Seeking Sisterhood

As AIDS disproportionately ravages women of color, it's time the ladies ask: Where's the women's movement?

January 1, 2009 By Kellee Terrell

During the Democratic Primary debate held in 2007 at Howard University in Washington, DC, Sen. Hillary Clinton said that if white women were dying of AIDS at the same rate as black women, "there would be an outraged outcry." She was right about the silence surrounding the AIDS epidemic in African Americans. In the 2004 vice presidential debate, Vice President Dick Cheney admitted to Gwen Ifill, the moderator, that he didn't know that AIDS—the No. 1 killer of black women ages 25–34—was such a serious problem.

Cheney's cluelessness is matched by an arguably equally concerning oversight on the part of American feminists. We do not allow such excuses and ignorance from our nation's leaders, and we aren't going to give feminists and reproductive health advocates a pass either. It's high time the gals in particular up the ante when it comes to defending women with—and from—HIV.

Today it's universally recognized that gender inequality—social, biological, economical and cultural—makes women more vulnerable to contracting HIV. In response, more women have taken leadership roles across the globe, including in Thailand, South Africa and Fiji. In these and other countries, numerous female empowerment and economic independence programs have been created as a means to decrease HIV infection rates. Even the scientific community is on the same page. It fast-tracked microbicides research in hopes that women—who often cannot successfully negotiate condom use—will administer the clear gels vaginally to protect themselves.

Why then, haven't the feminists in the United States rallied around the cause?

"It's been a challenge getting HIV included [on the U.S. feminist agenda] because the pro-choice movement and abortion rights are constantly under fire," says Tracie M. Gardner, director of the New York State Policy and the coordinator of the Women's Initiative to Stop HIV/AIDS (WISH). "So, just like the AIDS movement, [pro-choice advocates] keep the message clear and on point and do not deviate from it by taking on other issues."

And we understand. Despite Roe v. Wade—the Supreme Court's 1973 historic ruling to keep abortion legal—87 percent of U.S. counties do not have an abortion provider and 15 states such as Arizona, West Virginia and Delaware have unconstitutional and unenforceable near-total criminal

bans on abortion. Yes, pro-choicer Barack Obama was elected as president, but there remains much to fight for. Even so, why exclude HIV from that battle?

“It doesn’t make sense because any woman who is having unprotected sex is at risk for HIV—period,” Gardner says.

Maybe the racism and class bias that Sen. Clinton hinted at earlier are underlying factors here. Looking at the past, especially the second wave of feminism in the ’70s, many feminists of color felt the movement’s white affluent leaders ignored their issues, such as the right to not be sterilized, massive economic inequality and the direct impact that racism had on their lives.

Similarly, AIDS and all that falls under its umbrella revisit that angst and disconnect, illuminating biases that need to be addressed, but often aren’t. “To take HIV on means having to have conversations about issues such as poverty, access to care and race,” says Dazon Dixon-Diallo, the founder and president of Sister Love, an Atlanta- and South Africa-based sexual and reproductive health rights organization that focuses on HIV and women of color. “Those are not conversations that many of these women are ready to have.”

Gardner stresses that it’s crucial for reproductive leaders to own the disease for the constituency that they are trying to protect. “Until that happens, they are not going to incorporate it into their agenda.”

But not all the blame can be placed on feminists who aren’t paying attention or have dismissed the issue. “The AIDS community did a good job of creating HIV as a distinct entity away from other health issues,” Gardner says. Dixon-Diallo agrees, adding that the AIDS community has been slow to include reproductive rights in its platform. “The two groups must come together,” she said. “We need to make sure that we are not only at the table with reproductive health people, but winning those fights too.”

Whatever it takes, we hope that if a fourth wave of feminism crashes on our shores soon, if it hasn’t already (Clinton’s presidential race arguably reawoke the feminist spirit in some), this time around AIDS activists will finally get their chance to hang 10.

Sounding Off!
While the women’s rights movement has work to do in terms of incorporating HIV into its agenda, we asked three readers what the AIDS community could do to include more HIV-positive women.

Antionettea Etienne, New York
Diagnosed in 1997
We need a truly powerful movement to assist women in changing their lives and enhancing their health. Where is the self-initiative to follow up, the desire to educate oneself, to understand labs, advocate for self and be educated on HIV and other health concerns? I have presented at numerous events, seminars and workshops, and so many of the female participants fail to follow up the next week. Women seem to have other concerns such as taking care of others. We need a

push that emphasizes that nothing is more important than our own lives!

Sherri Lewis, Los Angeles
Diagnosed in 1987
I believe that we need more specific medications and studies based on women. I remember when I was diagnosed with HIV in 1987, I was told not to get pregnant and there were no effective treatments for HIV yet. By the ’90s, women began to be part of the HIV story, but the message was still the same: not much hope. And in 1997, I started treatment. While it saved my life, the meds morphed my body—distended abdomen, oversized breasts, swelling in my fingers and feet and facial wasting. Treatment research has been based on men’s bodies. Recently, I signed up to be in a study whose focus is just for women; it’ll test whether a certain combination at a lower dose will have fewer side effects. I know a person who had a positive result from this trial, so I hope that we women living with HIV have more to live for.

Arlene Frames, Los Angeles
Diagnosed in 1987
While there are more services for women and children now than there were 15 or 20 years ago, we need more. The issues that HIV-positive women face are no different from the discrimination of women in general: lack of health care, barriers to health care, motherhood is very much disregarded, body image and financial hardships. What we need is more funding given directly to women and families. Most important, we need to support and empower each other to advocate for ourselves and have programs that help restore who we are.

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