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Intersectionality and Syndemics: A Reply to Sangaramoorthy and Benton

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A B S T R A C T

This commentary responds to Sangaramoorthy and Benton's commentary about the possibilities and pitfalls of putting intersectionality and syndemics into conversation. Echoing their emphasis on the significant stakes of intersectionality in advancing health equity and social justice, I assert the need for health and social scientists to advance scholarship and activism that works to dismantle white supremacy. Doing so requires using every theoretical and methodological tool possible, including an intersectionality-informed syndemics. Using ongoing fieldwork from Central Florida as an example, I provide a brief ethnographic account of what an intersectionality-informed syndemics might look like on-the-ground, and how such an effort might advance long-term, intersectional social justice goals.

At the January 2021 meeting of the Contigo Fund,[1] a grassroots grant making organization that funds community-based work to advance racial, sexual, and gender justice in Central Florida, members discussed their shared sense of shock, horror, and disgust at the violent displays of white supremacy seen on January 6, 2021, when a group of rioters stormed the United States Capitol in support of Donald Trump (Berry, McIntire, and Rosenberg 2021). Contigo Fund members reminded one another that the staying power of white supremacy is partly what drives the mission of the Contigo Fund. As the meeting continued and the conversation shifted, members reflected on their excitement of the launch of a new initiative called the "All Black Lives Fund."

The All Black Lives fund, totaling $100,000, was secured through a number of fundraising efforts and grant-writing initiatives from Contigo members. One of the grants that Contigo secured for the fund was from a pharmaceutical company that produces HIV medications. In their grant proposal, organization leaders argued to the pharmaceutical company that people with intersecting LGBTQ+ and Black identities faced unique forms of social marginalization that elevated their risk for HIV-related syndemics. To address this problem, the Contigo Fund made a case to the pharmaceutical company for funding a portion of the All Black Lives fund as a way to begin addressing the root social causes of poor health.

The goal of the All Black Lives Fund is to provide a financial investment in Black-led LGBTQ + organizations in Central Florida. Leaders of these organizations had long described how their work had been neglected or ignored while other non-profits that served predominately white LGBTQ + individuals saw an increase in financial resources following the Pulse shooting. To Black-led LGBTQ + organization leaders and Contigo Fund leaders, the persistent inequality in financial resources was just one of many examples of systemic racism and reflects longstanding inequalities and privileges fueled by a deep history of white supremacy, including in LGBTQ + spaces.

During the summer of 2020, LGBTQ + Black leaders in Central Florida responded to the murders of Ahmaud Arbery, Breonna Taylor, George Floyd, and the less-publicized murder of Tony McDade, a Black transgender man from Tallahassee, by issuing a call to action for community-based organizations to raise $100,000 to support Black-led organizations. As one local leader put it, "we need to put our money where our mouth is and invest in Black LGBTQ + people in Central Florida." In response, leaders of the Contigo Fund, acknowledging invisibilized structural inequality and cases of police violence against Black LGBTQ + people, worked to meet this call to action. The result was the All Black Lives fund and the creation of a Community Advisory Committee comprising Black LGBTQ + organization leaders to be the decision-makers about how to use the funds. As organization leaders wrote in a press release about the fund, "The All Black Lives Fund supports grassroots organizing – led by and for Black transgender and queer, gender nonconforming, and gender nonbinary community and sex workers – to build visibility and power; promote safety; and amplify demands of those most impacted by both anti-Black racism and gender discrimination." While members discussed the All Black Lives fund at the January 2021 Contigo Fund meeting, James, the executive director of an organization that provides a community space for HIV + same-gender-loving Black men to have a dialogue about their experiences, noted "For a long time it's like the community didn't see us." Commenting on the All Black Lives fund as an intentional effort to prioritize Black-led LGBTQ + organizations and give the decision-making power about the funds to Black leaders, he added, "I feel hopeful that now the community might be seeing us."

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[1] I use the name of the Contigo Fund since their work is public, but names of individuals are pseudonyms.

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In their commentary about syndemics and intersectionality, Sangaramoorthy and Benton note that social institutions in the US are deeply rooted in racist, classist, gendered, and heteronormative ideologies that demand fundamental change. These ideologies pervade all social spaces, including, as Sangaramoorthy and Benton note, biomedical spaces, which therefore shape biomedical and public health interventions. This reality requires health and social scientists to disrupt and combat the ideologies that inform structural inequalities and shape unequal experiences in all aspects of life, including health-related experiences.

As Sangaramoorthy and Benton point out, intersectionality is a tool for dismantling the very systems of inequality that shape disparate levels of power and privilege. It is a way to challenge structural inequalities and combat attempted identity erasure that James described by not being seen by his community. Intersectionality therefore "serves as an intervention that is attentive to ideological, structural, and systemic questions about discrimination and inequality and a tool with which to dismantle these systems of oppression, power, and privilege" (Sangaramoorthy and Benton, 2021: 5).

Because intersectionality provides a way to intervene on forces that perpetuate systemic oppression and privilege, Sangaramoorthy and Benton explain that the stakes of intersectionality are high, leading them to interrogate the utility of syndemics in responding to such stakes. Specifically, they note that syndemics fails to expose the forces of marginalization that perpetuate power inequalities. Such forces are designed to privilege white, cisgender, heterosexual men and establish their experiences as norms while simultaneously pathologizing people who are at the center of multiple interlocking forces of oppression. Given the failure of syndemics to sufficiently address forces of inequality, and recognizing the high stakes of intersectionality, Sangaramoorthy and Benton conclude that syndemics as an analytical lens does not add anything that intersectionality does not already accomplish.

Indeed, perhaps syndemics may not add anything that intersectionality does not already accomplish, particularly since intersectionality compels scholars and activists to action. As Sangaramoorthy and Benton indicate, intersectionality provides an urgent call to dismantle the unequal power structures that perpetuate qualitatively unique forms of oppression and privilege. Echoing Sangaramoorthy and Benton, I emphasize the importance of intersectionality as a tool for changing structural factors that perpetuate deep power inequalities, and intersectional analyses must be at the forefront of social and health scientists' work. To advance health equity and social justice, health and social scientists' work must explicitly combat hierarchies maintained by white supremacy and ideologies of difference that contribute to systemic oppression. Doing so requires using every theoretical and methodological tool at our disposal.

If syndemics might not respond to the pressing and necessary aims of intersectionality, might it be reconfigured so that it is another tool for beginning to erode structures of white supremacy? Could intersectionality be used to advance syndemics in an effort to stop invisibilizing people with identities at the intersection of multiple positions of social subordination? In other words, might a form of syndemics as a theoretical lens that is attentive to intersectionality be one of many tools to begin dismantling the racist ideological underpinnings in social institutions like clinical spaces and biomedicine writ large? As one of many theoretical tools, perhaps the analytical utility of syndemics can be sharpened with an intersectional perspective that calls for systemic change. Doing so could be one of several intentional efforts to acknowledge interlocking experiences of marginalization that are perpetuated by longstanding structural inequalities.

As a theoretical tool, an intersectionality-informed syndemics may offer entry into settings that perpetuate invisibilization of people with multiple identities that are subjected to forms of oppression. Such entry might provide an opportunity to advance systemic change. For example, the Contigo Fund's approach to funding the All Black Lives initiative demonstrates how the combined focus of intersectionality and syndemics provided a rationale for funding from a purveyor of biomedical interventions, specifically a pharmaceutical company that creates HIV medications, and those funds ultimately supported an intersectional social justice action from a grassroots organization. This effort did not change the problematic nature of biomedical intervention or the legacies of inequality that pervade biomedicine, but it suggests that efforts like these might be useful points of change to begin reversing experiences like James described when he explained that he was not seen by his community. Overall, then, perhaps an intersectionality-informed syndemics could be a tool to be deployed in context-appropriate moments that can lead to dismantling harmful ideologies and white supremacy, which sustain social inequality and perpetuate poor health.

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