Expanding Advocacy at the Intersection of Reproductive Justice & HIV/AIDS

Naina Khanna, Executive Director, Positive Women’s Network-USA
Nerissa Irizarry, LSRJ RJ-HIV Fellow, Positive Women’s Network-USA
Melanie Medalle, LSRJ RJ-HIV Fellow, SisterLove, Inc.
HIV in the U.S.

• Approx. **1.1 million** people are living with HIV

• Approx. **300,000** women are living with HIV

• Heterosexual contact remains the most prevalent form of transmission for women – Representing **84%** of new transmissions
Diagnoses of HIV Infection and Population among Adult and Adolescent Females, by Race/Ethnicity

Diagnoses of HIV Infection
N = 10,257

- American Indian/Alaska Native: 17%
- Asian: 1%
- Black/African American: 64%
- Multiple races: 1%
- <1%

Female Population
N = 132,402,857

- Hispanic/Latino: 1%
- Native Hawaiian/Other Pacific Islander: 1%
- White: 66%
- <1%

Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.

Hispanics/Latinos can be of any race.
HIV/AIDS Health Disparities

- African Americans constitute 14% of the overall population, but make up 44% of new cases of people living with HIV.
- African American women constitute 64% of all new cases among women.
- Among young MSM (highest rate of new diagnoses), African American MSM (ages 13-24) make up more new cases than any other subgroup by race, age, and sex.
- Latinos constitute 17% of the US population, but make up 21% of new cases of PLH.
- In a 2008 study among transwomen, 28% tested positive for HIV.
HIV/AIDS in the US by Region

- Regional concentration of people living with AIDS (2010)
  (1) South (new diagnoses: 15,855; 13.7 per 100,000 people)
  (2) Northeast (6,849; 12.3)
  (3) West (5,472; 7.5)
  (4) Midwest (3,876; 5.8)
- The South accounted for nearly 40% of the estimated 476,732 people living with an AIDS diagnosis in the US in 2009.
- The majority of new AIDS diagnoses is in urban areas with populations over 500,000, high concentrations of people of color, and high income-inequality rates.
Expanding our Conceptualization of RJ

- RJ exists when people of all identities are empowered with self-determination - in the form of social, economic, political, and cultural power - to freely make meaningful decisions about the full spectrum of their bodies, sexuality, relationships, reproduction, and families; and to shape and have power over the institutions, laws/policies, and culture that affects their lives.

- RJ addresses this full spectrum by addressing the socioeconomic and political arrangements of power in which these life experiences occur.
Expanding RJ: HIV as an RJ Issue

• The groups most impacted by HIV/AIDS face systemic barriers to realizing sexual and reproductive justice in our current political, legal, and socioeconomic system.

• Current law, policy, and culture affecting HIV limits the ability of the most impacted groups to freely make meaningful decisions about their bodies, gender, sexuality, relationships, reproduction, and communities.
  • Policing of Sexuality & HIV Criminalization
  • Lack of Access to HIV Prevention and Quality Health Care
  • Gender-Based Violence, Trauma, and PTSD
Reproductive Justice Lawyering

• The law and legal reforms have historically been used as a form of state violence against communities of color, poor communities, LGBTQI communities, and women.

• We use law and policy, in conjunction with community engagement, strategic communications, and culture-based arts, as multi-prong tools for social change.
Federal Policy Issues

• **National HIV/AIDS Strategy (2010)**
  – Align HIV-related laws & policies with science and evidence
  – Addressed HIV criminalization
  – Failed to meaningfully address integration of SRH/HIV
  – Neglected to mention SRHR of PLHIV

• **Ryan White Program**
  – Part D, contraceptive & family planning access

• **HIV Care Continuum Initiative (July 2013)**
  – CDC guidelines for ARV treatment

• **ACA Implementation & Medicaid Expansion**

• **PrEP & Treatment as Prevention**

www.pwn-usa.org
Addressing the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities

Posted by Dr. Grant Colfax and Lynn Rosenthal on September 06, 2013 at 03:15 PM EST
Objective 2: Improve outcomes for women in HIV care by addressing violence and trauma.

- “Because IPV is prevalent among WLHIV, increasing IPV screening rates in this population may be especially important and require special focus within HIV-specific programs. Programs that provide trauma-informed care as part of HIV/AIDS care for women should be piloted and evaluated.” – p.9
- Recommended Action 2.1: Screen WLHIV for IPV and link them to appropriate care and services.
- Recommended Action 2.2: Develop, implement, and evaluate models that integrate trauma-informed care into services for women living with HIV.
Objective 2: Improve outcomes for women in HIV care by addressing violence and trauma.

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State Policies

• Disclosure forms
• Fertility treatment access, tissue donation
• Contraceptive access
• Abortion restrictions
• HIV Criminalization Laws
• Parenting, Adoption & Custody Issues
Key Takeaways

• International human rights conventions and treaties relating to SRHR are weakly reflected in US laws and policies.
• Policing of sexual behavior of PLHIV continues in the form of criminalization laws and disclosure requirements.
• Laws and policies continue to perpetuate inaccurate perceptions of HIV transmission risk at the expense of abridging SRHR for PLHIV – eg. Limiting access to fertility services.
• WLHIV who are incarcerated or otherwise in custody by the State are uniquely vulnerable to human rights violations.