An open letter to the planning committees of the International conference on AIDS: AIDS is a women's issue / International Working Group on Women and AIDS.

Contributors

International Working Group on Women and AIDS

Publication/Creation

[between 1985 and 1995?]

Persistent URL

https://wellcomecollection.org/works/dvt2vf74

License and attribution

Conditions of use: it is possible this item is protected by copyright and/or related rights. You are free to use this item in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s).



Wellcome Collection 183 Euston Road London NW1 2BE UK T +44 (0)20 7611 8722 E library@wellcomecollection.org https://wellcomecollection.org

AN OPEN LETTER TO THE PLANNING COMMITTEES OF THE INTERNATIONAL CONFERENCE ON AIDS

AIDS is a women's issue.

@ In the US women are proportionately the fastest growing group of people with AIDS.

@ In NYC AIDS is the primary cause of death for women 25-29 years

old.

@ Women of color carry a disproportionate burden of this disease: In the US 51% of all women with AIDS are Black and 21% are Latina although Blacks make up only 18% of the total US population and Latinas 11%.

@ The number of children with AIDS is doubling every 8-9 months; over 90% of affected children under 5 years old are children

of color.

@ 50% of people with AIDS in Africa and the Caribbean are women.

@ In Western Europe women comprise 9% of cases; in Africa the male: female ratio is almost 1:1

AIDS is a women's issue, with a particularly devastating and disproportionate impact on the lives of women who have the disease, who have family or who live in communities beset with the disease, and who care for the people who are sick with the manifestations of HIV infection.

Throughout the world, women are the caretakers of the family and of the sick. Women comprise about 90% of all the nurses, social workers, educators, home health aides and health workers. Women are the most poorly paid of all health workers and frequently are recruited from the populations already most severely affected by HIV related disease.

Throughout the world the burden of unpaid health services has always fallen to wives, mothers, grandmothers, sisters, aunts, daughters, and woman friends. Volunteerism is increasingly seen as the answer to the escalating costs of caring for those with AIDS and ARC, without regard for the enormous burden this illness already places on those communities with the least support and resources from the health care delivery system.

Furthermore, AIDS offers a paradigm for all of the critical issues which impact on women:

@ deeply ingrained societal racism and sexism

- @ inadequate quality and inaccessibility of health care, including outpatient, hospice and respite care as well as more traditional facilities.
- @ absence of decent affordable housing, particularly for female headed households, the impoverished and the working poor.
- @ insufficient child care facilities, and support services for raising children

@ unequal educational opportunities and illiteracy

@ underemployment and low paying jobs which enforce dependency on social service agencies

@ devaluation of female sexuality as an important element of health and a part of our life experience which has been suppressed and distorted by cultural insensitivities and overt discrimination. Of particular concern is the paternalistic and cavalier disregard for the reproductive rights of the women at highest risk for HIV infection. Because historically, women of color have been repeatedly subject to forced sterilization and coerced family planning decisions, it is essential that all public health measures respect the dignity and autonomy of the pregnant woman. No meaningful reproductive options exist in the absence of adequate nutrition, prenatal and medical care, or without daycare, education and schooling for all children, including those born with disease or HIV positivity, and the availability of abortion on demand for women who chose it.

Women cannot be subject to compulsory, mandatory, "routine" or any other testing which is not entirely informed and voluntary. Testing mandates adequate counseling in a culturally sensitive manner using appropriate language. Anonymous testing and counseling must be available to women on request.

In this third international conference on AIDS, which has been a major forum for the discussion and definition of issues and problems involving AIDS, women are largely invisible except in two roles: as vectors for transmission either perinatally or (putatively) through prostitution. Even in those sessions that have focused on issues impacting on women's lives, for example heterosexual transmission, women are not adequately represented on the panels.

The International Women and AIDS Caucus insists that:

- 1) Women participate on the organizing, steering and program committees for the international AIDS conferences in significant numbers:
- 2) a series of sessions on issues of concern to women be planned for the next international AIDS conferences;
- 3) women's perspectives be represented in all sessions that address topics impacting on women and children
- 4) services be expanded to ensure accessibility to the conferences including childcare and sliding scale based on income and travel subsidies

We recognize that other affected groups have been similarly disenfranchised by the conference organizers and therefore support similar inclusion for all who have been excluded.

We believe that these recommendations carry the possibility of bringing us all closer to our mutual goal: victory over this devastating epidemic the foremost public health challenge of our lifetime.

International Working Group on Women and AIDS

Contact: San Francisco Women in AIDS (415) 476-4091