Editorials

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Women Health Workers: Past and Present

William Minkowski's paper, "Women Healers in the Middle Ages: Selected Aspects of Their History," introduces a subject that may at first seem alien to the contemporary concerns of public health practitioners.[1] Minkowski takes us back some 5 to 10 centuries to the history and experiences of the largely unheralded women who then served as nurses, traditional healers, and midwives. He explains that the contributions of women were welcomed as long as they were tending to the poor, doing the dirtiest jobs, and leaving intact the prerogatives of educated male physicians. Once organized, the medical profession guarded its privileges against the perceived threat of competition from experienced, although unlettered, women—especially those most skilled and successful in healing.

The themes of Minkowski's paper are not as out-of-date as we might wish. In the last 20 years, historians of medicine and public health have revealed the long and still only partially successful efforts of women to achieve parity within the healing and health professions.[2–4] The history of nursing and public health nursing has been presented by scholars sensitive to nursing's social and economic context, its long hours of labor, and its repeated struggles for recognition.[5–8] Such accounts are highly relevant to understanding the contemporary situation of women as health workers and as professionals.

A small volume published by the American Public Health Association in 1985, *Sex and Status: Hierarchies in the Health Workforce,* remains an excellent introduction to the status of women in the health labor force today.[9] This study documents the continuing gender hierarchies within the health professions and shows how traditionally "masculine" and "feminine" roles have been institutionalized within a rather rigid occupational structure. As one might expect, the roles, activities, and occupations traditionally deemed to be masculine are still accorded a higher social value and correspondingly greater economic rewards. Thus the jobs concerned with caring, consoling, counseling, nursing, and nurturing tend to be poorly paid and female dominated, whereas those dealing with technical procedures and devices are more likely to be highly paid and respected as "men's jobs."

This same gender-related hierarchy of values plays itself out in the social and economic overvaluing of diagnostic technologies and surgical innovations and the corresponding undervaluing of prevention and primary care. The gendered structure of values is thus related to the problem so often noted and so difficult to change—the fact that we find the effort to extend a single life through, say, the transplantation of organs more heroic and more glamorous than the commitment needed to produce healthy babies by offering prenatal care and decent nutrition to thousands of mothers. Public health as an entire field suffers in social value through being associated with the more "feminine" values of sustaining and maintaining health rather than with the "masculine" heroics of high-technology medicine.

Values are deemed "feminine" or "masculine" only through social convention; we do not mean to imply any biologically determined ordering of social priorities. But partly because such powerful social conventions are reinforced by real social and economic discrimination, women who have wanted to combine scientific knowledge with a social commitment to service have often been attracted to public

Editor's Note. See related article by Minkowski on page 288 of this issue.

health where their values are part of the common heritage of the men and women who choose this field. Any full account of the history of public health will accord an important place to the women who have worked as physicians, public health nurses, scientists, volunteers, and activists.[10] Any listing of public health's heroes must include such names as Margaret Sanger, Lillian Wald, Jane Addams, Alice Hamilton, Josephine Baker, and Martha Eliot, to mention only a few of those historic women who have risen to prominence in America through determined effort as well as intelligence. Only recently have women been permitted to scale the heights of the profession; the many contemporary women in positions of national visibility include Antonia Novello, the surgeon general of the United States, Bernadine Healy, director of the National Institutes of Health, and Faye Wattleton, president of Planned Parenthood. As always, much of the less glamorous but essential work of health agencies everywhere is carried out by women.

The struggle of women in the health care professions should be more than simply the winning of more respect, recognition, and economic rewards, and more than achieving national visibility for a few, exceptionally talented women. It must also be a struggle to transform our socially dominant priorities so that the characteristics and qualities that have been traditionally relegated to the female sex, such as caring and compassion, are generally valued as essential to a good society and are implemented insofar as our knowledge and abilities permit. Our extraordinary technological capacity potentially could be turned to support these values rather than, as too often happens, serving as justification for ignoring them. The effort to guarantee the conditions in which the more vulnerable members of society can claim their rights to health and happiness is fundamental to feminism and also to public health. We are pleased that these issues have been raised by a physician-historian whose research on the 12th century provides a long perspective on value changes which we may already have embraced, but still need to implement as a matter of political will and cooperative endeavor. □

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Men Who Have Sex with Men: Continued Challenges for Preventing HIV Infection and AIDS

Since the first reports of AIDS were published, homosexual and bisexual men have been and will continue to be of major importance for the epidemic of HIV infections in this country. To date, more than 120 000 cases of AIDS have been reported in the United States among men who have had sex with other men.[1] According to one estimate, by April 1990 the cumulative number of HIV infections among homosexual and bisexual men was approximately 590 000, with an additional 40 000 cases among homosexual or bisexual men who also used intravenous drugs.[2] It is estimated that by the end of 1993, between 240 000 and 287 000 homosexual and bisexual men will develop AIDS, with 32 400 to 51 800 men developing AIDS during 1993 alone.[3]

Categorizing homosexual and bisexual men as a single group may be appropriate for AIDS surveillance purposes to indicate the most likely mode of HIV infection (male-to-male sexual contact); yet Chu and colleagues, in their article published in this issue of the journal, make the important observation that these men represent a diverse group.[4] On the basis of their review of Centers for Disease Control (CDC) AIDS surveillance data, the authors conclude that of those men who reported having sex with other men since 1977 (and on whom information concerning sexual contact with women was available), 26% were bisexual. Men defined as bisexual differed from men defined as homosexual in a number of important respects, including race/ethnicity and other risk factors for HIV infection such as use of intravenous drugs.[4]

In this analysis, men were defined as homosexual or bisexual on the basis of their history of male and female sexual partners since 1977, as reported on the AIDS case surveillance form. Reported sexual history (as indicated on the surveillance form), sexual behavior (including predominant or recent practices), and sexual identity are not necessarily synonymous, as the authors indicate. For example, men who were identified as bisexual may include men who are gay-identified but report a female partner at some time in the past, men who are bisexual and self-identified as such, and men who may consider themselves heterosexual but occasionally have sex with other men. One or more of these categories (as well as men who are exclusively homosexual) may include some men who have sex with other men in exchange for money.[5]

The total number of men who have sex with men has not been well established but appears to be considerable. According to one analysis based on a national survey, approximately 20% of men may have at least one same-sex encounter during their lifetime, with approximately 7% having such contact after the age of 19.[6] For this large and diverse group of men, there are several important public health challenges concerning the HIV epidemic.

Editor's Note. See related article by Chu et al. on page 220 of this issue.