

# TOWN HALL SESSION

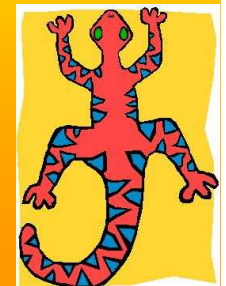
Women's Networking Zone  
International AIDS Conference  
Vienna 2010

*“HIV and Women: The Illusion of Inclusion: a brief overview”*

Alice Welbourn PhD



Salamander Trust  
[www.salamandertrust.net](http://www.salamandertrust.net)

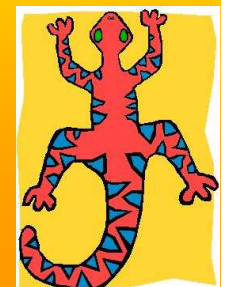


## Notes:

Good morning everyone.

What I am going to say this morning is both very simple and very complex. I am talking about issues which are at one level so obvious that you will think this is ridiculously simplistic. But at another level, what I am talking about goes so deeply into our thinking that we take it completely for granted. Someone has just been talking about “culture”. In England, in relation to HIV, people often use the word “culture” as a euphemism for talking about “the African community”, as if Africans have cultural issues in relation to HIV – but that we English people don’t. This is of course ridiculous, because we all have our cultural influences. But that is the thing about culture – that it is so deeply imbued in us that we think it is the natural order, don’t notice it and certainly don’t question it.

So, let’s begin by reminding ourselves of the global statistics in relation to HIV, and in particular the large percentage of *women* with HIV.



# Global summary of the AIDS epidemic December 2008

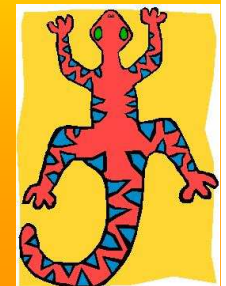
## Number of people living with HIV in 2008

**Total 33.4 million [31.1 million–35.8 million]**

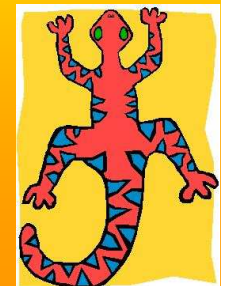
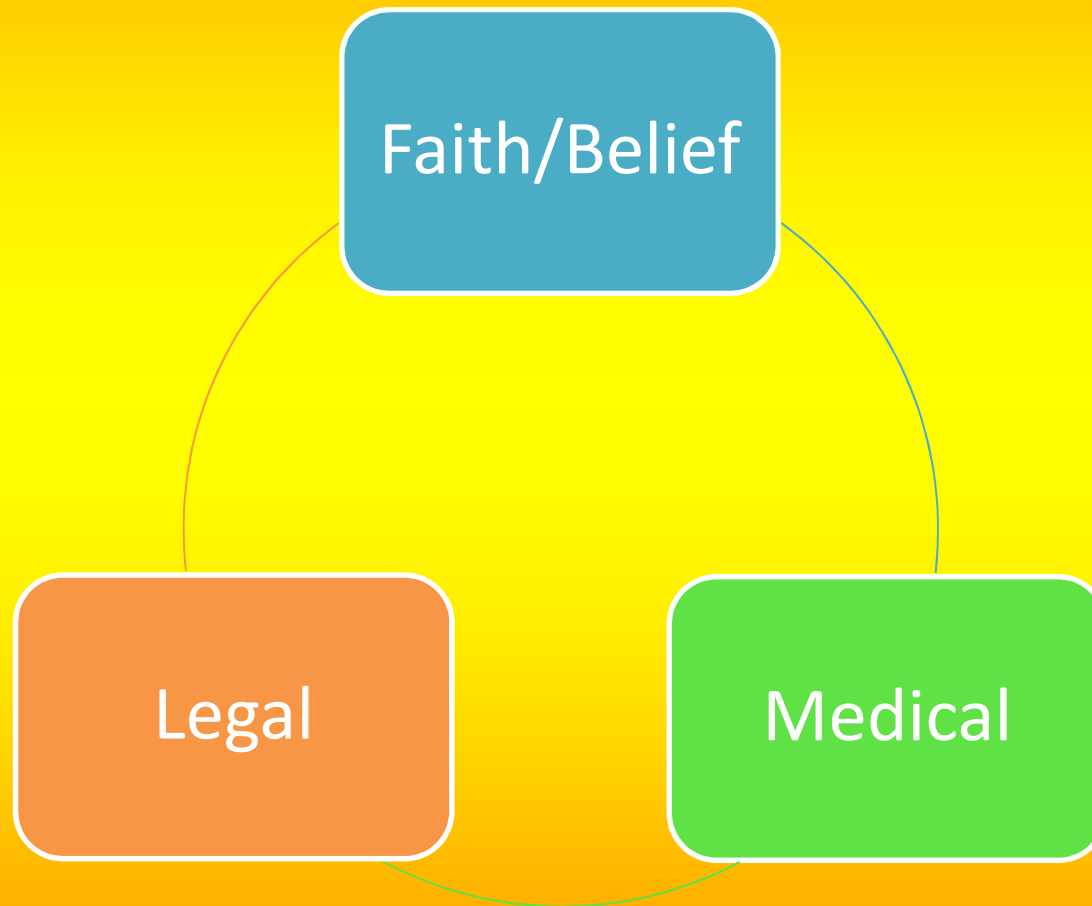
**Adults 31.3 million [29.2 million–33.7 million]**

**Women 15.7 million [14.2 million–17.2 million]**

**Children under 15 years 2.1 million [1.2 million–2.9 million]**



# “The Illusion of Inclusion” ....



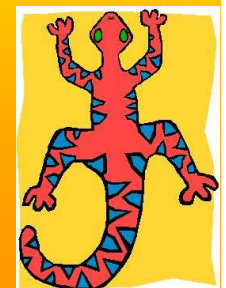
## Notes:

I am going to look this morning at three dimensions of our Western culture, based on our Judaeo-Christian traditions. I am focusing on this, because this is the culture which I was brought up in and therefore know best – although of course it could also be argued that others, looking at our culture from outside it, would be better at commenting on it than those of us inside it.

I am going to focus on 3 particular areas of our culture which have had a marked impact on HIV and how we think about it and have responded to it. These are faith/belief, the legal sector and the medical sector.

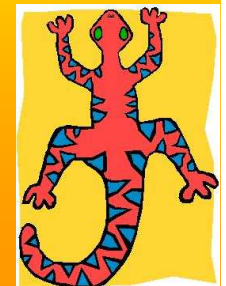
I am calling the talk “the Illusion of Inclusion”, which is a phrase that Baroness Helena Kennedy\*, a leading human rights lawyer in the UK, has eloquently used to describe the way in which women are inadequately supported by the English legal system.

*\*You can hear Helena Kennedy speak about HIV at [www.sophiaforum.net](http://www.sophiaforum.net)*



# “The Illusion of Inclusion”.... 1...

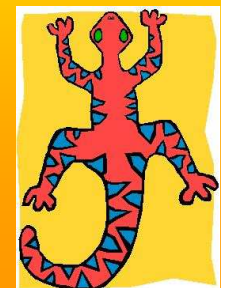
Faith/Belief



## Notes:

So, to begin with Western faith/belief systems. Our Judaeo-Christian tradition goes back to Adam and Eve in the Garden of Eden. Many are familiar with the story of how Eve tempted Adam, against God's will, to eat an apple from the tree. You can see poor Adam, challenged by Eve's seductive feminine wiles in this picture, scratching his head here. We should think of mediaeval church art as the mediaeval precursor of advertising. We all know of the subliminal power of advertising to influence how we think and what we buy. If it wasn't so powerful, business wouldn't spend so much on it.

Most people couldn't read or write in Britain until at least Victorian times and for them the power of art in churches, to which certainly all rural people went, was very influential. You can see the snake, representing Eve the temptress, in the tree above them. In England, traditionally the fruit in the tree was a pomegranate, also known as a love apple. Once they had eaten the apple, God was angry with them for disobeying him. They both realised they were naked and they were banished from the Garden of Eden. So Eve was roundly to blame for this. (It seems poor Adam had no agency in the matter.) And so the image of the first woman has been portrayed in Judaeo-Christian traditions.







## Notes:

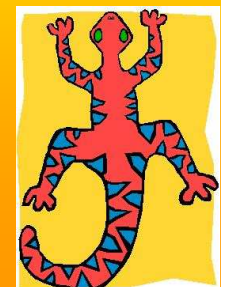
Here we move on to Renaissance art as advertising, with the Virgin Mary, immaculate – ie without sin – and the baby Jesus on her lap. We can tell she is the Virgin Mary, because she is wearing a blue dress, which is how she is always portrayed.

The Virgin Mary had an immaculate conception – which means that she became pregnant without having had sex. – ie without having committed any sin. I remember when I first read a basic anthropology reader by the great anthropologist Claude Levi-Strauss, as a student, in which he points out that this is a belief of Christianity rather than an absolute truth, that I was deeply shocked and looked up and around me quickly to see who in the library might be watching me read such a shocking thing. And I thought I had had a relatively liberal education. But I had survived 21 years without anyone previously pointing this out to me.

In Catholic doctrine, not only did the Virgin Mary have an immaculate conception, but her mother Anne did also\*, thus freeing Mary from original sin. Thus again, we see a strong link between sex and sin on the one hand – even within marriage - and non-sex and grace on the other.



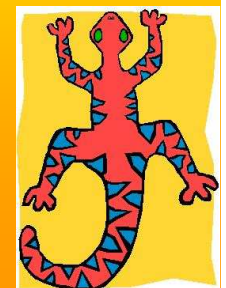
*\*See [www.newadvent.org](http://www.newadvent.org)*





**Notes:**

Moving on then from the Virgin Mary to the image of Mary Magdalene, the other Mary in the story of Jesus, we have a different image.





**Title: ' St Catherine of Alexandria, St Peter and Mary Magdalene' Artist: Carlo Crivelli**

**Date: 1475**

“Incident shown: Mary is grouped with other great saints of the medieval Church.

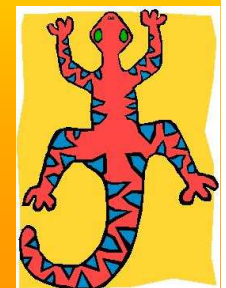
Bible reference: None

Comment: Mary is here dressed in flamboyant red, a color with all sorts of connotations. Sexual passion and licence, the allure of the sinful woman, a come-and-get-me color. There is in fact no reason at all to think that Mary had been a prostitute. She had been cured of a severe illness, and Jesus had summoned 'seven demons' from her. But many illnesses, such as epilepsy, were supposedly caused by evil spirits or demons entering the body, and 'seven' simply denoted the severity of her illness. In fact, the nature of the illness is unspecified. Only later, when celibate male scholars wrote about the story, was Mary's illness linked to her sexuality”

Elizabeth Fletcher: <http://www.bible-art.info/MaryMagdalene.htm>

**Notes:**

In fact by the C19th, we have Mary Magdalene depicted by a French artist, lying naked in a cave in France, where she is supposed to have travelled after Jesus' death and resurrection, to live in retreat for the rest of her life.





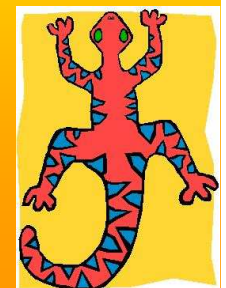
Jules-Joseph Lefebvre, 1876 – Mary Magdalene in the Cave

## Notes:

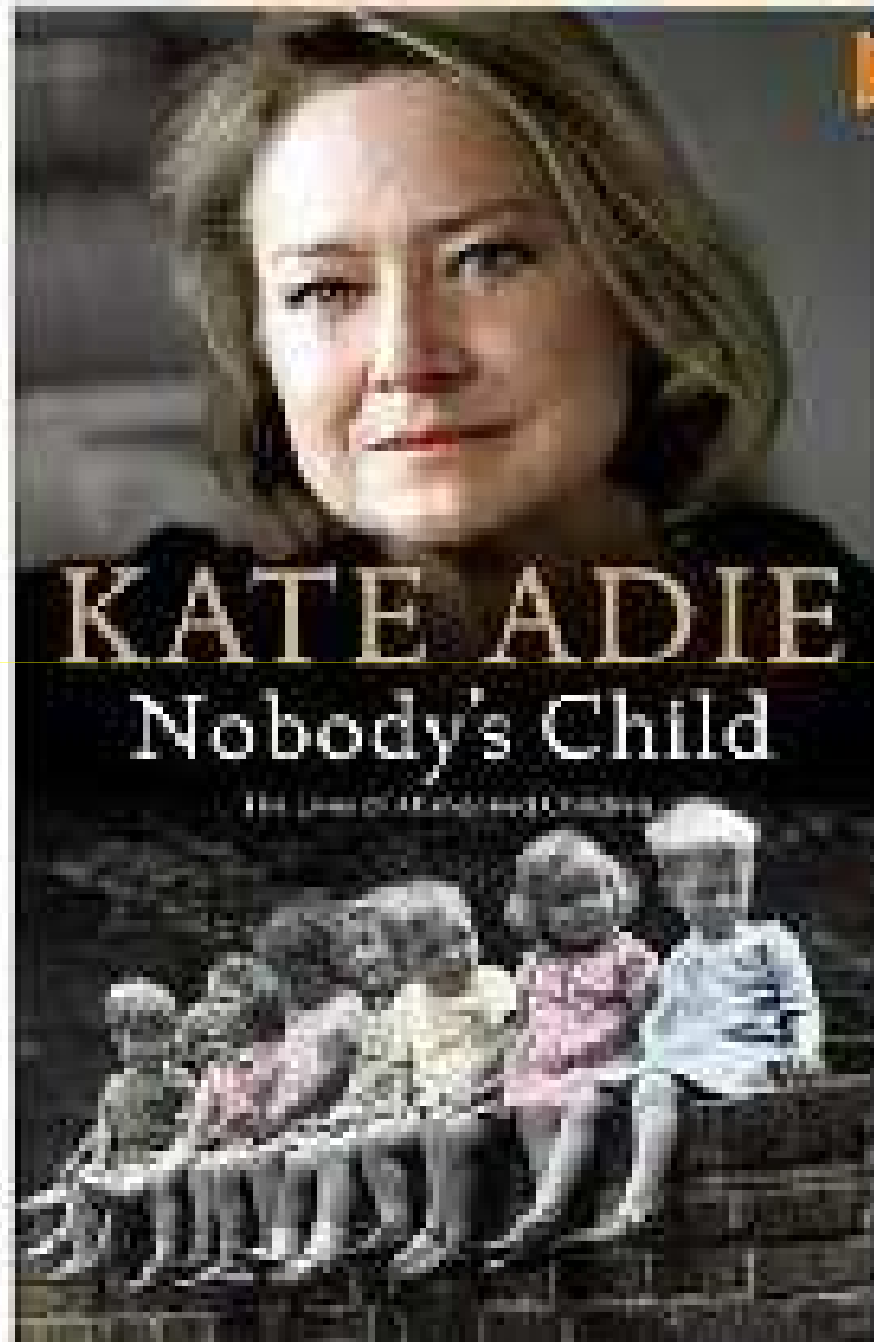
I have written elsewhere of the influence of public opinion on the way in which both “fallen women” and their children have been treated in the UK, drawing especially on the great book “Nobody’s Child” by Kate Adie.

In this book, Kate Adie charts the history of attitudes in the UK especially towards women who gave birth to children outside of wedlock over the centuries. This book also highlights the damning attitudes of society to the children of these women, and how they were often treated and labelled pejoratively and brought up in institutions or adopted. Thus the behaviour of society towards women who had somehow broken socially ascribed norms for any reason both blamed the women – or girls – themselves and also their children.

Once again, sex = sin = social outcast. And this influenced attitudes towards children also.



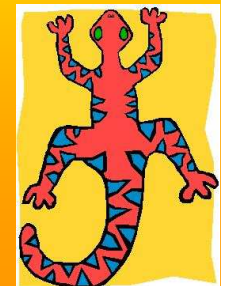
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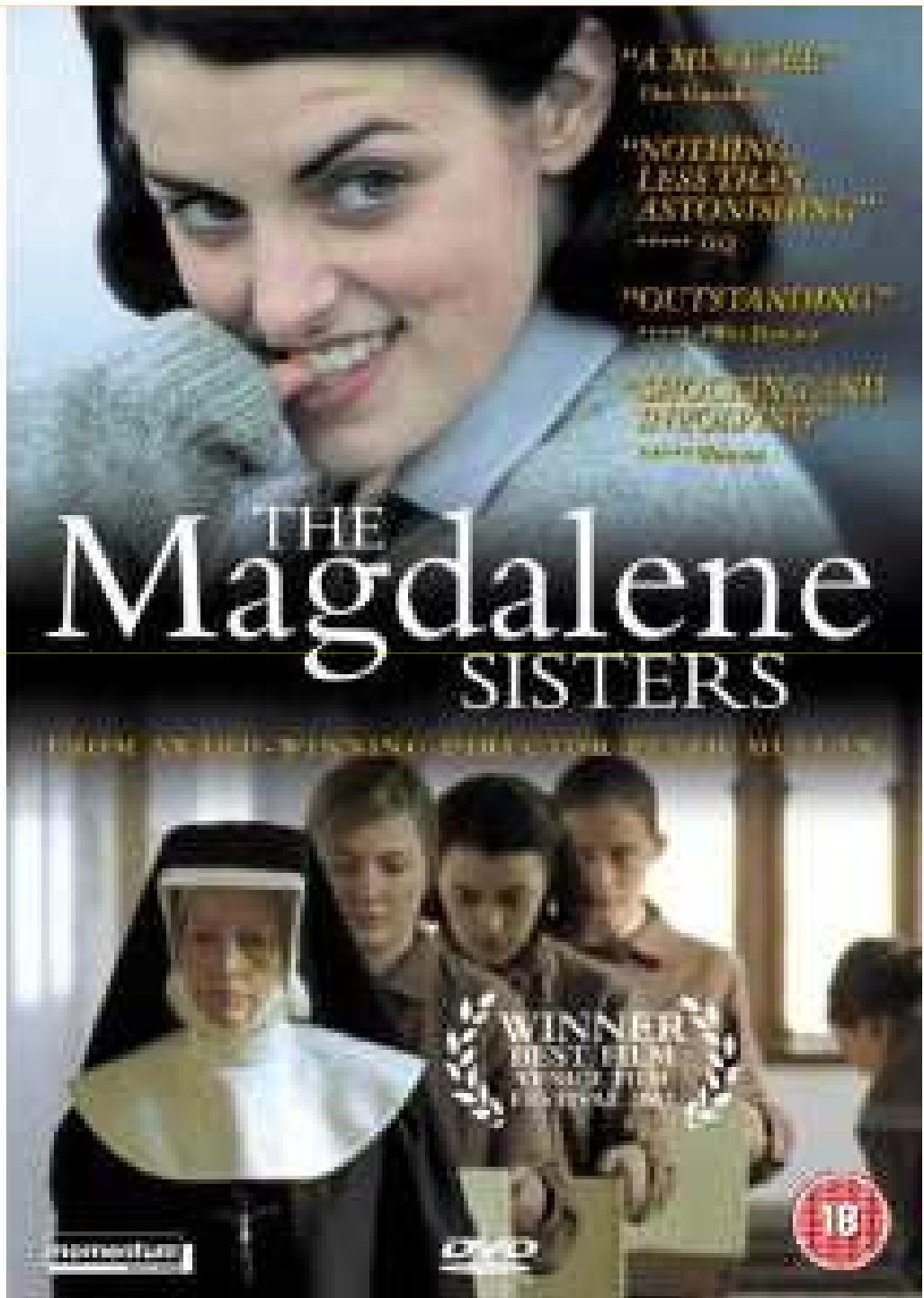




## Notes:

Another great example of how young women were treated by society if they fell out of line at all is depicted in the film “The Magdalene Sisters”, which describes the laundries in Ireland which only closed in relatively recent years. These were full of young women who had “fallen from grace” by being raped by older male relatives, who had had a young romance ending in pregnancy or who had just been too “flighty” in their behaviour. The laundries were ruled by a rod of iron by nuns and the girls were destined to spend their lives here, washing the laundry of local townspeople.”





"A MASTERPIECE"  
—The Daily

"NOTHING  
LESS TRULY  
ASTONISHING"  
—The Daily

"OUTSTANDING!"  
—The Daily

"A MASTERPIECE"  
—The Daily

THE FILM WAS AWARDED BEST FILM AT THE 2002 BRITISH FILM AWARDS

WINNER  
BEST FILM  
BRITISH FILM AWARDS 2002

18

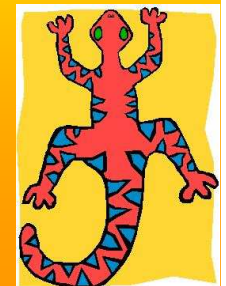
SONY PICTURES CLASSICS

DVD

**Notes:**

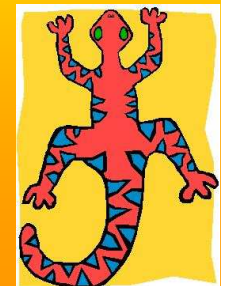
So this brief overview has shown how traditionally in Christianity, women have been typified either as “bad” and “sinful”, and connected with seduction and sex in some way, like Eve or Mary Magdalene, wearing red or being naked; or as “good” and “full of grace” and “free of sex”, like the Virgin Mary.

Moving on now to the legal sector. How are women depicted here?



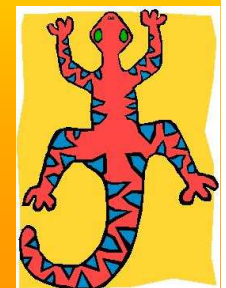
# “The Illusion of Inclusion” .... 2...

Legal



## Notes:

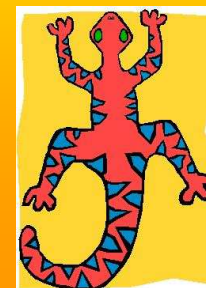
This is the Old Bailey in London, which is Britain's most famous law court.





**Notes:**

If we look inside it and look at an old drawing of a court session, spot the woman.



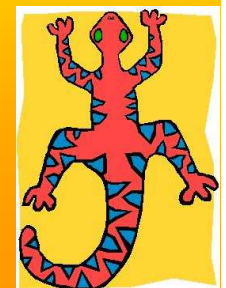




**Notes:**

Yes, you are right, there was no woman to be seen. Even if she had been in the dock, she would have been the only woman in the Court in those days.

Our next picture is of Law Lords in the House of Lords, which is the upper chamber of our Houses of Parliament. Spot the woman here now.





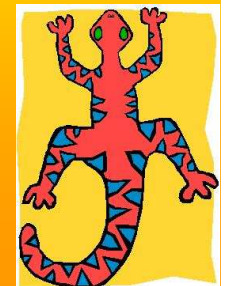
## Notes:

Yes that's right again. You can't see any women. Britain's first female law lord (1 of 12) was appointed in 2004\*.

We now have a Supreme Court in the UK, which has replaced the House of Lords as the highest court of appeal. It has 12 officers also and – yes, only 1 – is a woman\*\*.

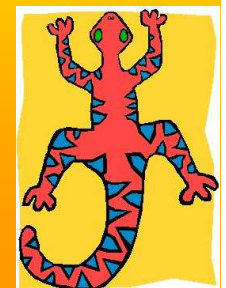
\*<http://www.guardian.co.uk/politics/2003/oct/24/lords.gender>

\*\* <http://www.supremecourt.gov.uk/about/biographies.html>



**Notes:**

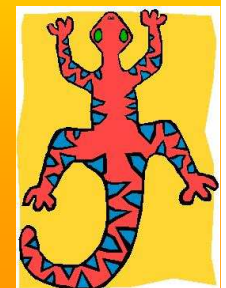
OK, let's spot the woman again at the Old Bailey.





**Notes:**

Well you could be forgiven for missing her, but she is there – right up high on the very top of the building. She is known as the Lady Justice, ruling supreme over all that takes place within the walls of the building below.





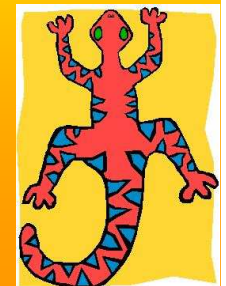
FreeFoto.com

## Notes:

However as Helena Kennedy has argued extremely forcefully in two excellent books, apart from this statue on top of the Old Bailey, women just don't do well in British law.

She argues how law in Britain has been shaped by men over the centuries and how the whole of British law has failed women in having no female experience within it.

When her book "Eve was framed" was first written, it was vilified by many. Thankfully, it has now turned into a standard read for law students. And some laws and ways of doing things in court have changed, thanks to the influence of Helena Kennedy and a few of her colleagues. But there are still many lawyers in the system who view her ideas with outrage and consider that the issues she addresses are nonsense.







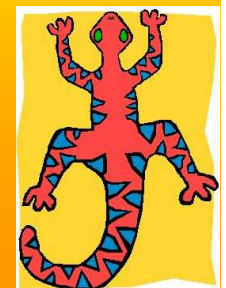
# JUST LAW

THE CHANGING FACE OF JUSTICE –  
AND WHY IT MATTERS TO US ALL

## HELENA KENNEDY

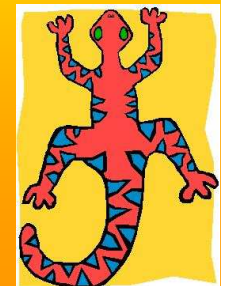
**Notes:**

And so we move on to our third area – medicine – before we look back at the influences of all three of these issues, faith, the law and medicine, on our responses to HIV.



# “The Illusion of Inclusion” .... 3...

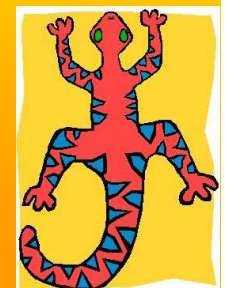
Medical



**Notes:**

I have a friend and colleague, Simon Sinclair, who is a psychiatrist turned social anthropologist, who wrote a fascinating anthropological PhD thesis conducting participant observation of undergraduate medical school teaching at University College Hospital, London, where he himself trained as a medical doctor some years earlier.

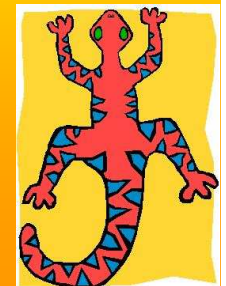
Once more, lets' spot the woman.



Simon Sinclair

# Making Doctors

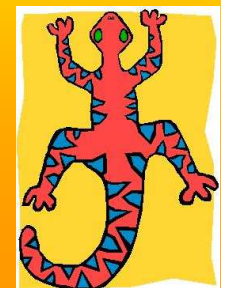
An Institutional Apprenticeship



**Notes:**

Yes, that's right. Here you can see a woman – whom one presumes to be a nurse, tending to the surgeon as he prepares for an operation.

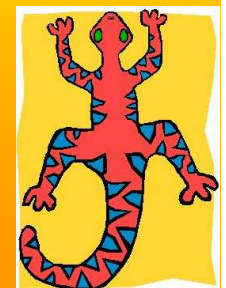
I thought maybe I was being a bit old-fashioned, so I googled “doctors and nurses” images and came up with this photo from Australia from 2008, I think. I guess it's pretty clear who's wearing the stethoscopes round their necks – the classic symbol of doctorhood.





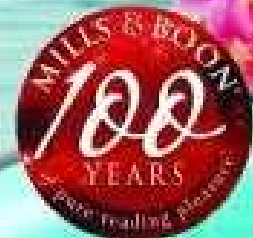
**Notes:**

I found another image also on google for “doctors and nurses” – this time a recently published Mills and Boon book in their “medical romance” series:

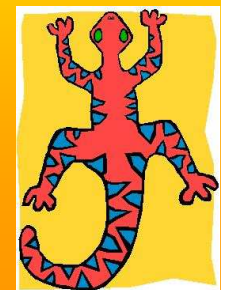




**BILLIONAIRE DOCTOR, ORDINARY NURSE**  
Carol Marinelli



MILLS & BOON'S  
**MEDICAL**

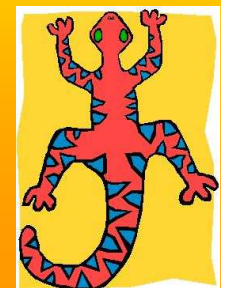


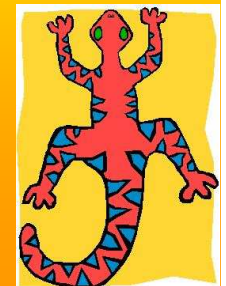
**Notes:**

I suddenly thought – maybe I’m the sucker – maybe *she* is the billionaire and *he* is the nurse. So I checked further for the synopsis of the story.

No, my first assumption was right.

And here was a third image I came across in my quick google search. It is interesting that the woman is *not* wearing the stethoscope.





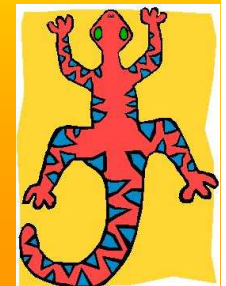
## Notes:

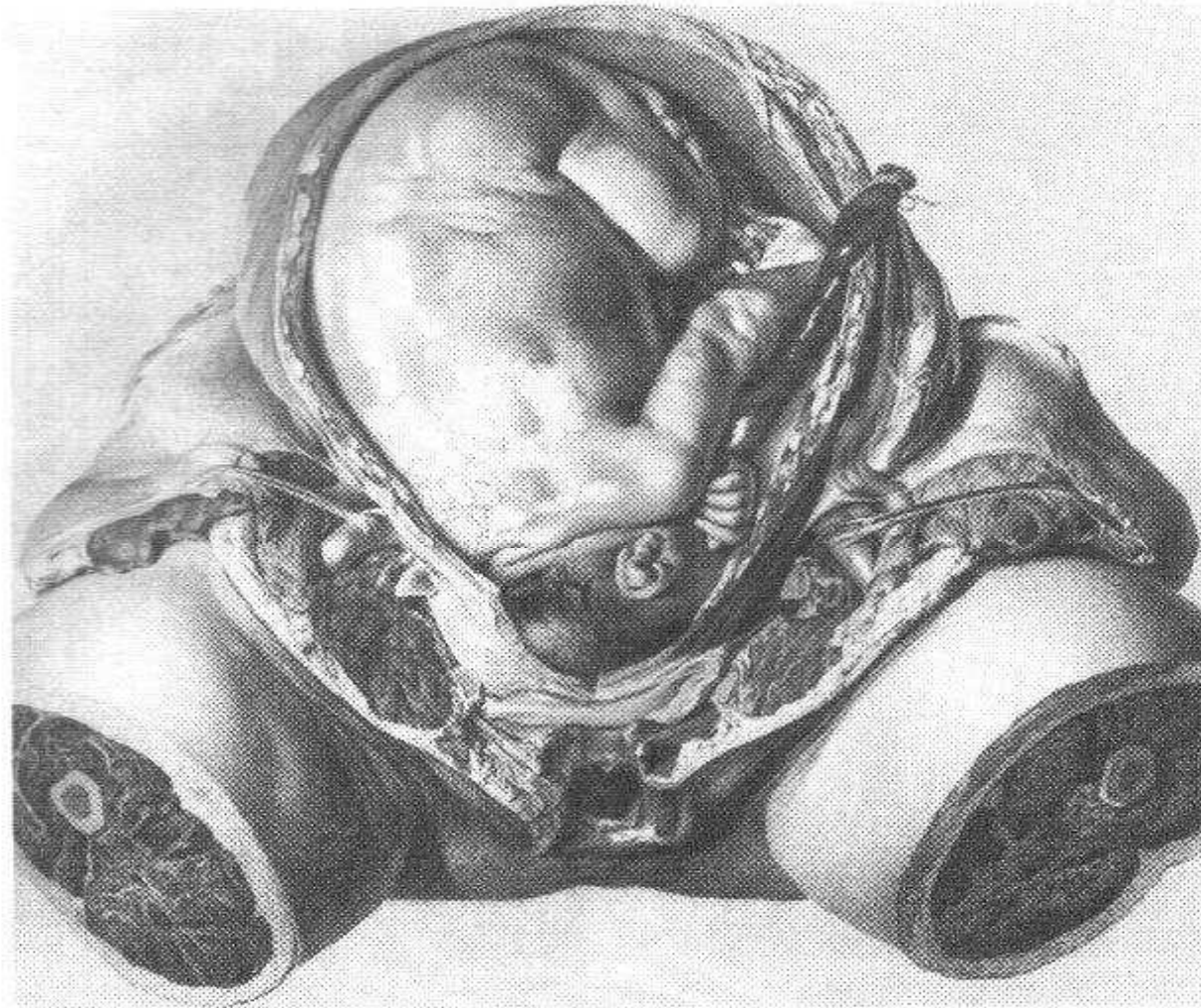
Going back to Simon Sinclair's book, there are certainly woman medical students by the time of his research in the early '90s. Nonetheless, a lot of the ritual involved in becoming a medical student includes playing rugby (a male pursuit), drinking a lot of beer (also traditionally a male pursuit) and making jokes about sex and female reproductive and sexual body parts.

It is clear that it was still very much a male world of study at this stage. It was also a world where students were being taught to distance themselves emotionally from – and objectify – patients, in order to prepare themselves professionally as medical experts.

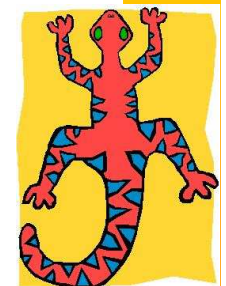
One image that Sinclair shows in his book struck me as particularly powerful in this regard – an image from a classic C18th anatomy textbook which depicted a baby in a womb, where the woman's torso is completely removed from the rest of her body, from the waist upwards and the upper leg downwards. When I saw this image, it reminded me entirely of how some of the prevention of vertical HIV transmission

literature focuses entirely on children, viewing women as vectors and vessels rather than as individuals in their own right, integrally connected to their growing babies.





**Figure 5.** Depiction of dissection: the transformation of personally acquired Experience to publicly available Knowledge in William Hunter's *The Anatomy of the Human Gravid Uterus* of 1774. Note the great detail and the detachment of the specimen both from the rest of the body and from any other context. [Wellcome Institute Library, London]

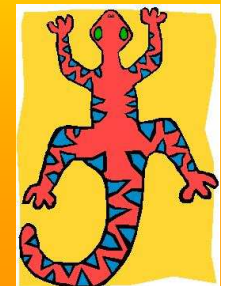


CRC vs CEDAW.... Or...

CRC.....

*through*

CEDAW???



## Notes:

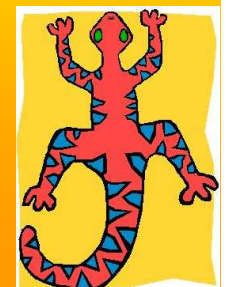
Here then we have the precursor of the great issue which I think challenges us now so much in relation to the prevention of vertical HIV transmission and the role and agency of women in this: the apparent dichotomous, conflicting oppositional discourse between the Convention of the Rights of the Child (CRC) on the one hand, and CEDAW – the Convention on the Elimination of All Forms of Discrimination Against Women on the other – as if these should be on opposing sides of the fence.

Yet surely before, during and after childbirth at the very least, we should all be viewing CRC and CEDAW as critically connected – and that even if we only think about the child, we should be realising that the well-being of the child's mother at this time is fundamental to the well-being – and rights of – the child,

In the words of Musimbi Kanyoro: “every child deserves a mother”. Of course as women, Musimbi and we are seeking far more than this – but, even in relation to children alone, this fact often seems to be entirely ignored.



So what relevance is all this discussion above to HIV and to women around the world?





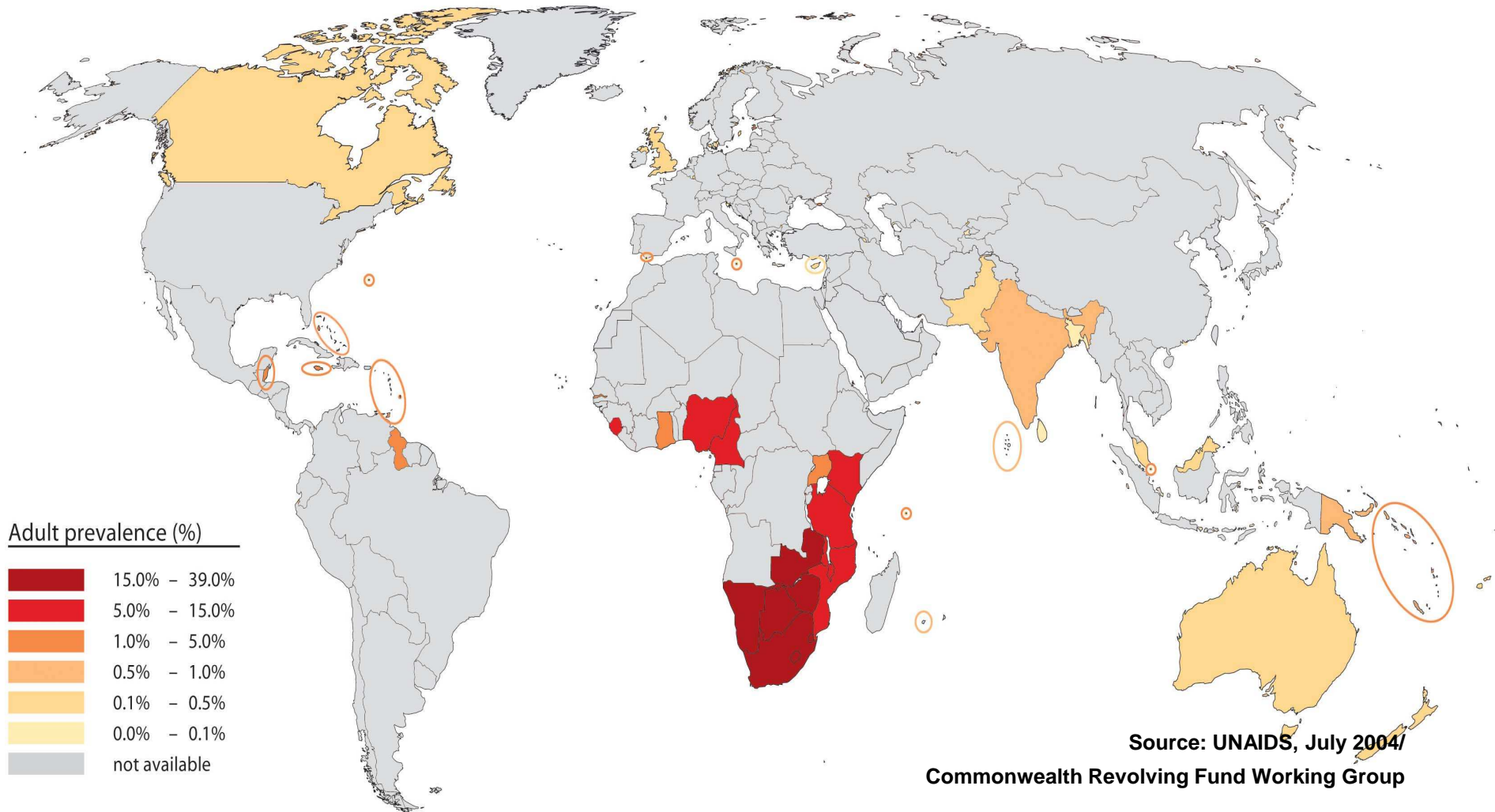
Joint United Nations Programme on HIV/AIDS  
**UNAIDS**  
 UNHCR-UNICEF-WFP-UNDP-UNFPA  
 UNODC-ILO-UNESCO-WHO-WORLD BANK

# A Commonwealth view of HIV infection



World Health Organization

25 million people [range: 23-28 million] living with HIV as of end 2003

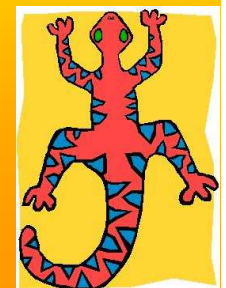




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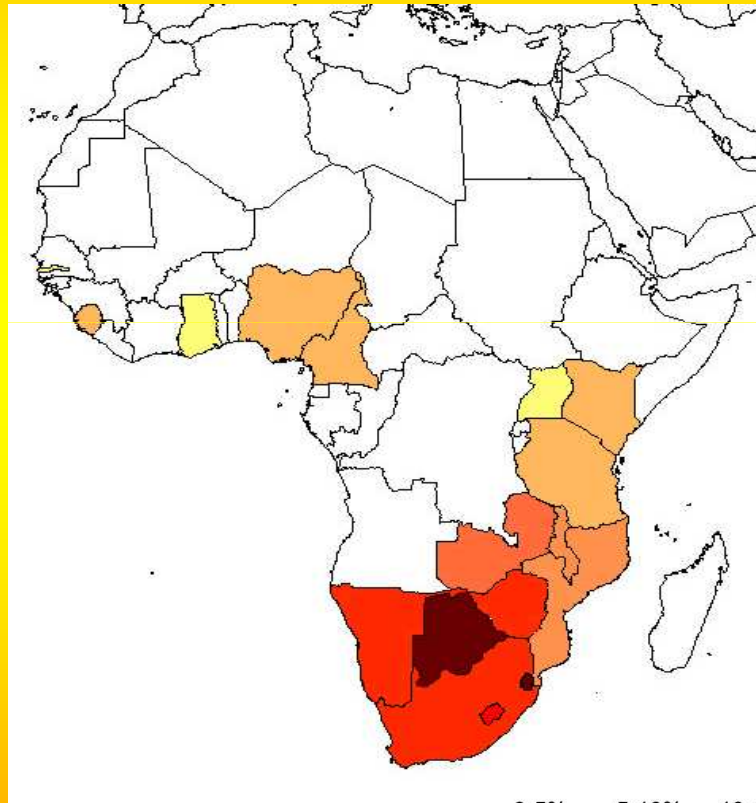
Around 2/3 of people with HIV in the world, myself included, are Citizens of the Commonwealth.

Clearly, citizens of many Commonwealth countries have been deeply hit by HIV and AIDS. If you take away the countries of the Commonwealth from Africa, for instance, you haven't got much high HIV prevalence left.

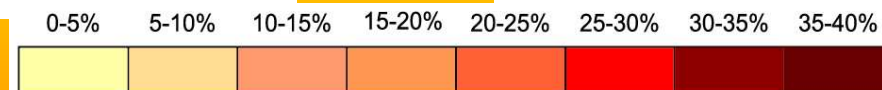
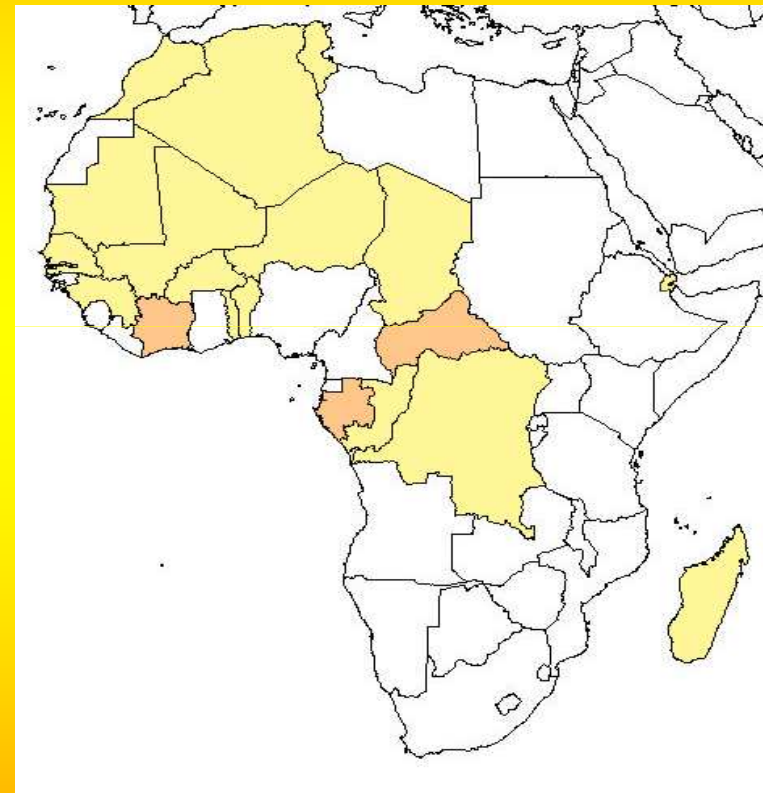


# But being a Commonwealth country may mean high HIV prevalence!

## HIV Prevalence in African Commonwealth Countries, 2003



## HIV Prevalence in African former French/Belgian Colonies, 2003

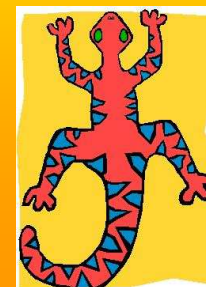


Source: UNAIDS, 2004

Courtesy Alan Whiteside

**Notes:**

Moreover, if we look even deeper, those UNAIDS figures *also* reveal that 72% of all women globally who are HIV positive are Citizens of the Commonwealth.



# The Burden of HIV/AIDS *on women* in Commonwealth Countries

## The Commonwealth has:

- 66% = 25 million of all 38 million people living with HIV/AIDS
- *72% = 12.2 million of all 17 million women with HIV/AIDS*
- 4 million of the 6 million people in need of ARV treatment
- Relatively much more HIV disease in Africa, Asia and the Caribbean

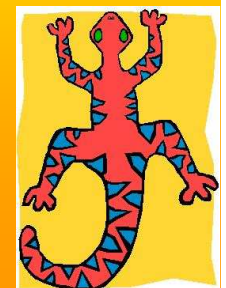
## Notes:

Moreover, if we look even deeper, those UNAIDS figures *also* reveal that 72% of all women globally who are HIV positive are Citizens of the Commonwealth.

Now I am by no means the first person to question whether it is mere coincidence that Commonwealth countries have such high HIV rates. Alan Whiteside provided the maps looking at Commonwealth and non-Commonwealth parts of Africa in relation to HIV. Justice Michael Kirby of Australia has discussed the high prevalence of homophobic laws in Commonwealth countries. And of course the common denominator of almost all Commonwealth countries is that they were former British colonies. So they were recipients of British religious, legal and medical influences, quite apart from all the social, economic and political influences which Britain sought to spread around its territories in those colonial days. Even though the US is not part of the Commonwealth, Britain has certainly had a huge historical influence on these aspects of the American way of life.



Is there something more going on here then also – ie how women were and are treated in relation to HIV in so many parts of the world, harking back to how women have been viewed in Britain over the centuries?

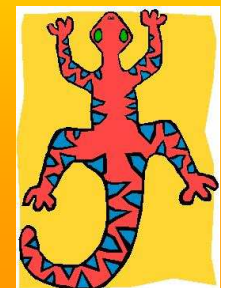


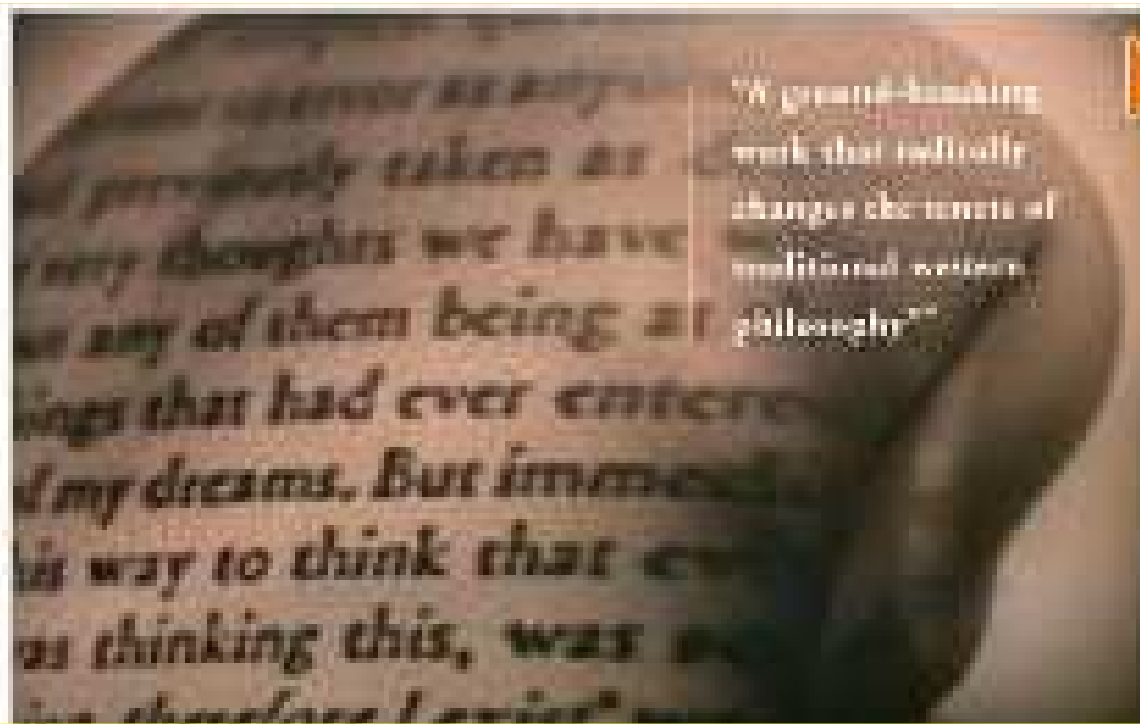
## Notes:

Of course there are those who would argue that this is nonsense and that medicine and the law are proud professions, above such cultural influences. Indeed, both medicine and the law pride themselves as professions which are neutral. The medical evidence base, for instance, is supposed to be an entirely neutral, objective, measure of reality.

Yet as Helena Kennedy, once more eloquently argues, there is no such thing as a neutral law. Similarly, as Laura Ferguson and Sofia Gruskin have argued, there is no such thing as a neutral evidence base when it comes to public health.

Indeed, philosophers such as Lakoff and Johnson have explored this issue at great length in their ground-breaking work: “Philosophy in the Flesh”. Here is the front cover of their book, followed by their opening words of the book.





"A ground-breaking work that radically changes the tenets of traditional western philosophy"



# PHILOSOPHY IN THE FLESH

THE EMBODIED MIND AND ITS CHALLENGE TO WESTERN THOUGHT

GEORGE LAKOFF AND MARK JOHNSON

THINGS OF BEHAVIOR WE LIVE BY  
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# Introduction: *Who Are We?*

## How Cognitive Science Reopens Central Philosophical Questions

The mind is inherently embodied.

Thought is mostly unconscious.

Abstract concepts are largely metaphorical.

These are three major findings of cognitive science. More than two millennia of a priori philosophical speculation about these aspects of reason are over. Because of these discoveries, philosophy can never be the same again.

When taken together and considered in detail, these three findings from the science of the mind are inconsistent with central parts of Western philosophy. They require a thorough rethinking of the most popular current approaches, namely, Anglo-American analytic philosophy and postmodernist philosophy.

This book asks: What would happen if we started with these empirical discoveries about the nature of mind and constructed philosophy anew? The answer is that an empirically responsible philosophy would require our culture to abandon some of its deepest philosophical assumptions. This book is an extensive study of what many of those changes would be in detail.

Our understanding of what the mind is matters deeply. Our most basic philosophical beliefs are tied inextricably to our view of reason. Reason has been taken for over two millennia as the defining characteristic of human beings. Reason includes not only our capacity for logical inference, but also our ability to



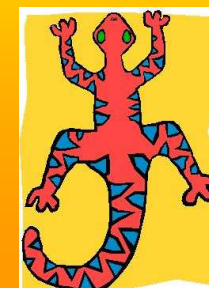
## Notes:

What Lakoff and Johnson are calling for here is a complete rethink of the Western philosophy which, in turn, underpins the modern Western scientific way of thinking about the world. This is an immense issue. I am not aware that any law students or medical students in the UK study Western philosophy as a part of their undergraduate degree courses – yet this is what underpins all the assumptions made in both these professions. If legal and medical professionals believe law and medicine respectively to be above bias, ie neutral, and if what Lakoff and Johnson are saying challenges this assumption to the core, then no wonder we are in such a mess. The evidence base – whether legal or medical, is *not enough*\* for us to understand fully the realities of women's experiences in relation to HIV, especially in relation to our experiences of living with HIV. The three traditions of our western faith, legal and medical systems have seriously failed to protect women's rights in relation to many aspects of HIV – both in the UK and around the Commonwealth.

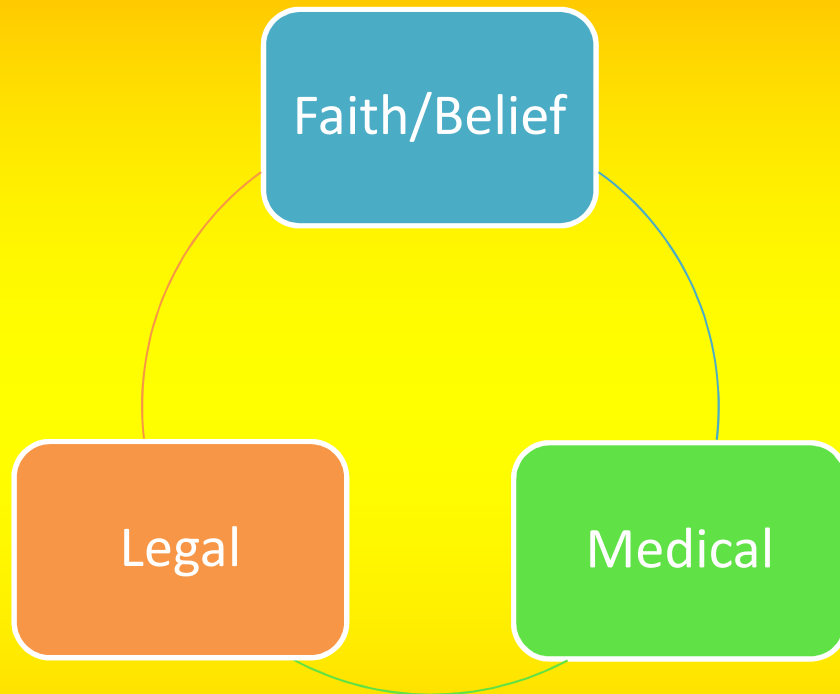
In conclusion:



\*to read more about this see [www.opendemocracy.net /5050/aids-2010-rights-here-right-now](http://www.opendemocracy.net/5050/aids-2010-rights-here-right-now)



# “The Illusion of Inclusion” ....



**Our beliefs, laws and medical policies, programmes and practices are all deeply imbued with a Judaeo-Christian tradition of the “illusion of inclusion” of women. It is so deeply ingrained in our psyches and our thinking that we are, for the most part, totally unaware of its influences on who we are and what we do. This has to change.**

