EDITOR'S CHOICE

HIV and Women: When Words Speak Louder Than Actions

Less than 2 years after AIDS was identified among gay men in the United States, cases were diagnosed among women whose only apparent source of exposure was sex with men who had AIDS or who were at high risk, foretelling the horror to come: heterosexual sex transmits the disease too (Harris C, Small CB, Klein RS, et al. Immunodeficiency in female sexual partners of men with the acquired immunodeficiency syndrome. *N Engl J Med.* 1983;308:1181–1184). Ten years later, in 1993, the executive director of the World Health Organization's Global Program on AIDS told the world that women accounted for half of new HIV infections and the majority of people with HIV in sub-Saharan Africa. He attributed women's vulnerability to biological, epidemiological, and social—including economic—inequities. He called upon men everywhere to help end the social traditions that subordinate women (http://vhaaidsinfo.cio.med.va.gov/aidsctr/newsletters/women/women2.htm).

Another decade went by. On International Women's Day, March 8, 2004, Kofi Annan, secretary-general of the United Nations, spoke: "All over the world, women are increasingly bearing the brunt of the epidemic . . . because society's inequalities put them at risk. There are many factors, including poverty, abuse and violence, lack of information, coercion by older men, and men having several partners" (http://www.undp.org.vn/mlist/health/032004/post33.htm). Only a month earlier, the United Nations special envoy for HIV/AIDS in Africa, Stephen Lewis, had put it even more bluntly: "[I]n so many parts of the world, gender inequality and AIDS is a preordained equation of death. There's nothing new in that. It's irrefutably documented in encyclopedic profusion. The culture, the violence, the power, the patriarchy, the male sexual behavior—it's as though Darwin himself had stirred this Hecate's brew into a potion of death for women" (http://www.sarpn.org.za/documents/d0000696/P772-Stephen_Lewis_08022004.pdf).

Research reports in this issue of the Journal remind us that women in the United States are not spared the HIV-related consequences of gender inequities either. Prevention information for adolescent Latinas slips through the information gap left between schools and parents (Zambrana et al., p1152). Past or present exposure to physical or sexual abuse is likely to impair women's access to HIV treatment (Cohen et al., p1147). Even when they receive appropriate HIV medication regimens, women's mental health needs remain unmet (Siegel et al. p1127), while depressed women decline faster and die sooner (Cook et al., p1133).

Lewis railed at the atrocity of HIV infection unchecked by effective treatment, then sounded a hopeful note: "People are dying in Malthusian numbers. . . . And the majority of those people are now women. . . . Women must somehow be given control over a way to protect themselves from HIV, and that way is microbicides." Recognizing that his audience—the world's foremost basic and clinical HIV researchers—might not be familiar with the concept of microbicides, he proceeded to describe products that might be "formulated as a topical gel, film, sponge, lubricant, time-released suppository, or intravaginal ring that could be used for months at a time."

The Journal's readers are likely to be familiar with the concept, because these pages have been among the most hospitable to scientific research reports and policy analyses on topical microbicides. Several contributions to this issue continue this tradition. They sound important cautionary notes.

First, the field is at a crossroads, at risk of lurching down either of 2 possible paths that

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would impede its progress. Legitimate concerns about disrupting planned field trials fail to outweigh more serious concerns over plans to test too many "me too" products in a strategically incoherent, indefensibly costly, and risky multitrial program (Gross, p1085). But it is equally important not to permanently institutionalize an ad hoc fix for problems of the past by creating some sort of centralized gatekeeper controlling access to field trials for future candidates. Effective integration of a pharmaceutical-industry approach means that future candidates will benefit from detailed understanding of cellular processes of infection and rigorous screening to discard less promising candidates.

Second, the impact of microbicides on acquisition of HIV needs to be interpreted in the context of behaviors—in particular, whether microbicidal products are applied at all, are used as instructed, and are free of potential inactivation by drying agents or douching—whereas the tower of academic babble known as "behavioral assessment" has exempted itself from the standard required for all laboratory and clinical endpoints. There is no consensus on valid, reliable, reproducible, clinically meaningful metrics and methods; instead, instruments, scales, and variables proliferate. Whether microbicides become available as prescription-only or over-the-counter products, users are more consumers than patients. They must be motivated to achieve consistent, correct use of products that have no immediately obvious health benefit. Drug and cosmetics manufacturers survive by creating and maintaining markets and supply lines for these products. Are their stratagems relevant for microbicides?

Third, patterns of male control over women do not fall away even if rubber and plastic barriers do. If both partners tacitly accept the man's infidelity as normative, then a nonbarrier method compatible with conception and with sexual intimacy could augment protective options. But those men determined not to lose control of their womenfolk—especially control of female fertility or sexuality—may well respond with mistrust, denunciation, and violence. Produce a woman-controlled protective method and men will demand control over which women may access it (Bentley et al., p1159). If men sabotage a technology that empowers women to save their own lives, then the final solution is to disempower men. ■

Michael Gross, PhD
Associate Editor

Call for Papers

Health Policy Challenges Affecting American Indians and Alaska Natives

The *American Journal of Public Health* (*AJPH*), in collaboration with the Henry J. Kaiser Family Foundation, is planning to publish a collection of papers on how the United States can more effectively meet the health care needs of American Indians and Alaska Natives (AIANs). The guest editors are soliciting contributions to the "Health Policy and Ethics" and "Research and Practice" sections of the *AJPH*. Research Articles (180 word structured abstract, 3500 word text, up to 4 tables/figures) and Analytic Essays (120 word unstructured abstract, 3500 word text, up to 4 tables/figures) for the department "Health Policy and Ethics" are encouraged that address the challenges or approaches to eliminating health care disparities (in access, quality, or financing of care) between AIANs and other population groups. All papers will undergo peer review by the *AJPH* editorial team, the guest editors, and a slate of referees, as per *AJPH* policy. In order to be considered for inclusion in this series, papers must be submitted by September 1, 2004 through the online submission system at **http://submit.ajph.org**. This website also provides *Instructions for Authors*, including specific guidelines for various types of papers. When submitting articles, please select the "AIAN series" under the Theme Issue menu. Additional information concerning this series can be obtained by contacting **AIAN_AJPHseries@kff.org**.

Marsha Lillie-Blanton, DrPH, and Yvette Roubideaux, MD, MPH, Guest Editors