Ignorance is not bliss

A national study finds that women with HIV die faster than their male counterparts

by Inga Sorensen

f a woman does not present herself as a prostitute or intravenous drug user, then her doctor won't think it's necessary to give her an HIV test-that from Tom Richardson, coordinator of the Oregon AIDS Hotline. Richardson is talking about the findings of a recent study that shows that women with HIV die faster than their male counterparts.

The study, which was conducted in 13 cities including Portland, was unable to pinpoint a medical reason for the difference in mortality rates, speculating instead that women may wait until they are sicker before seeking treatment or may be treated differently by the medical establishment than men with HIV.

"I've heard stories of women specifically asking their doctors to give them HIV tests, but

the doctors tell the women they don't need the test because they don't live a high-risk lifestyle. Many doctors view their female patients as 'good girls' who could never have HIV." says Richardson, who adds the majority of calls that come in to the hotline are from women concerned about HIV and AIDS.

"It's still very much a minority within the medical community who realize that all women are at risk for HIV, not (2) only those within the sex industry or [those who are] intravenous drug users," he says. "Because of this, women with HIV are not diagnosed early and thus cannot receive proper treatment. The virus is essentially allowed to progress freely and gain a strong foot-

hold." The study, which was led by Sandra L. Melnick, an epidemiologist at the University of Minnesota School of Public Health, tracked nearly 4,000 men and 768 women with HIV for 15

months. It found women were 33 percent more likely to die than men who were comparably ill when they enrolled in the study. According to the findings, death was the first known sign of HIV infection for women more than twice as often as it was for men.

"The lack of acknowledgment among health practitioners that women are vulnerable to HIV is astounding," says Richardson.

That oversight, whether it springs from ignorance or sexism, is costing women valuable time, says Dr. Marcia K. Coodley, a Portland physician who has worked extensively with women with HIV.

"Oftentimes women do not feel welcome at HIV clinics, many of which really cater to men, and health care providers simply don't see HIV as a woman's face. On top of that, many physicians don't want to 'shame' a female patient by asking her if she would like to be tested for HIV. she says.

Coodley recounts one instance when she made a presentation to her medical colleagues in which she speculated that a tenacious and recurring yeast infection in a female patient may be an indicator that the woman has HIV.

> "Many of these health care providers were appalled that I could make such a suggestion. They were almost indignant that would suggest that their good' patients could have HIV," she says.

> That was four years ago, after Coodley came to Oregon after practicing medicine in Newark, N.J. She says, "On the West Coast, HIV/AIDS has really hit the gay male population. On the East Coast, the rates of HIV infection among women-particularly minority women-appear much higher than here. That has forced health care providers back east to acknowledge that women are vulnerable to HIV."

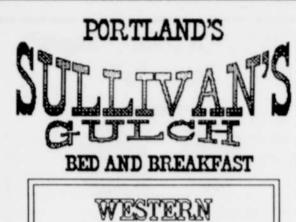
Though women account for 15 percent of diagnosed HIV cases nationally (and a much smaller percentage

in Oregon), women and children make up the fastest-growing segment of people with HIV.

"The crisis also affects women in a much different way than it does men," says Coodley. "Women are generally the caretakers of children and families. When they become sick, entire families crumble. The devastation they feel when they can't take care of their children is enormous. It's heartbreaking to watch."

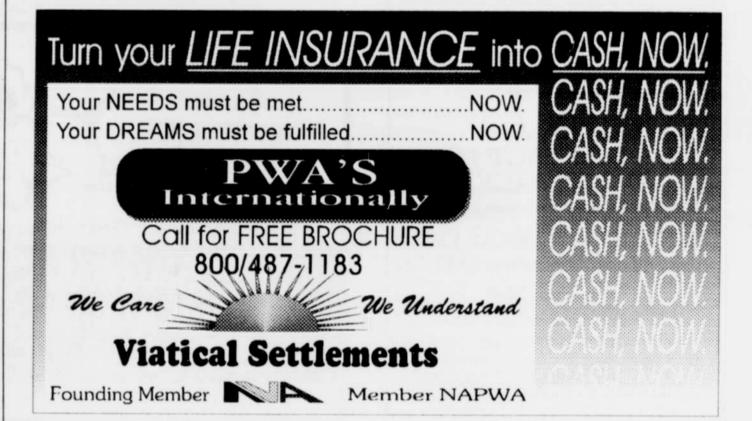
The study, which was conducted at primary health care centers nationwide, is the largest of its kind to explore the differences in HIV infection between men and women. Fifty percent of the subjects were black or Latino/a, while 20 percent were women.





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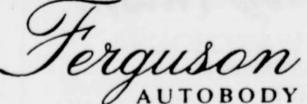


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