leader in ACT UP New York. That's not a coincidence. And so, yeah, I mean, that movement orientation is a natural for our work for single payer. So I don't think it's a coincidence. I don't know that we're as visible as we could be, as we should be. But I do think that there's no coincidence.

Q: Right. So would you say that the LGBTQ community in California is formally organized around the issue of single payer today?

Lighty: I don't think it's as organized as it could be. I think for example, the main LGBT equality organization, EQ CA would ideally be more engaged, more supportive. I mean they are, but it's not a top priority. I think some of the AIDS service organizations, we saw this during the fight over the prescription drug cost

limitation initiative a couple years ago, they didn't support it because much of their budget comes from the pharmaceutical industry. And Gilead, for example, is a huge funder of LGBTQ service organizations, community organizations and LGBTQ publications are basically like ads for HIV pharmaceutical treatments. So there is a component, right, of how pervasive pharmaceutical industry funding has become within the LGBTQ community. So we got a little bit ways to go there, I think. And we'll see.

But on the front lines, at the community level, this is a community that hugely supports single payer, improved Medicare for All guaranteed healthcare, because, let's face it, Medi-Cal, Medicaid, the (AIDS Drug Assistance Program), which provided HIV treatments to low income individuals saved lives, public programs, saved lives, period. And yeah, the for-profit industry is exploiting AIDS treatments, and yet the public programs are still, you know, saving lives. I don't think that distinction is lost on anyone in our community.

Q: Okay. What about in the rest of the country like New York? Do you think they're more formally organized around the issue of single payer there?

Lighty: Well, it might be. Like one of the big advocates, a state senator is an out gay man. Again, though, I think you would say the statewide advocacy, LGBTQ advocacy in New York took a long time even to get a civil rights law, you know, in place and there was always this undercurrent that that particular group wasn't as effective as it could be and there are a lot of reasons for that probably, but it's certainly fair to say that the same dynamic supply kind of everywhere, that the pharmaceutical industry is powerful, the healthcare industry and the insurance companies and the nonprofit hospitals are very powerful. So yeah, it's quite a challenge and it's the same challenge that we face everywhere in the country, right? I know I wouldn't make those kind of distinctions necessarily at the different state levels. But yeah, we've got a fight on our hands even in our community.

But it is not a coincidence that Jabari Brisport, the state Senator of New York, one of the big champions of single payer is, you know, an out gay man and a member of the Democratic Socialists of America and I think there's a growing queer socialist movement even including among elected officials that is important to winning single payer.

Q: Great. Are there any LGBTQ organizations that you're aware of in the country either in California or elsewhere that have taken a strong stance on the issue of single payer?

Lighty: ACT UP has been very active. You know, it's not as pervasive and big as it used to be, but they've been very supportive of Medicare for All. There's also the group we worked with closely in New York that has been very supportive of single payer – Health Gap is the group – and they work on a global basis to eradicate HIV/AIDS. They've been very very supportive of single payer and they really pushed funding to provide prophylactic treatment to prevent HIV transmission and there's also treatments for people with AIDS that can put your viral load down to zero so you can't transmit the virus.

Q: Got it. So what's the biggest obstacle in having these LGBTQ organizations strongly advocate for single payer?

Lighty: To the extent that they're funded by the pharmaceutical industry. I admit to a certain level of cynicism having lived through all that I've lived through, but I'm not sure it's more complicated than that.

Q: So what do you think the solution is then?

Lighty: The only thing, as many have said, that beats money is people. And that's ultimately the lesson of ACT UP in part. They took on big money and they took on government inaction and eventually they saved lives. And so that's what it takes. But it also takes, I think, making the pharmaceutical industry money and the insurance company money, healthcare industry money, toxic politically, and also making sure that politicians can't front for the industry as they do.

And you know, when you've got healthcare industry people spending millions of dollars to defeat pro single-payer candidates like they did against the state senator candidate Dave Jones in Sacramento area last fall of 22, yeah, we got a problem and that's the problem we have in California, is their healthcare industry, independent expenditure campaigns that can go against advocates. Sometimes they don't work like (Assemblywoman) Pilar Schiavo successfully beat a Republican despite spending against her, you know, because she supported Medicare for All. So it can happen. And that's the lesson we got to take to these organizations, you know, we have to set up a dynamic where if they need pharmaceutical industry money, fine, but don't compromise what's in the best interest of the community and if you want to debate what's in the best interest of the community, fine. But don't just take a no position or an opposed position because that's donor driven. If you feel so dependent on the pharmaceutical money, then let's figure out a strategy to diversify your funding sources.

Q: Yep. Really on point. So given the success of the ACT UP movement, engaging the LGBTQ community could be a game changer for the single-payer movement.

And so is there anything else that can be done to galvanize them on this critical issue?

Lighty: Ultimately enshrining the right to treatment ordered by your doctor and enshrining professional clinical judgment as the basis for healthcare services and having a single public source to pay for those services is the only way to guarantee that we're not going to be discriminated against because we're trans, because we're lesbian, because we're queer, gay, bisexual. And it's the only way that we're going to divert money from the insurance industry in the pharmaceutical industry back into wages, so that our community, particularly those who are not wealthy and who work for minimum wage or slightly above minimum wage, actually have the resources to live a high quality life and have the money to afford rent, for example. So it really is the fundamental reform that diverts resources from a profit-making, murderous industry to human needs. That's our basic demand. And there's no better example of it than what we can do in healthcare, cuz we know how much it will save. It's thousands of dollars for individuals. It's hundreds of billions of dollars for the state of California and it means money in our pocket, money for education, money for housing.

Thank you Michael Lighty.

Do you have a personal story you'd like to share about our 'wack' healthcare system? Contact us through our website at heal-ca.org.

Don't forget to subscribe to Code WACK! Wherever you find your podcasts. You can also find us on ProgressiveVoices.com and on Nurse Talk Media.

This podcast is powered by HEAL California, uplifting the voices of those fighting for healthcare reform around the country. I'm Brenda Gazzar.