

Sex Matters: From Precedents to Practice A Conference on Preferential Populations and STBBIs

Dr. Pierre J. Plourde

Medical Officer of Health, Winnipeg Regional Health Authority
Associate Professor, Faculty of Medicine, University of Manitoba



Population and Public Health
Winnipeg Regional Health Authority
Office of Health Promotion
Caring for Health A House is not a center

heads up?!
use a condom

SYPHILIS STI.S Peace of Mind

free condoms • information • free t-shirts
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Why “Preferential Populations”?

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A green poster for condom use. At the top, it says "heads up?! use a condom" next to a cartoon condom character. Below, three people hold signs: "SYPHILIS", "STI.S", and "Peace of Mind". A QR code is in the bottom right. At the bottom, it says "free condoms • information • free t-shirts" and "getsomecondoms.com".



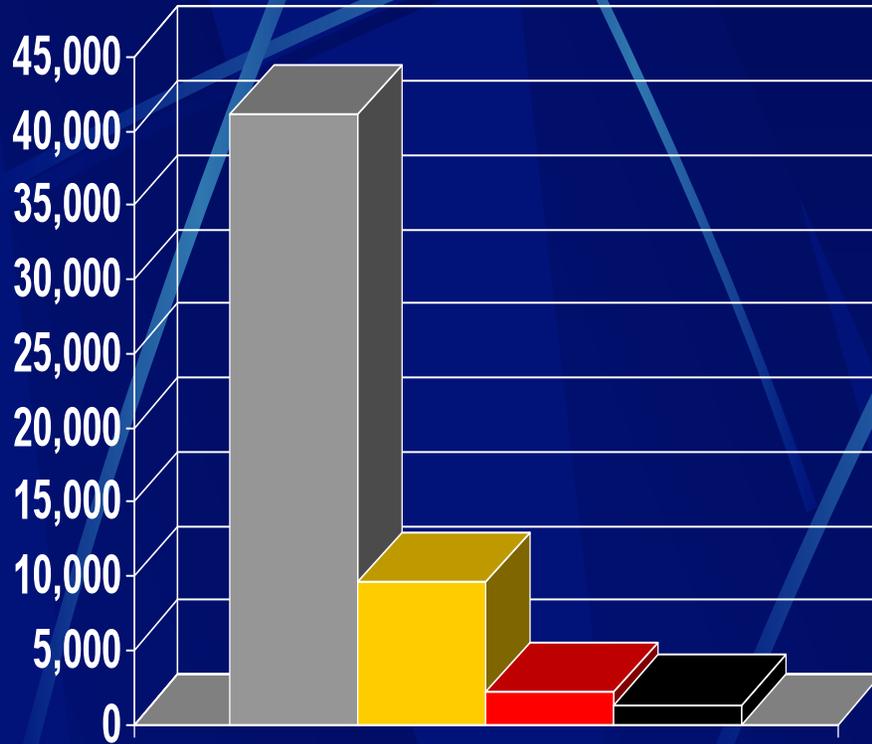
Medical Officers of Health Call for Closing the Health Gap in Canada's Large Cities

OTTAWA, Nov. 24, 2008 /CNW Telbec/ - Medical Officers of Health from 18 of Canada's largest cities today expressed serious concern about persistent health inequalities across the socio-economic spectrum in urban Canada. The Urban Public Health Network called upon governments, urban and social planners, and health, education and social sectors to work collaboratively to close these gaps within a generation. "We have understood for a long time that **people with lower socio-economic status** experience significantly worse health than those with higher socio-economic status, ... **This is not acceptable.** ... but the persistence of deep health gaps in Canadian cities is evidence that reducing poverty and its impact on health **requires commitment and action** from all levels of government and all sectors of society." ... The study found significant links between almost all of the indicators and the socio-economic status of urban Canadians. It concluded that **residents of low SES neighbourhoods** are more likely to experience multiple serious health problems than residents of higher SES neighbourhoods.

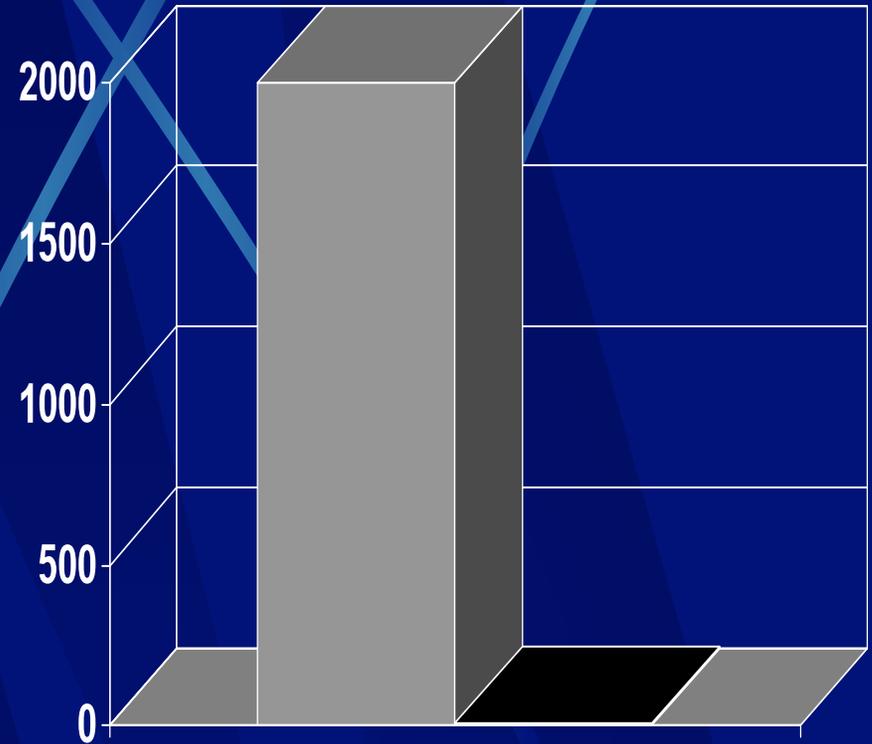
Medical Officers of Health Call for Closing the Health Gap in Canada's Large Cities

For further information: Victoria: Dr. Richard Stanwick, (250) 519-7006; Vancouver: Dr. Patricia Daly, (604) 675-3924; Surrey: Dr. Roland Guasparini, (604) 450-7881; Edmonton: Dr. Gerry Predy, (780) 407-2602; Calgary: Dr. Richard Musto, (403) 943-0215; Saskatoon: Dr. Cory Neudorf, (306) 655-4338; Regina: Dr. Tania Diener, (306) 776-5332; **Winnipeg: Dr. Sande Harlos**, (204) 926-7178; London: Dr. Graham Pollett, (519) 663-5317, ext 2444; Hamilton: Dr. Elizabeth Richardson, (905) 546-2424, ext 3501; Peel Region: Dr. David Mowat, (905) 791-7800, ext 2566; Toronto: Dr. David McKeown, (416) 338-7974; Ottawa: Dr. Isra Levy, (613) 580-6744, ext 23681; Montreal: Dr. Richard Lessard, (514) 528-2400, ext 3543; Longueuil: Dr. Jocelyne Sauvé, (450) 928-6777; Quebec City: Dr. François Desbiens, (418) 666-7000, ext 310; Halifax: Dr. Gaynor Watson-Creed, (902) 481-5800; St. John's: Dr. David Allison, (709) 752-4192; Key spokespersons: Dr. Richard Lessard, Director, Montreal Public Health and Dr. David McKeown, Medical Officer of Health, City of Toronto; The report is available at www.uphn.ca.

“Income Gap”



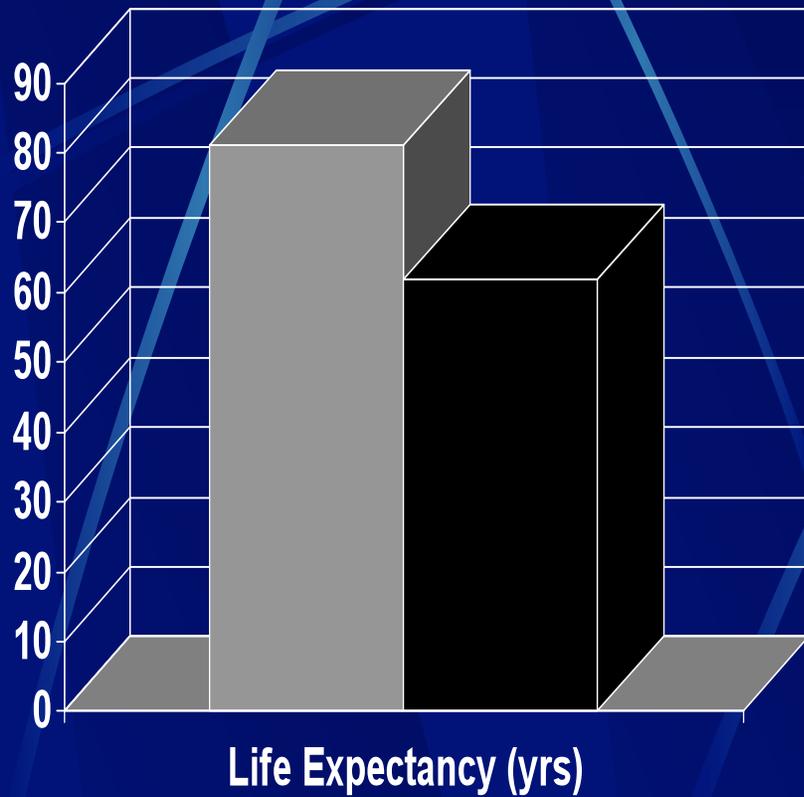
Income



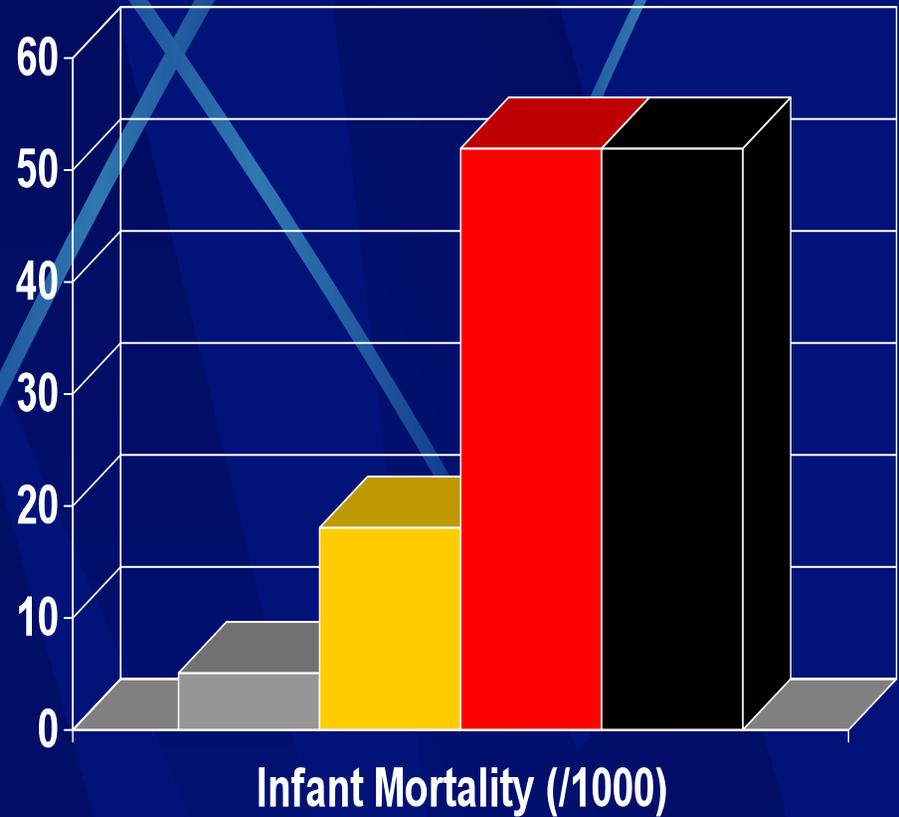
Health care dollars



“Outcome Gap”

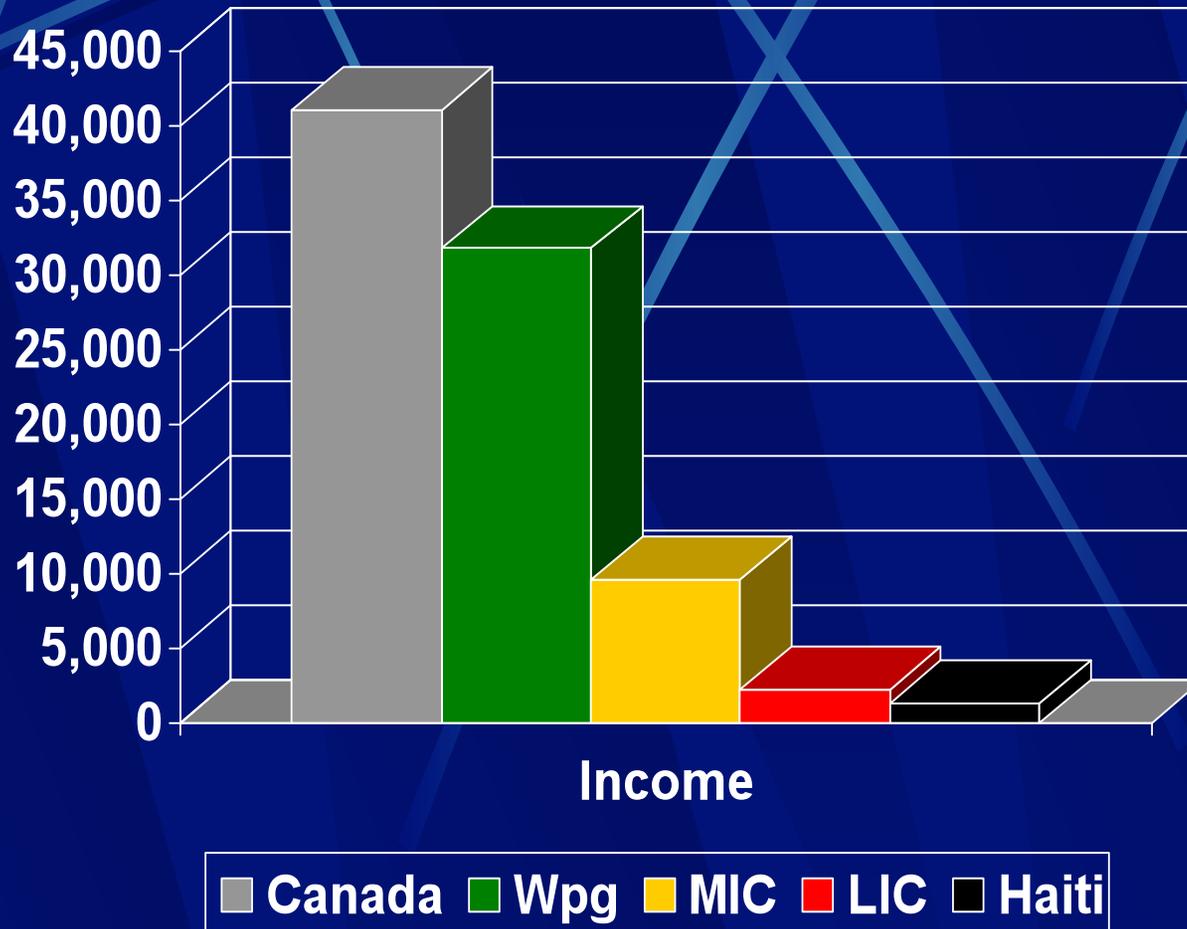


■ Canada ■ Haiti

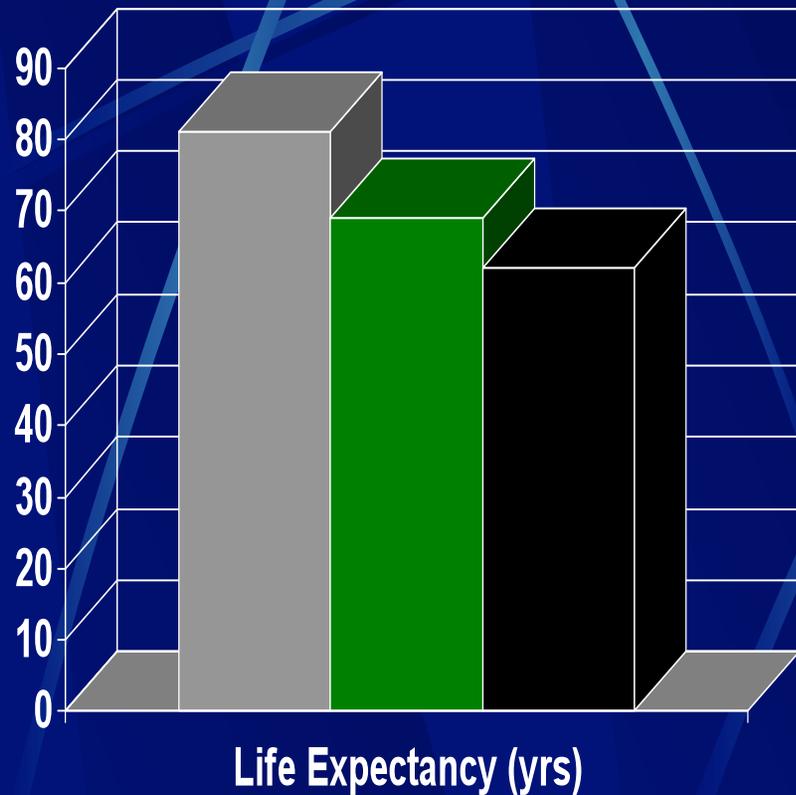


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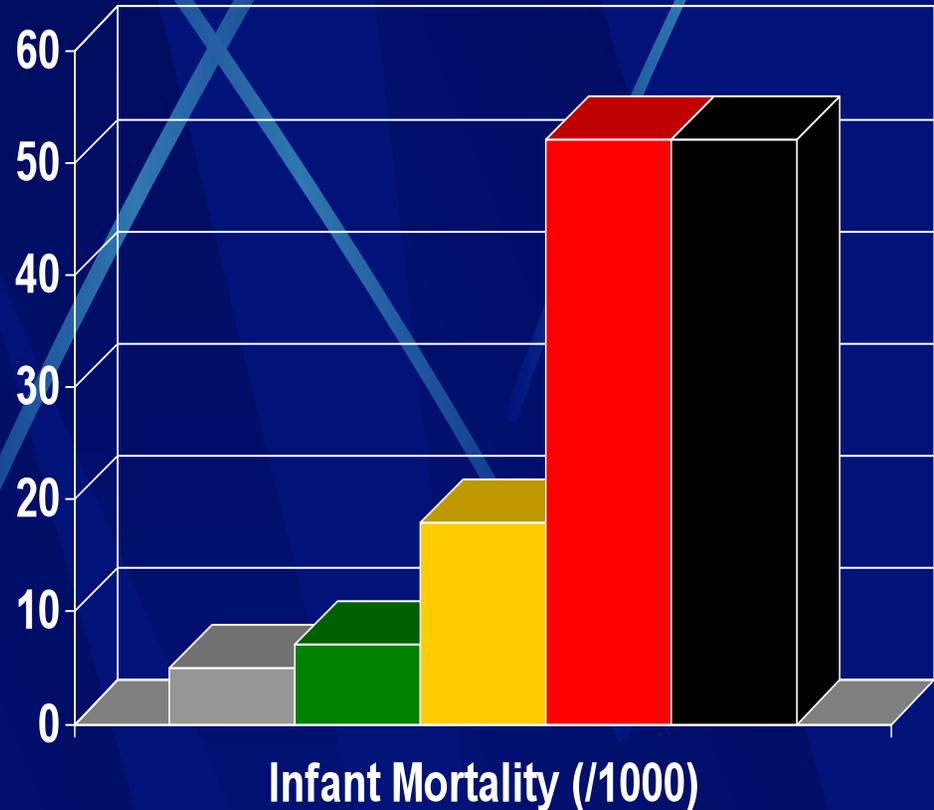
What about Winnipeg Inner City? “Income Gap”



What about Winnipeg Inner City? “Outcome Gap”



■ Canada ■ Wpg ■ Haiti



■ Canada ■ Wpg ■ MIC ■ LIC ■ Haiti

Health for All:

Building Winnipeg's Health Equity Action Plan (Feb 2013 draft)

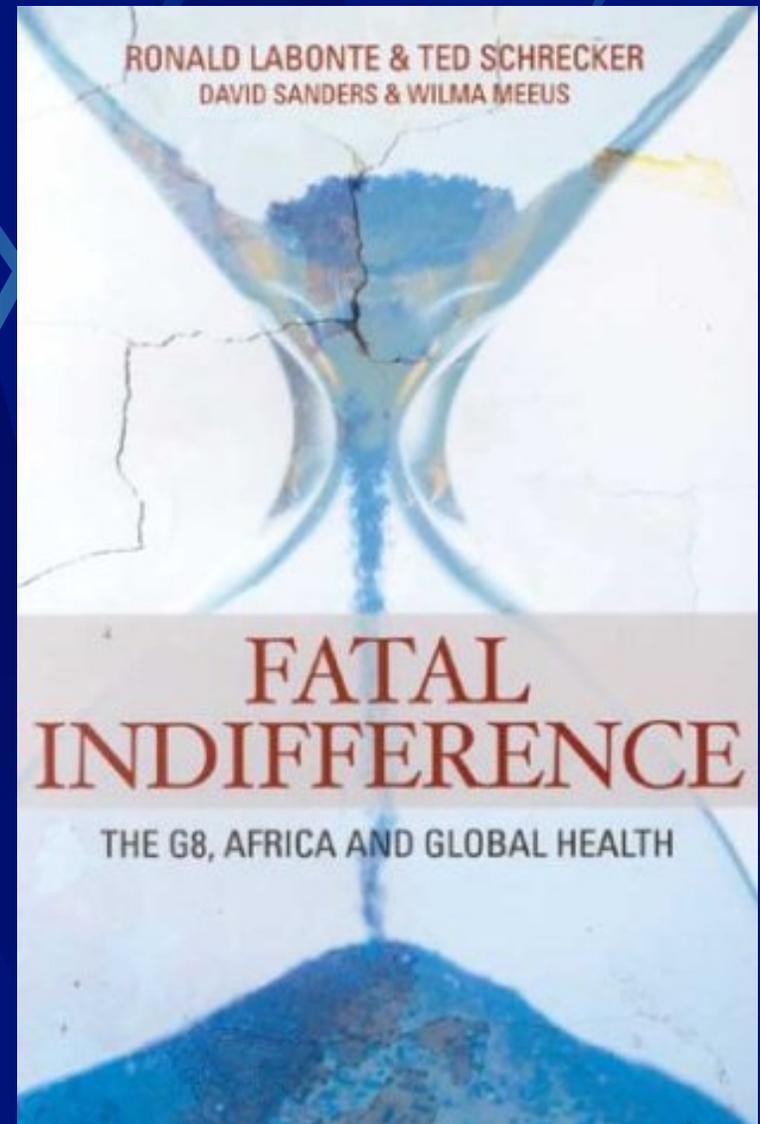
Health Services Considerations for Action:

- Health equity must be a central value that drives all aspects of health care
- Increase acceptability and accessibility of services for **inequity-affected populations**
- Program/services planned and delivered for **populations that experience profound health inequity**
- WRHA expands its efforts to reach out to **those with the highest health care and health promotion and protection needs**
- WRHA adapts services for **marginalized populations** who may not fit into traditional community service operating hours

**“Either we give in to
unavoidable resignation
and indifference to the
fatal whims of natural
selection**

OR

**We recognize that
disparities are avoidable,
remediable, and
unacceptable evils!”**



“Preferential Option” for STBBI Care and Prevention

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Liberation Theology 101

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Roots of Liberation Theology

“He anointed me to preach the gospel **to the poor**. He has sent me to proclaim release **to the captives**, and recovery of sight **to the blind**, to set free those **who are oppressed**, to proclaim the favorable year of the Lord.”

Jesus Christ (around 30 A.D.)
quoting the prophet Isaiah (about 760 B.C.)
Gospel of Luke 4:16-21

Liberation Theologian's Explanation for the Outcome Gap

"I will not tire of declaring that if we really want an effective end to violence we must remove the violence that lies at the root of all violence: **structural violence**, social injustice, exclusion of citizens from the management of the country, repression. All this is what constitutes the primal cause, from which the rest flows naturally."

Archbishop Oscar Romero (1917-1980)

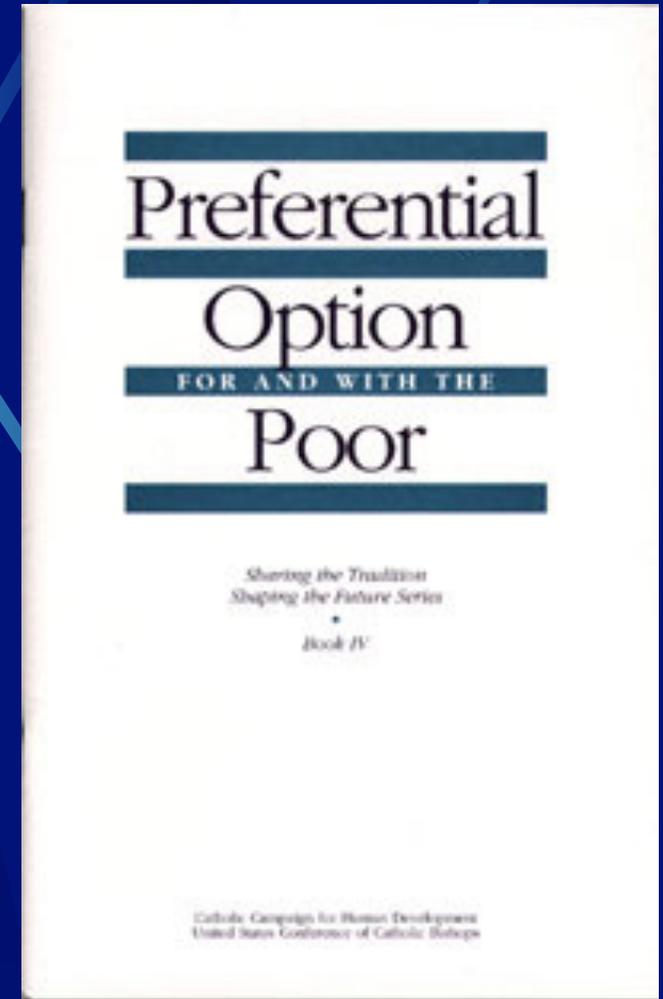
“Structural Violence”

"We live in a time in which violence is right before our very eyes. The word is applied to extremely varied contexts, but each is marked by open violence – by violent acts, fury, hatred, massacres, cruelty, collective atrocities – but also by the **cloaked violences** of economic domination, of capital-labor relations, of the great North-South divide, to say nothing of all of the “every day” violences perpetrated against the weak: women, children, all those excluded by the social system"

Françoise Héritier, *De la violence*

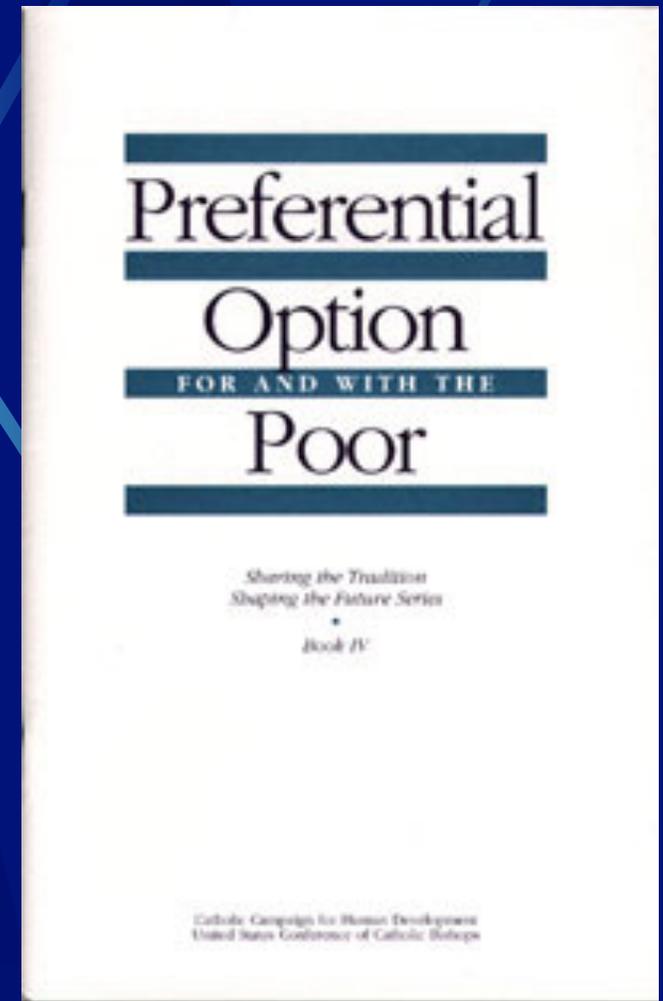
"If I define my neighbor as the one I must go out to look for, on the highways and byways, in the factories and slums, on the farms and in the mines – then my world changes. This is what is happening with the **“option for the poor”**, for in the gospel it is the poor person who is the neighbor par excellence"

Gustavo Gutiérrez (Dominican),
founder of Liberation Theology



"But the poor person does not exist as an inescapable fact of destiny. His or her existence is not politically neutral, and it is not ethically innocent. The poor are a by-product of **the system** in which we live and for which we are responsible. They are **marginalized** by our social and cultural world. They are the **oppressed, exploited** ... robbed of the fruit of their labor and despoiled of their humanity."

Gustavo Gutiérrez (Dominican),
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A Preferential Option for the Poor

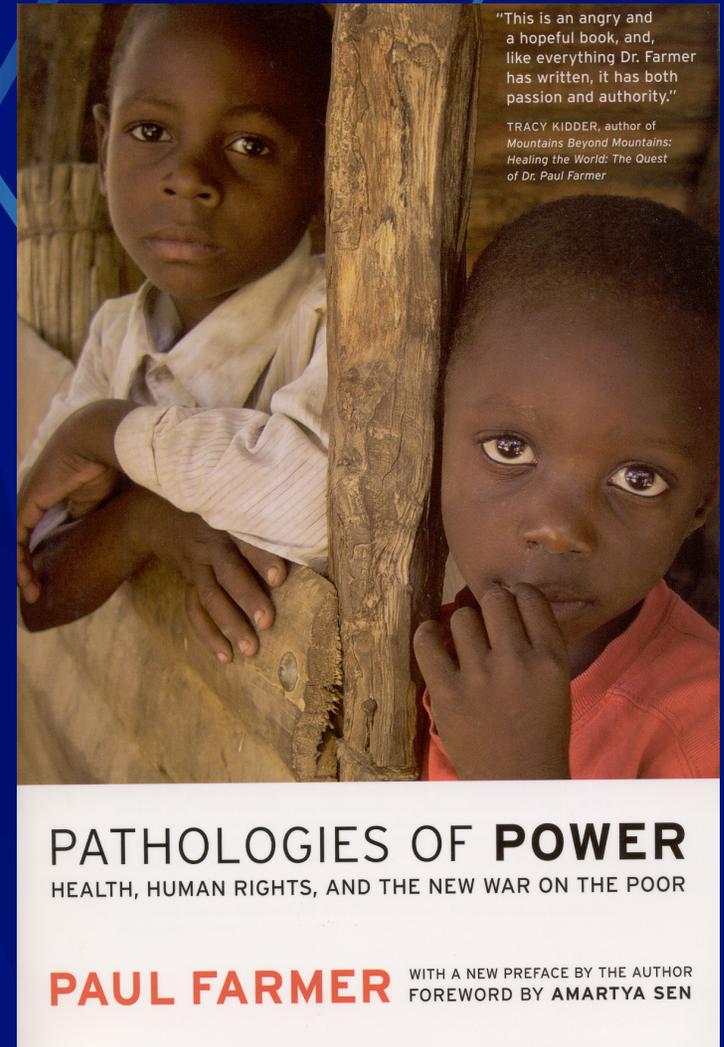
"Hence the poverty of the poor is not a call to generous relief action, but a demand that we go and build a **different social order.**"

Gustavo Gutiérrez, *The Power of the Poor in History*, 1979

A Preferential Option for the Poor

"To those concerned with health, a **preferential option for the poor** offers both a challenge and an insight. It challenges doctors and other health providers to **make an option – a choice – for the poor**, to work on their behalf."

Paul Farmer M.D.,
Infectious Diseases Specialist,
Medical Anthropologist



"This is an angry and a hopeful book, and, like everything Dr. Farmer has written, it has both passion and authority."

TRACY KIDDER, author of *Mountains Beyond Mountains: Healing the World: The Quest of Dr. Paul Farmer*

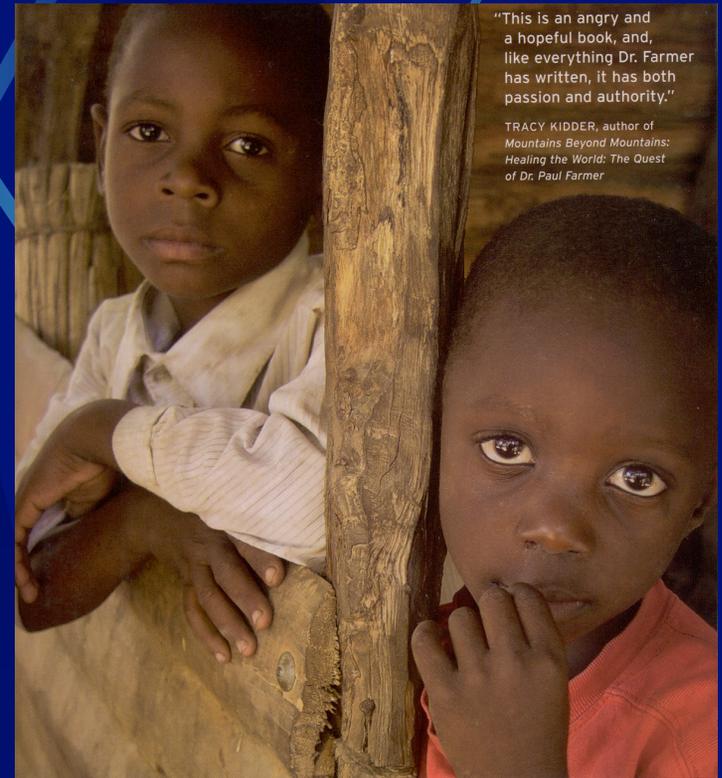
PATHOLOGIES OF **POWER**
HEALTH, HUMAN RIGHTS, AND THE NEW WAR ON THE POOR

PAUL FARMER WITH A NEW PREFACE BY THE AUTHOR
FOREWORD BY AMARTYA SEN

A Preferential Option for the Poor

"Most often, diseases themselves make a **preferential option for the poor**. Every careful survey, across boundaries of time and space, shows us that the poor are sicker than the nonpoor. They're at increased risk of dying prematurely, whether from **increased exposure** to pathogens (diseases), or from **decreased access** to services"

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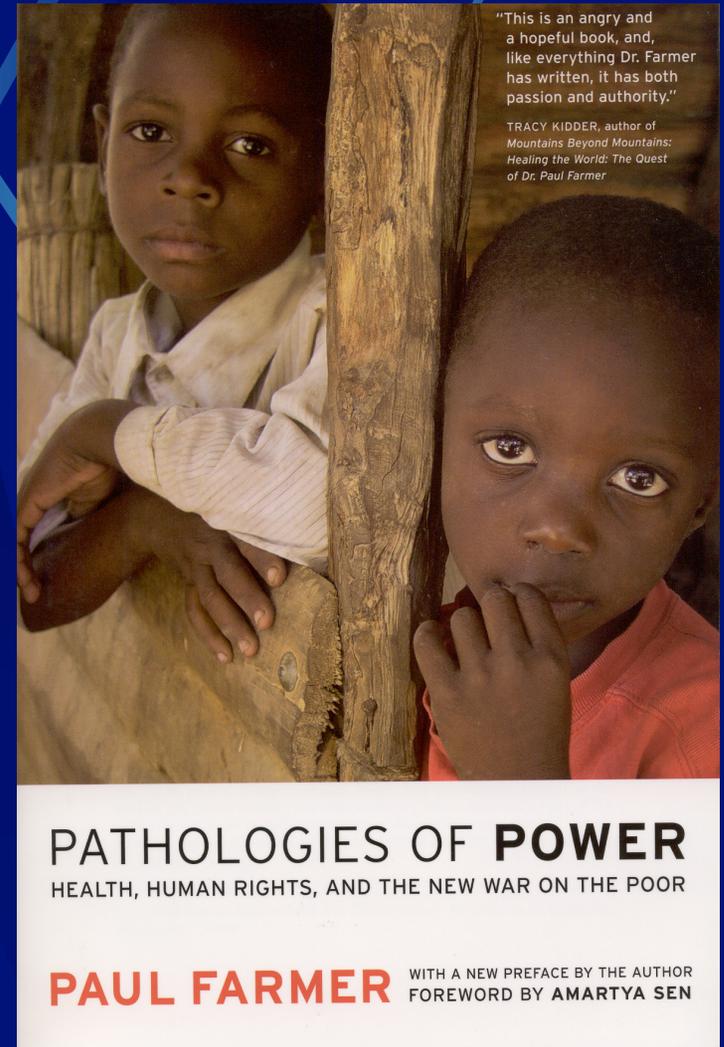
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A Preferential Option for the Poor

"Given this indisputable association, medicine has a clear – if not always observed – mandate to **devote itself to populations struggling against poverty.**"

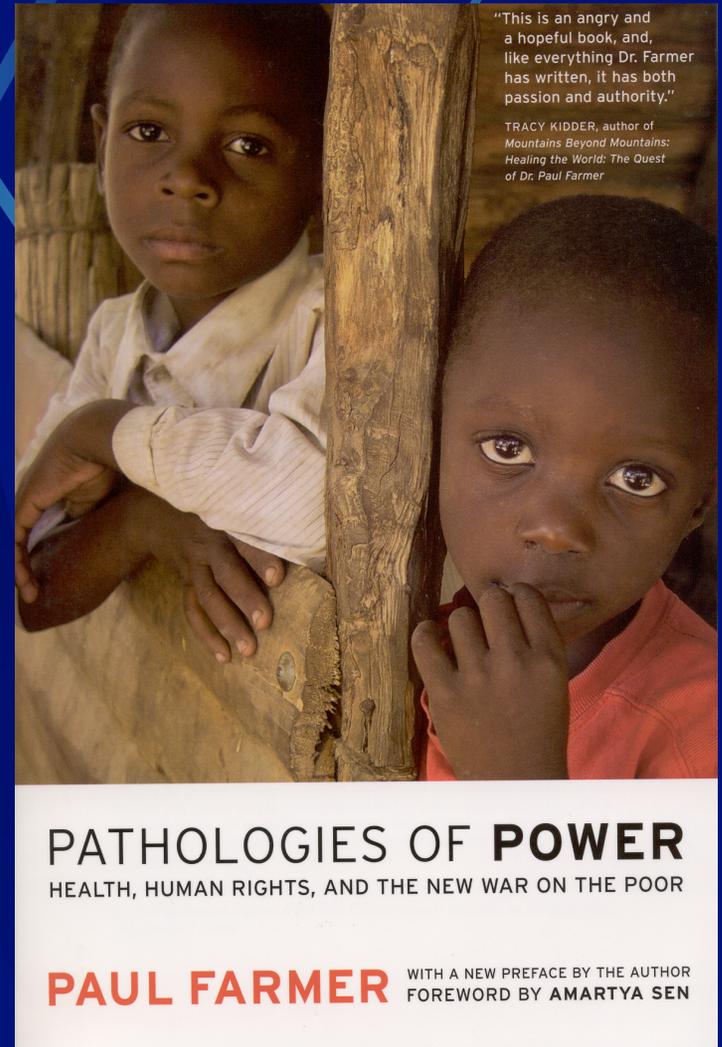
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Pragmatic Solidarity

"**Pragmatic solidarity** is different from but nourished by solidarity per se, the desire to make common cause with those in need ... But when sentiment is accompanied by the **goods and services that might diminish unjust hardship**, surely it is enriched. To those in great need, solidarity without the pragmatic component can seem like so much **abstract piety**"

Paul Farmer M.D.,
Infectious Diseases Specialist,
Medical Anthropologist



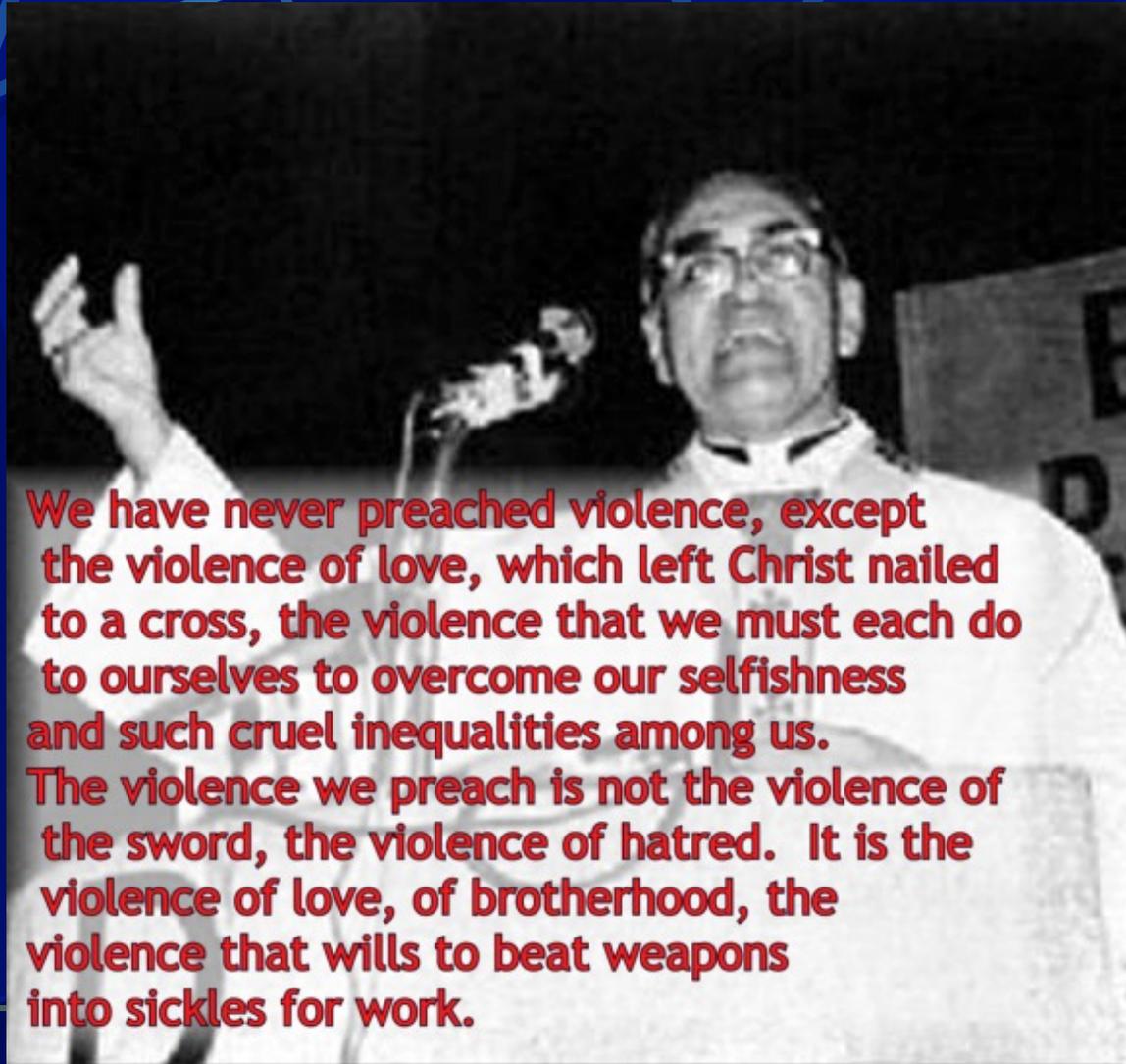
Sex Matters: From Precedents to Practice

A Conference on Preferential Populations and STBBIs

Conference Objectives:

- Describe and discuss **health & social equity issues** that contribute to transmission of STBBI
- Enhance partnerships and networking opportunities between various disciplines and organizations involved in the management of STBBI in Winnipeg
- Increase capacity of clinical/non-clinical health services to address the sexual health needs of **preferential populations** informed by consultation with populations served

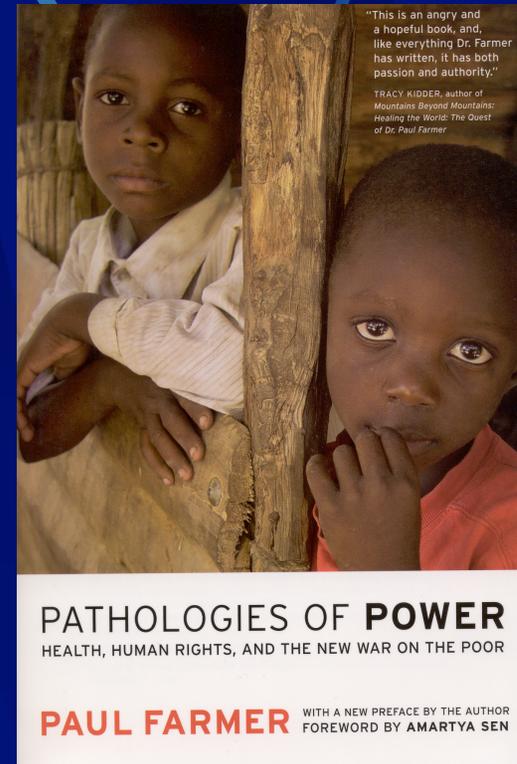
The Violence of Love



We have never preached violence, except the violence of love, which left Christ nailed to a cross, the violence that we must each do to ourselves to overcome our selfishness and such cruel inequalities among us. The violence we preach is not the violence of the sword, the violence of hatred. It is the violence of love, of brotherhood, the violence that wills to beat weapons into sickles for work.

Pragmatic Solidarity with Preferential Populations

Beating our
weapons into
sickles for work



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Offer designed in partnership with the University of Manitoba
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Opportunities for STBBI Care and Prevention

Allan Ronald MD FRCPC OC

Mentor and Role Model

U of M



- A humble man
- “Father of Infectious Diseases”
- Lots of “Heads/Awards/Honours”
- The reason I came to Winnipeg (1986)
- The reason I went to Kenya/Zambia (1988-1994)
- Major contribution to highest quality research in cross-cultural framework
- HIV care in Uganda