The focus of this article is to explore the different pathways to health inequalities for the people in the island of Vieques, Puerto Rico. The United States (U.S.) Navy used the island for 62 years for bombing practices and other military exercises for national security. The article focuses on the resulting changes to the island’s socioeconomic positioning (i.e., changes in its social structure and employment conditions) and its health inequalities over six decades. The authors analyze historical data during different periods of the military presence to explore the relationship of employment conditions and the different pathways to health inequalities using a modified World Health Organization (WHO) theoretical framework. The WHO model explores the relationship between macrostructural domains such as political power relations, labor markets, employment, material deprivation, social and family networks, as pathways to health inequalities. Using census data, the authors conducted secondary data analysis to examine the relationship of the latter domains to health inequalities in Vieques. The findings are interpreted through a social justice lens, drawing attention to health inequalities promoted by the U.S. political power. Policies that affected Vieques’ economic growth and the social and physical well-being of the Viequense people are explored. Implications suggest the use of political advocacy for social change.
VIEQUES

Vieques, known as La Isla Nena (Little Girl Island), is a municipality of Puerto Rico that measures approximately 21 miles long by 3 to 4 miles wide, with a total land area of 51 square miles. It is located 6 miles southeast of the main island of Puerto Rico. From 1941 to 2003, Vieques was used for bombing tests and other military practices by the United States (U.S.) Navy, and Marine Corps, for national and global security (Torres, 2005). During the Navy’s 62-year occupation, 18,000 tons of bombs were dropped on the island (Gold, 2006). This political power by the U.S. military occupation of Vieques had a great impact on the socioeconomic and health status of its residents (Rabin, 2001; Santana, 2002). Over the past several years, studies have indicated higher levels of health disparities for the island of Vieques relative to Puerto Rico (D’Acunti, 2010; Nazario, Lindsey-Poland, & Santana, 2002).

In 1941, the U.S. Navy exercised its political power by expropriating two thirds of the island of Vieques—26,000 acres—and relocating Viequenses to the center of the island, where they occupied 7,000 of the island’s 33,000 acres (Murillo, 2001). Many of Vieques’ residents were displaced from their land by the U.S. Navy and were forced to live in untitled settlements surrounded by a naval bombing range to the East and a munitions storage facility to the West. This occupation of the island and residents’ properties was part of the military strategy to occupy the Caribbean region as a means to defend against the Germans during World War II. After the war, the island continued to be used for national security. The U.S. Navy rented Vieques’ land, air, and ocean to North Atlantic Treaty Organization (NATO) countries and other governments for bombing practices for their military forces (Comite Pro Rescate y Desarrollo de Vieques v. United States Navy, 1999).

RELEVANCE FOR SOCIAL WORK PRACTICE

This work contributes to the social work literature because of the profession’s emphasis on a just society that promotes freedoms by embracing values such as (a) the equal worth of all citizens, (b) equal right to meet basic needs, (c) spreading opportunity and life chances as widely as possible, and (d) reducing and eliminating unjustified inequalities (Finn & Jacobson, 2008). The WHO model focuses on eliminating health disparities by promoting equity in political and economic institutions (fair standards in the distribution of resources). The authors use a social justice lens to understand the expropriation forced on the Viequenses and the influence of this political power on the island’s socioeconomic restructuring and its intersection with the various pathways to health inequalities. According to a social justice framework, basic freedoms must be equally distributed throughout society (Rawls, 1971). This framework draws from egalitarian principles that every member of society be guaranteed the same rights, opportunities, and access to goods and resources.

THEORETICAL MODEL

WHO (2010) acknowledged the pervasiveness of health inequalities around the world and established the Commission on Social Determinants of Health. WHO (2010) noted that social determinants of health are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between countries. Social determinants are defined as the conditions in which people are born, grow, live, work, and age, including the health system (WHO, 2010). Living circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels and are influenced by policy choices of diverse societies. The goal of the commission was to advance health equity by addressing the social factors that lead to health inequalities (WHO, 2010). The Commission identified nine social determinants of health themes: early child development, globalization, health systems, measurement and evidence, urbanization, employment conditions, social exclusion, priority health conditions, women and gender equity. These key themes are integral to driving action to reduce health disparities among social groups within and between countries.
Although the WHO model offered an overarching conceptualization to the situation in Vieques, its theoretical underpinnings needed to be modified to account for the uniqueness of the Viequense situation. The developers of the WHO model acknowledged “difficulties inherent in establishing an overall framework that works for the entire world,” and encouraged modifications to the model for its usefulness and applicability (Benach et al., 2007). The modified WHO framework (Figure 1) represents six domains: political power, demographics, labor market and industrial composition, material inequalities, social and family networks, and health inequalities. The model focuses on the influence of political power on health inequalities, as they are affected by employment conditions.

Findings suggest that the U.S. political power of expropriation neglected the island’s interests for 60 years (Washington Post, 1999), by reducing the likelihood to earn a living, farm, fish, and to access the natural ecology upon which the residents relied for daily sustenance. The Viequenses did not have a choice, or legal or financial resources about the loss of their land or being relocated to untitled settlement plots. The expropriation promotes a demographic shift and for more than twenty-five years, there was a decline in the Vieques population, and the average age of the total population changed from 17 years in 1940 to 35 years in 2000 (U.S. Census Bureau, 1940, 2000). Population shifts and migration patterns affected the structure of family composition with men and fathers having to leave the island in search of employment. The combination of limited labor market opportunities coupled with high unemployment resulted in steadily increasing percentages of families living below the poverty line. Women became head of households with limited resources and material inequalities.

There is growing evidence that social and economic inequalities faced by ethnic minority groups are likely to be a fundamental explanation of health inequalities (Nazroo, 2003; La Veist, 2005; Abbott, 2007). Health inequality is an issue in all countries and is affected by economic and political arrangements. The authors discussed the relationship of expropriation on several pathways to health inequalities for the Viequenese. The findings analyze deep inequities in the distribution of political power and economic arrangements within Vieques as key factors in generating health inequalities. In 2003, the Navy left Vieques after a period of civil disobedience that involved U.S. citizens and the international world (see Rabin, 2001; McCaffrey, 2002; Torres, 2005). The Navy’s departure ended the struggle and gave rise to new social development challenges. La Lucha (the struggle) has taken on a new meaning for the Viequenses who are redressing the socio-economic and health inequalities by viewing their circumstances as a call to action. Health inequality is an issue in all countries and is affected by economic and political
arrangements. Future research is needed to examine the pathways to health inequalities based on the first period after the departure of the military.

References:


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