

International AIDS Conference XVII

Mexico City, Mexico

Regional Dialogue: Women of Color in the Global North (North America, Europe, etc) An Organizing Conversation Among Racial, Ethnic, and Indigenous “Minority Groups” in the Global North

Facilitated by:

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MONDAY: August 4th, 9:00am-10:30am, Women’s Networking Zone, NGO Village

For women in the Global North, race/ethnicity/indigeneity have been proven to be significant risk factors for HIV prevalence, even when controlling for class/socioeconomic status:

- AIDS is the leading cause of mortality among African American women. Though African Americans and Latin American women only comprise 25% of the female population, they comprise 81% of women living with HIV. In a country where AIDS prevalence overall is less than 1%, in Washington DC, the nation’s capital, 20% (1 out of 5) of the adult population of African Americans (aged 25-49) is HIV positive. This puts the rates of African Americans in the city Washington DC on par with the rates of the Democratic Republic of Congo and Rwanda.
- In recent years, the number of AIDS diagnoses among Asians and Pacific Islanders in the United States documented by Centers for Disease Control has increased steadily. Young Asian and Pacific Islander women aged 15-24 are more than 3 times as likely to be HIV positive as young men.
- According to the Office of Minority Health, American Indian/Alaska Native women have 3 times the AIDS rate of non-Hispanic white women in the United States.
- People of African ethnicity, particularly individuals born in sub-Saharan Africa, bear the brunt of the heterosexual HIV epidemic in the UK. Despite accounting for less than 1% of the UK population, people of African descent made up almost half of all new HIV diagnoses in the UK in 2006.
- Though Aboriginal persons represent only 3% of the Canadian population, they comprise over 26% of persons living with HIV&AIDS. Females represent nearly half (45.3%) of all positive HIV test reports among Aboriginal persons, however females represent 19.9% of reports for non-Aboriginal persons.

The dynamics of being a woman of color in the Global North are impacted by issues of racism/ethnicism/xenophobia and exacerbated by issues of immigration, class, sexism etc. Immigration policies and the resulting dynamics mean that many women are suffering in silence and hiding without access to the messaging and services needed to protect themselves from HIV as well as to receive treatment. The pervasively challenged socioeconomic status of many communities of color also impacts the ability of community members, at the individual and population level, to address issues such as HIV&AIDS which has physiological as well as sociological dimensions, due to stigma associated with the disease. Intra community gender norms, which affect power relations between men and women and thereby impact a woman’s ability to negotiate safe sex, are often amplified in communities of color as studies have shown that when groups of people are oppressed, detrimental effects of gender inequality are magnified.

Leadership on HIV&AIDS at national levels is not reflective of the epidemiology of the epidemic. Being a “minority group” within a dominant culture and within a system that was designed to meet the needs of the “majority” is a circumstance that requires specialized strategies for organizing and power building. In addition to challenges with “the powers that be,” we also have the added challenge of not being organized as communities of color working together. Issues of language, culture, geography, etc, are barriers from organizing ourselves and building collective power.

At the global level, we are often invisible, as our nations of residence conceal our status as points of shame to be concealed at worst, and insignificant at least. At international conferences our nations of residence are referenced as “donor countries” and are often relegated as targets for advocacy. People who speak on behalf of our nations at global forums on HIV&AIDS are not us, the women who are most affected by HIV&AIDS. Seldom are we, as women of color who experience similar rates to our global sisters, invited to link arms in partnership and advocacy against the common targets, our governments who drive oppressive national and international policies which affect us all.

In addition to being affected by the policies of our governments, we also have links as Diaspora persons with direct, or ancestral, relationships to Africa, Asia, Latin America and the Caribbean. Thus, we also have an interest in linking with the various regional groups, in addition to the need to organize ourselves and develop regional and national strategies as women of color in the global north.

Therefore we as women of color from the global north have organized this space out of a need to discuss how to strategize at national, regional, and global levels on our own behalf and in partnership and solidarity with our sisters worldwide.

Please contact any of the above facilitators if you are interested in joining us for the session!