

In a dangerous time

by Carolyn Smith

On Wednesday, January 13th, Dr. Cindy Patton spoke at Saint Mary's University on the issues of women and HIV/AIDS. She focused specifically on the media's representation of women's risk of acquiring HIV/AIDS and the epidemiological methods used to (mis)represent those who have acquired HIV/AIDS.

Having reviewed many articles in publications such as *People* and *Newsweek*, Patton noticed that women, when they were mentioned at all in the context of HIV/AIDS, were described either as sex-trade workers or as mothers of sero-positive babies. Thus we hear of men and babies who have contracted HIV/AIDS, which is most likely from men.

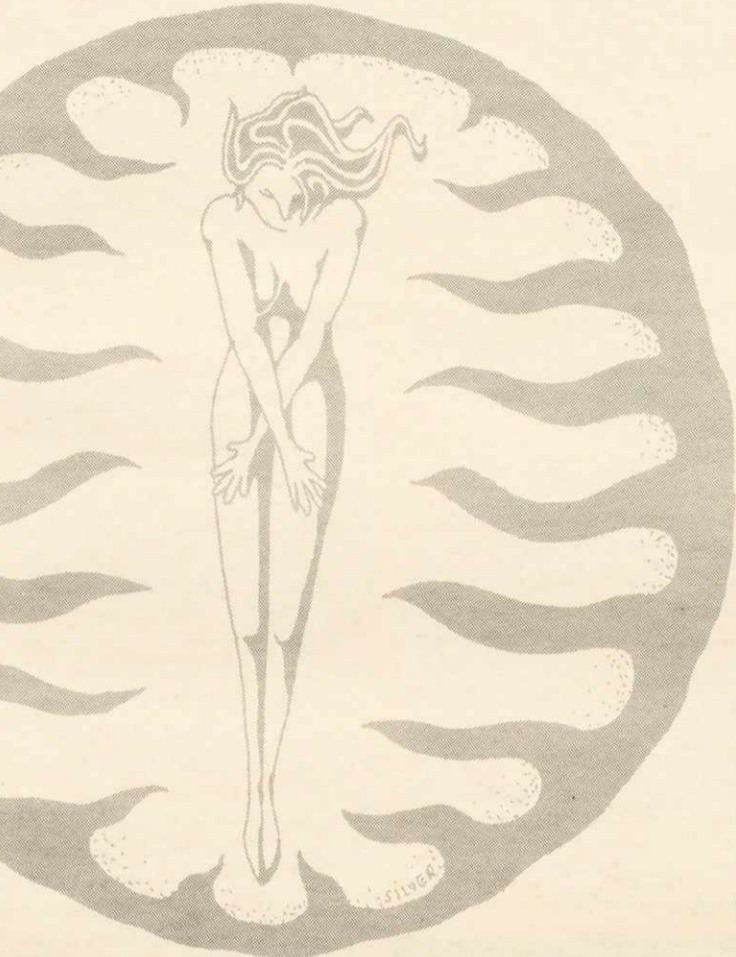
This trend ties into HIV/AIDS epidemiological studies, where women are often referred to as "vessels and vectors". This means that in the attempts to understand who gets HIV/AIDS and why, women and their bodies have been decontextualized and are seen "either as vaginas or uteruses," waiting to infect men or babies. Women, says Patton, are assumed to be "always, already infected."

Those considered at risk for HIV/AIDS, as identified in the media, have not traditionally been described as "ordinary heterosexuals." Thus we hear of gay men, intravenous drug users, sex-trade workers (usually in the context of their customer's risk), people in Africa, and those who engage in "dangerous sex practices," as being at risk for having HIV/AIDS.

These 'identity' tactics have the effect of distancing women's perception of their risk of contracting HIV/AIDS ('It couldn't happen to me, I only have normal sex'). Attitudes like this result in women having a false sense of their own security.

In addition, much of the research on HIV/AIDS education, prevention, identification and treatment has focused on gay men, and by omission, has further fostered the belief that normal women are not at risk. However, Patton argues that gay men's risks have been overestimated, and women's risks underestimated.

According to the Center for Disease Control or CDC's early classification system, men could be either heterosexual or homosexual. Only one gay contact was required to



qualify a man as a 'homosexual' male. So, if an IV drug using man, or a man who visited sex-trade workers had sex with a man even once, he would be classified solely as a gay man.

The CDC classifications had the effect of statistically eliminating the actual number of times high-risk men engaged in heterosexual activity. As a consequence, they covered up women's risk of coming into contact with HIV+ men. Recent studies have shown that over half of such high-risk men were also having sex with women.

Such evidence also points to the phallogocentric attitudes of the medical establishment. For although women have been at HIV/AIDS risk since the beginning of the epidemic, the medical establishment has been slow to uncover not only if, but how women are getting AIDS.

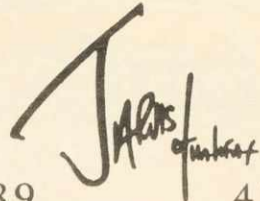
Furthermore, women's symptoms have not been widely recognized by doctors, who have concentrated on men's symptoms both in research and practice. Women most often find out they have been infected in the later stages of AIDS, when they are receiving medical attention before giving birth,

or when their male partner tests positive for AIDS. Men usually find out much earlier than women and therefore receive medical attention that can prolong their lives.

Cindy Patton's lecture was informative, and opened my eyes to the reality of women's neglected position in the HIV/AIDS crisis. It allowed me to identify why, when I went to donate blood to the Red Cross, there were no questions or warning for "normal" women with regard to HIV/AIDS. Unprotected heterosexual sex was not an issue; only "male-male" sex, use of needles, visiting Africa, or having sex with a sex-trade worker were mentioned as disqualifying one as a donor.

Because doctors don't always recognize women's symptoms, we have to take the time to be aware ourselves. Yeast infections that won't go away, Pelvic Inflammatory Disease (PID), cervical cancer, pain during sex, and weight loss are all indicators of possible HIV infection in women. It is time for women to demand equal attention on all levels with regard to HIV/AIDS.

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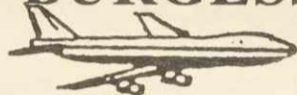
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