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An act of violence?

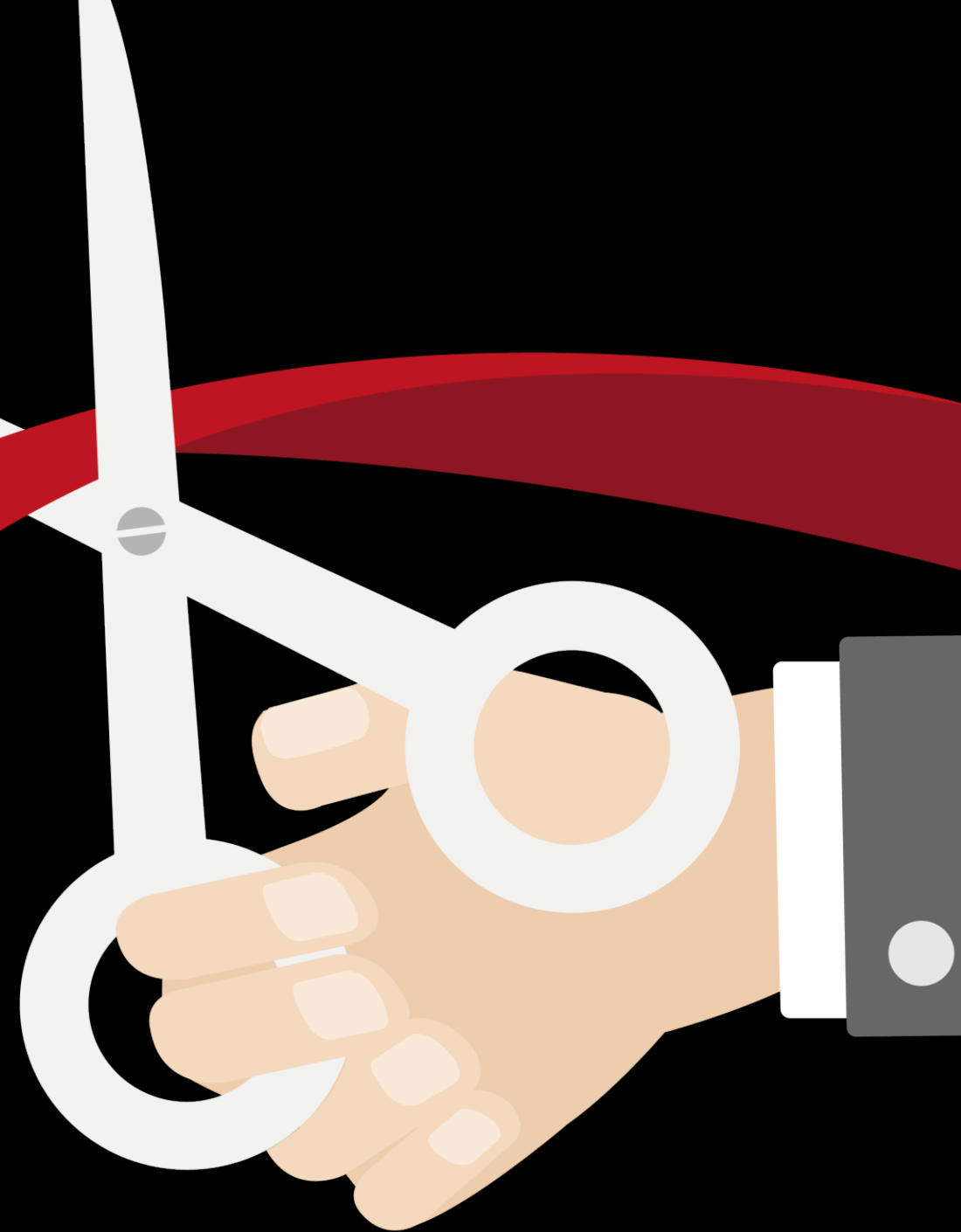
**HIV organisations, austerity
and biomedical power**

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AUSTERITY POLICIES

Bad Ideas in Practice

Edited by
Peter Rushton and Catherine Donovan

Cutting the Ribbon? Austerity Measures and the Problems Faced by the HIV Third Sector

Drew Dalton

Introduction

Recent figures show that there are over 101,200 people living with HIV in the United Kingdom (UK) and that HIV incidence (the number of new infections) remains high with an average of 6000 people being diagnosed annually (Kirwan et al. 2016; Brown et al. 2017). It has been estimated that UK incidence figures are higher than most countries in Western Europe (Brown et al. 2017). HIV transmission, though declining in some groups, such as MSM (men who have sex with men), is still an issue amongst those presenting with HIV as a late diagnosis and amongst older people aged 50 plus (Brown et al. 2017). Though testing and treatment for HIV is free in the UK, there are still an estimated 13,000 people living with the virus who remain undiagnosed and who are at a higher risk of poorer health outcomes and premature death (Kirwan et al. 2016; Brown et al. 2017). Alongside these high levels of

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What is 'symbolic violence'?

- Bourdieu and Wacquant (1992).
- Symbolic violence is not a physical act of violence, but it is **invisible and pervasive – exercised through misdirection and often with the consent of the dominated.**
- It is embedded within power structures and legitimised through government agencies and powerful **social actors imposing their “vision of the world”** (Bourdieu and Wacquant, 1992: 239).
- The veneer of **legitimacy obscures power relations.**
- In parallel with this, the **dominated tend to accept the legitimacy of this symbolic violence – it is ‘common sense’** as it is performed by a delegate of the state.
- **Physical and material oppression ensures a denial of resources**, which limits aspirations and social mobility. This is seen as the ‘natural order of things’ (McKenzie, 2015).
- This ‘natural’ response to the financial crisis is legitimised and neo-liberalism exacerbates this further. **Reproduction of learnt limitations and inequalities from the ‘field’ emerge into an individuals ‘habitus’ without the use of violence ever taking place.**
- Austerity has led to this symbolic violence **because of the denial of adequate funding and resources, alongside the biomedical reconfiguring of HIV as a curable disease** (Dalton, 2017).

What is austerity?

- Global financial crisis in 2008.
- Manifesto of Coalition and Conservative Party since 2010.
- Underpinning this there are **three ideological and policy commitments**:
- 1) Cutting back the **role of the state (neo-liberalism) and decentralising**;
- 2) Promotion of **localism**;
- 3) **'Big Society' agenda** promotes this localism further.
- Throughout this are notions of **self-help and volunteerism (Donovan, 2012, Mendoza, 2015)**.
- **By 2017 the UK had the lowest share of public health spending** amongst worlds biggest economies – on par with the USA (International Monetary Fund, 2018).

BIG SOCIETY
NOT BIG GOVERNMENT



The role of biomedicine...

- HIV initially dealt with by the Third Sector as **no real cohesive biomedical response**.
- With ART appearing in 1996, this has meant that voices from campaign and advocacy groups have been marginalised and instead, **these voices have accrued dominance from the biomedical establishment, through the medicalisation of HIV**.
- **Parallel system**: people living longer with HIV and standards getting higher, but funding for prevention and addressing stigma has reduced.
- **Adverse impact on perceptions of HIV** – ‘no longer affects me or can be cured/dealt with by treatment/biomedicine.’
- Medical discourse has **become more dominant**, and due to this, **side-lining the stigma around HIV and the voices of campaigners and the HIV Third Sector**.
- **‘Silencing of HIV’ (Dalton, 2017)** has stopped a ‘post-HIV stage’ emerging of acceptance and education. HIV has **‘fallen off the radar’** as a result of this.
- This **strong biomedical narrative** ensures that austerity cuts to public and sexual health campaigns **can be rationalised. Symbolic violence in action...what are the effects?**

Concerns of the Third Sector...

- Across the Third Sector **as a whole...**
- Charities feel they are there to now **'fill the gap'** left behind from a shrinking state.
- 'Green light' given to government to **outsource poverty risk and welfare support** to charitable sector (Atkinson, 2012, Lansley and Mack, 2015).
- In 2008/09 the GDP of the voluntary sector **fell by 6.3%**, amounting to £1.4 billion in 2011 prices (NCVO, 2013).
- This has led to a **"survival agenda"** (Crowley, 2012: 2) of downsizing, closing projects and letting staff go.
- The Third Sector has **become a transmission line of austerity at a localised level.**



What about HIV?

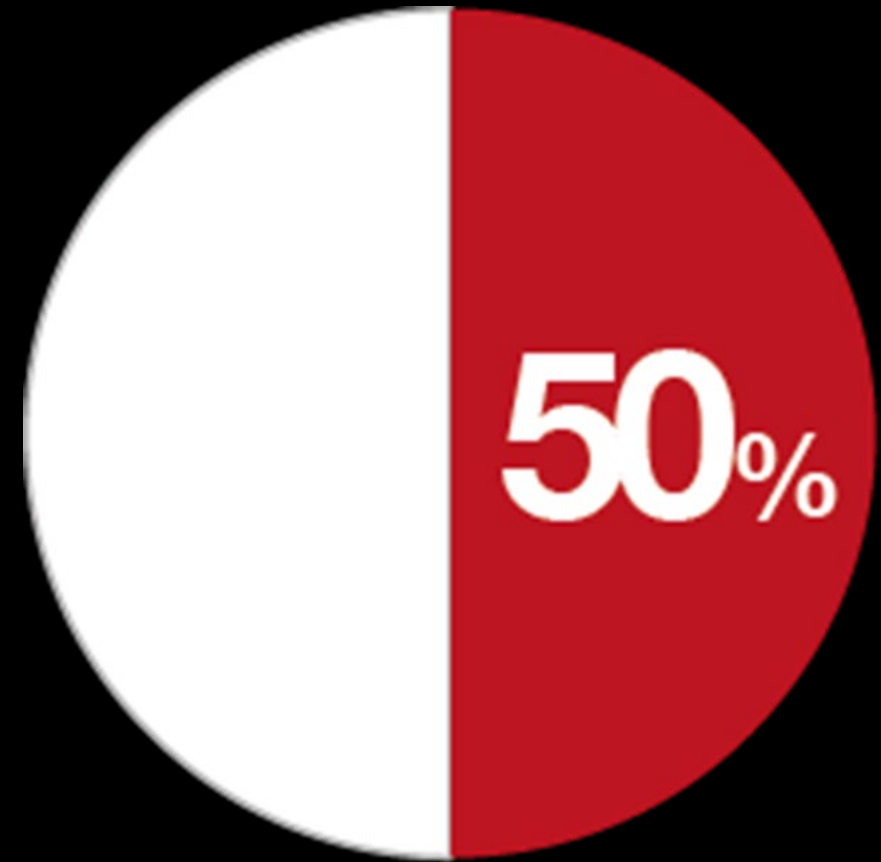
- **Each new HIV diagnosis costs** between £280,000 and £360,000 in lifetime treatment costs (NAT, 2015). Long term repercussions for the NHS as services are cut for prevention...
- **Health and Social Care Act (2012)** shifted HIV prevention services from NHS Primary Care services to local authorities. **Problems with tendering by small organisations.**
- In 2001/2 £55 million given for HIV. In 2014, **just over £10 million** (Godfrey, 2015).
- There is a **historical and cultural legacy of third sector growing alongside epidemic** when government funding was lacking. However, many of these organisations have professionalised and are now reliant on government funding streams.
- Evidence of **increasing demand for HIV services** and transmission rates largely increasing (Mitchell, et al, 2013).
- **One in six people living with HIV suffer extreme poverty.** Changing welfare policies affect them as does funding for new projects to address this support (NAT, THT, 2010).
- Appears to be a **'postcode lottery' in HIV support services**, with some local authorities removing their HIV provision entirely (Oxfordshire, Bromley, Norfolk, Portsmouth, Slough, Bracknell Forest, Bexley...)

What about HIV?

- LGBTQI+ organisations, who often provide HIV testing services, **have voiced concerns that they must now reduce/remove services and turn away clients (Mitchell, et al, 2013).**
- Concerns around **fewer testing services** in light of steadily growing HIV transmission (Kirwan, et al, 2016).
- Greece, which **enacted neo-liberal austerity reforms**, saw HIV infection rates rise by 200% since 2011 as prevention budgets have been cut and IDU rates have grown amid a 50% youth unemployment (Stuckler and Basu, 2013).
- General **wariness of HIV 'generic' services by service users** – need for specialist provision which is rapidly vanishing (National AIDS Trust, 2016).
- As evidence of symbolic violence, **very little media reporting outside of the campaign groups and little highlighting their resistance to these changes.**
- **Councils have defended closing services due to 'small numbers' in their constituencies which reinforces the naturalness of austerity, and the perception amongst the public, that HIV is no longer an issue.**

Results of the research...

- **24 organisations surveyed overall** and four case studies made.
- **50%** of HIV organisations evidenced a 'survival agenda.'
- **31%** of organisations had 'no reserves.'
- **62%** had reserves to last between one and three months (many of these were larger organisations).
- **69%** 'likely' to use their reserves in the coming year ('50%' said 'yes' to this).
- **42% made staff cuts and redundancies** in previous financial year.
- **33%** will close projects and services.
- Use of volunteers **instead** of paid staff? (58% increase) loss of vital staff contacts. **Push for the 'big society' model of using volunteers. Move to services online...**



50% of organisations have had to use their reserves to survive in the last financial year

Trends in qualitative feedback...

- “Keep going in the face of [government] indifference” and “Inaction from the NHS/LA [Local Authority].”
- “Too many lives will be needlessly affected by penny pinching, which is a scandal. We seriously risk losing all of the progress made in HIV prevention, and a huge amount of experience, as staff are then lost to other sectors. It is nothing short of a Public Health disaster really, orchestrated by those who know little, and seemingly care less, about those living with HIV or those most at risk.”
- Symbolic violence can be exercised by inaction as seen by protectionist stances taken by HIV organisations toward working in silos. Protectionism is seen as the fault of HIV organisations rather than the tendering processes and wider structural reasons which have led to this competition for funding.
- “Only the big corporate one will survive.” **So is the outlook bleak? Some thoughts:**
- There has been **resistance to HIV austerity cuts and this has potential to disrupt the habitus which reproduces the domination**, but it must tackle **both** the austerity measures **and** the biomedical dominance and medicalisation of HIV. So far it has focused on government cuts/austerity.
- **Biomedicine as ‘heroic medicine’ has increased as prevention and education agendas are cut**, as people believe that they are no longer needed, **deepening the public silencing of HIV and therefore the voices of the dominated. This narrative must be contested.**

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Tax hikes and spending cuts worth an extra £39 billion every decade for the next 50 years would be needed to prevent ballooning national debt levels, the UK's fiscal watchdog has warned.

Photo: PA Wire/PA Images

Tax hikes and spending cuts worth an extra £39 billion every decade for the next 50 years would be needed to prevent ballooning national debt levels, the UK's fiscal watchdog has warned.

The Office for Budget Responsibility's latest Fiscal Sustainability Report makes for grim reading as it warns over the outlook for government borrowing and debt levels following the recent NHS spending pledge.