

AIDS conference on women and children

Their second-class status exacerbates problems

BY ANNDEE HOCHMAN

The same problems that pinch the lives of women in this country—poverty, lack of health care and child care—place an additional squeeze on women with HIV-disease and AIDS, a health activist and educator told participants at a conference in Portland last month.

The two-day conference, "Women, Children and HIV," aimed to address a range of concerns prompted by the rising numbers of children and women in the Northwest whose lives are touched by AIDS.

As of July 23, there were 32 women diagnosed with AIDS in Oregon, a 52 percent increase over the previous year. Those statistics are slight in comparison with New York City, where AIDS is the leading cause of death among women aged 25-39, but the rising numbers trigger a host of medical, economic, legal and emotional questions.

Conference panels and workshops addressed some of these concerns, including pregnancy counseling with HIV-positive women, cultural sensitivity, HIV education in schools, women's treatment issues and family counseling with HIV-infected children.

Many of the speakers and participants sounded a recurring theme: that the impact of AIDS on women and children is exacerbated by their second-class status.

"Women are not a priority in this country," said Elizabeth Waters, president of the board of the Oregon Minority AIDS Coalition. "We need to say, 'This disease is killing us. The programs set up to treat men don't meet our needs.'"

AIDS affects disproportionate numbers of women and children of color, people who traditionally have been denied access to health care and other resources.

"African-American people are very communal," Waters said, speaking on a panel of women and children personally affected by AIDS. Waters' best friend, an African-American man, died of AIDS in August. "This disease is destroying my people," she said.

In another workshop, Jocelyn White, chief resident at Good Samaritan Hospital, discussed the ways that treatment of women with AIDS is affected by the politics of gender.

Often, women don't see a physician regularly, or they see only a gynecologist, who may not be familiar with AIDS symptoms and care, she said.

"The impact of any illness in a woman is going to be different because there are differences in a woman's lifestyle and in the way a woman sees the world," White said.

Still, she said, most of the symptoms and treatments for AIDS are the same for both men and women, and White recommends good nutrition, multi-vitamin supplements, regular exercise and reduced exposure to sunlight (it makes white blood cells less active) to all her HIV-affected patients.

While many patients, and women in particular, may be accustomed to taking a passive role in their own medical care, White

said she urges a team approach.

"I give them all the information. I tell them the good and the bad. . . I tell them we're a team here. We'll make the decisions as a team. I consciously try to empower all my patients."

While more women are feeling the impact of AIDS as patients, many others are affected because they care for people with the disease. Heather Andersen, a training and curriculum specialist from the University of Washington, said that women who care for people with AIDS, whether professionally or within their families, often lack crucial support.

AIDS can confront caregivers with multiple losses, the jarring impact of young people's



deaths and a sense of helplessness because the disease can't be "fixed," Andersen said.

"For myself, I think the sadness and grief is so deep that there's no bottom to it," she said. To combat that sadness and frustration, she suggested women should examine the satisfactions they get from caregiving, which might include a sense of connection to others, a challenge and a feeling of being needed.

"We have to find out what's truly in it for us and hang onto that," she said.

A final panel reinforced the human dimension of HIV-disease. Nancy Lawson, who learned she was HIV-positive in March 1987, said she simply grapples with each day, trying to stay upbeat.

"I don't feel there's anything heroic about my own life," she said. "All I do is what's in front of me—sometimes it's the dishes; sometimes it's talking to some people."

In response to a question from a member of ACT-UP Seattle about what tactics might be most valuable in combating AIDS, Waters noted that a range of responses, not one single answer, is the most crucial tool.

"The number one hope is that they find a cure for this disease," she said. "The other encouraging thing is that this disease is bringing people together who would not have been brought together otherwise."



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