

# Cutting through denial

Doctors—and the general public—have a lot to learn about the risks for women of contracting HIV

by Inga Sorensen

**W**hen Judith Billings, Washington's superintendent of public instruction, recently announced she had AIDS, it shocked many—but it also brought to light critical questions about women and HIV.

"Ms. Billings was diagnosed just 11 months ago, yet she thinks she contracted HIV more than a decade ago," says Chris Beiter of the Seattle-based Northwest AIDS Foundation, a nonprofit AIDS service organization. "That means [neither] she nor her doctors were looking at HIV as a possible cause for her health problems until very late into the disease's development. We should be asking why that is the case."

Billings, who was diagnosed with AIDS in early 1995, believes she contracted HIV in the mid-1980s while she was trying to become pregnant through the donor insemination process. She had received regular inseminations at a clinic in the Puget Sound area between 1979 and 1986. Donor sperm wasn't routinely screened for HIV until the late 1980s.

Years went by before Billings or her physicians suggested she undergo an HIV test. Her doctors reportedly did so only after they were unable to find the cause for a series of ailments and infections that she had endured for several months—including *pneumocystis carinii* pneumonia, an opportunistic disease that people with HIV are known to contract with frequency.

Billings reportedly says she never considered the possibility of AIDS, instead concluding that she was suffering from lymphoma or some form of leukemia.

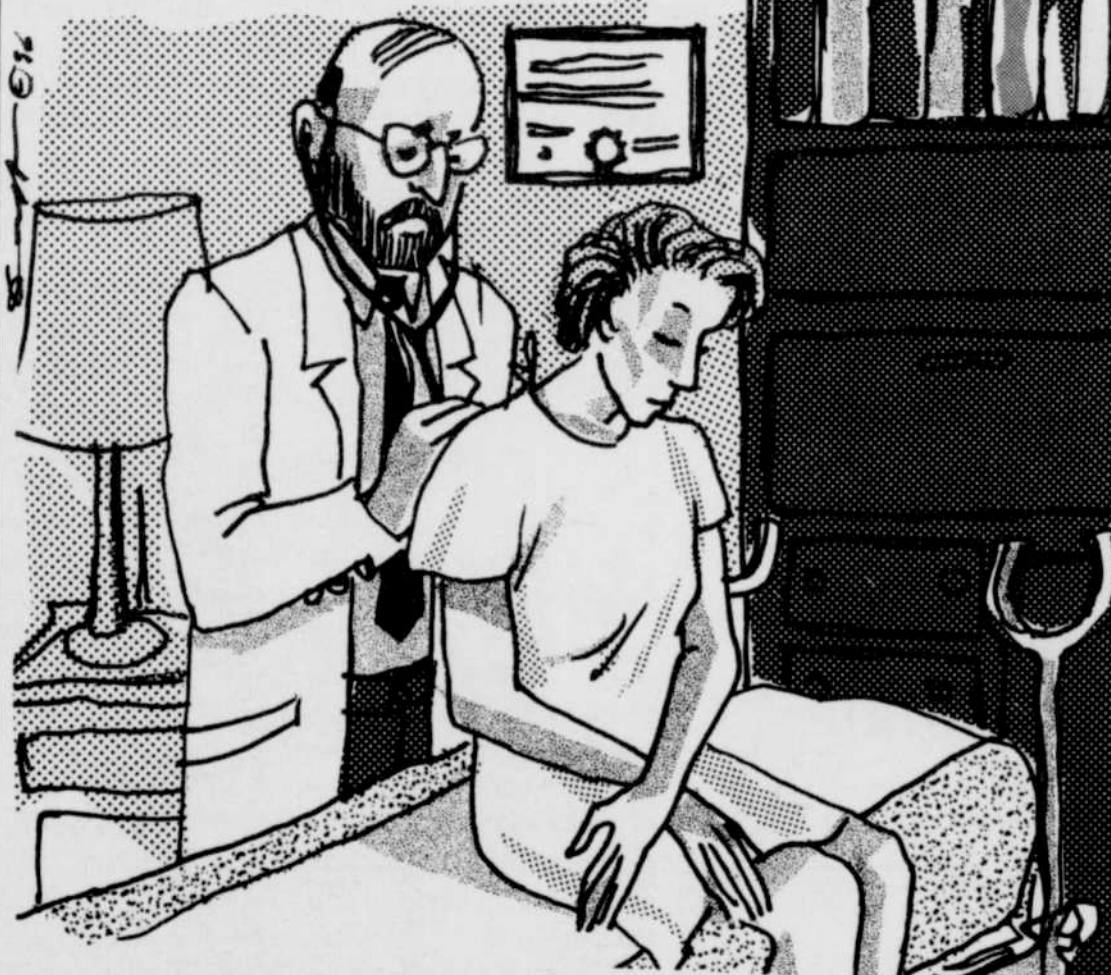
"There's still an awful lot of denial among health care professionals," says Robert McAlister, HIV program manager for the Oregon Health Division. "Some physicians still think the only way a woman can contract HIV is if she's involved in rough sex or anal sex, if there's a bleeding incident, or if she's an intravenous drug user. None of that has to happen for a woman to get HIV."

"Let's face it, doctors—a group to which I belong—are good at taking care of sore throats because there isn't a lot of work to do," says Dr. Bob Wood, an AIDS control officer for the Se-

attle-King County Department of Public Health. "I'm not trying to insult doctors, but I don't believe the profession is very good at adapting to changes in a fast or efficient way."

He adds: "Combine that reality with the fact that women are generally more socially disadvantaged than men—economically, as well as in their ability to negotiate safer sex with their partners—and it can adversely alter HIV-prevention efforts or early diagnoses for many women."

According to Beiter, women in Washington



comprised 3 percent of total reported AIDS cases through 1991. That figure has jumped to 11 percent through 1995. The majority of the cases are believed to be women who have had sex with men who are IV drug users, or with men who have sex with other men.

"It's a real wake-up call," says Beiter.

In Oregon, meanwhile, while men who have sex with men make up a little more than 80 percent of total AIDS cases, the percentage of women

contracting the virus is also on the rise—a trend that is mirrored nationally.

HIV transmission through donor insemination, however, is considered extremely rare. In fact, the federal Centers for Disease Control and Prevention knows of only seven suspected instances of HIV transmission through the insemination process in the United States.

"I have to admit it was very frustrating the way the media handled its coverage of [Billings'] announcement. The press almost exclusively focused on the artificial insemination angle. The real story is that all women are at risk and [women] continue to contract HIV, while at the same time they get so few dollars and attention," says Jesse Chipps of the Seattle-based BABES Network, a peer-support network for women with HIV and AIDS. The group, formed in 1989, currently comprises an estimated 180 women.

"We started out holding informal potlucks at someone's house," says Chipps. "But we outgrew that house."

Today, BABES Network has one full-time and two part-time staff people. The group sponsors retreats and weekly support groups for women

with HIV and AIDS, 10 percent of whom identify as lesbian or bisexual.

Chipps says, "There are a couple of programs out there that target specific populations, like women in the sex industry. It's a great program, but we also need to get information to middle-aged housewives, to adolescent women. These are groups that don't necessarily feel like they are at risk," she says.

Wood agrees: "How do you target these women? Many don't appreciate that they are at risk, and there really aren't programs directed toward them."

Wood says one way women can be helped, albeit indirectly, is through a public health/community-based project called "Shifting Gears," an outreach program for men who have sex with men—but who don't describe themselves as gay or bisexual.

"Many of these men have casual sexual relationships with other men, while simultaneously

having more permanent relationships with women," he says. "These men may secretly meet other men and then go home to their wives or girlfriends. This program goes out to the parks and peep shows and connects with this population. We've studied between 500 and 1,000 men in order to educate and encourage them to be more honest in their relationships, or at least protect themselves and their partners.... Ultimately, it protects women."

"Judith Billings' announcement was a shock. Whenever someone in the public eye makes such a proclamation it's jolting, but so is the route of her HIV transmission, which is extremely unusual," says Julie Sarkissian, program manager for the Northwest Family Center, a Seattle clinic that serves women with HIV and their families.

She estimates that 70 percent of the clinic's 170 adult clients are women who have contracted HIV through heterosexual sex. "When we started the program [in 1990], well over 50 percent of the cases were directly related to intravenous drug use."

Sarkissian says that while increasing numbers of women are contracting HIV, they continue to receive a tiny piece of the budgetary pie.

"We are struggling just to meet the basic survival needs for these women," she says. "Because of that, we haven't really been able to form a group that specifically advocates for women with HIV. I would love to see that happen—the sooner, the better."

"When you are a man and you get HIV, your community often reaches out to you," adds Dr. Marcia K. Coodley, a Portland physician who has worked extensively with women with HIV. "There is still a great deal of stigmatization for women. Assumptions are made about them that aren't made about men. They worry about their children—about losing them—about losing their jobs, about losing their health care. And there really isn't a network in place for women."

Despite the difficulties, Wood and others say it's critical that women know their HIV status.

"Particularly women who may be pregnant," he says. "Early diagnosis and treatment may help prevent the spread of infection to the fetus. Early treatment may also prolong both men's and women's lives."

McAlister, meanwhile, says women considering donor insemination should look to licensed clinics. He says he has heard of cases where women in the lesbian community have taken sperm directly from a donor, placed it in a turkey baster, and inseminated themselves.

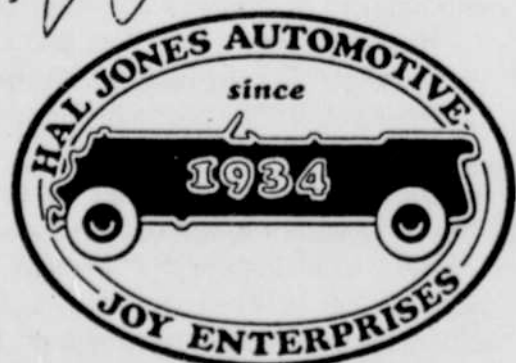
Without going through the procedure of freezing the semen and waiting six months for another blood test, the woman runs the risk of becoming infected.

"It is a concern," he says. "Women need to realize that if they do that, they are taking a risk."

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