

LEFT FIELD

by Patricia Nell Warren

Closing the Door

IN THE ERA OF DOWNSIZING, WHAT'S AT STAKE WHEN LIMITS ARE PLACED ON HIV/AIDS HEALTHCARE?

San Francisco is back in the AIDS news, and the news is not good, according to my friend Patrick Monette-Shaw. The trend is to close ever more doorways to healthcare, especially in the AIDS field.

Since the "City by the Bay" has never seen fit to appoint an AIDS-accountability watchdog, Patrick has appointed himself the ICO/AARI (Independent Community Observer/AIDS Accountability Research Investigator). One situation he's watchdogging is the project to downsize the city's Laguna Honda Hospital and Rehabilitation Center. LHH has been a long-time model of skilled nursing for the city's indigent elderly. "Downsizing" may mean not only 300-400 fewer beds (raising the city's looming skilled nursing facility bed shortage to perhaps 2,500 beds), but also a narrowed access to the services there. LHH will be admitting more patients with dual or triple diagnoses (meaning two or three different problems or diseases). Indeed, according to Patrick on his Web site,



"Increasingly in San Francisco, unless you have multiple diagnoses, your access to public health services is being curtailed."

Patrick Monette-Shaw feels so strongly about the

Laguna Honda downsizing that, in November, he filed a lawsuit to stop it, alleging in addition that \$25 million has been misappropriated from the project. The lawsuit was filed by public health and public-interest lawyer Lynn Carman.

Worse, Patrick points out that access to care is being narrowed elsewhere, within AIDS integrated-service programs (ISPs) that are funded with Ryan White money. Patrick notes: "Our CARE Council imposed ISP eligibility requirements

nity Town Hall meeting—long scheduled for November 3rd—was mysteriously replaced by a 'Community Advisory Group' meeting on the same date. Then the second meeting was suddenly cancelled. Both meetings were combined with

the November 16th Health Commission meeting, but no topics concerning LHH ever appeared on the

November 16th agenda. The City is using the tired, old political trick of either canceling completely, or moving, meetings at the last moment to keep the public from knowing what their government is up to."

But San Francisco isn't the only place where doors are closing. In Maryland recently, an infectious-disease specialist announced that he will stop treating AIDS patients. Dr.

Paul D. Rausch wrote in a letter to his patients at the end of September, "I can no longer assume the additional liability of caring for complex and complicated infectious-disease patients."

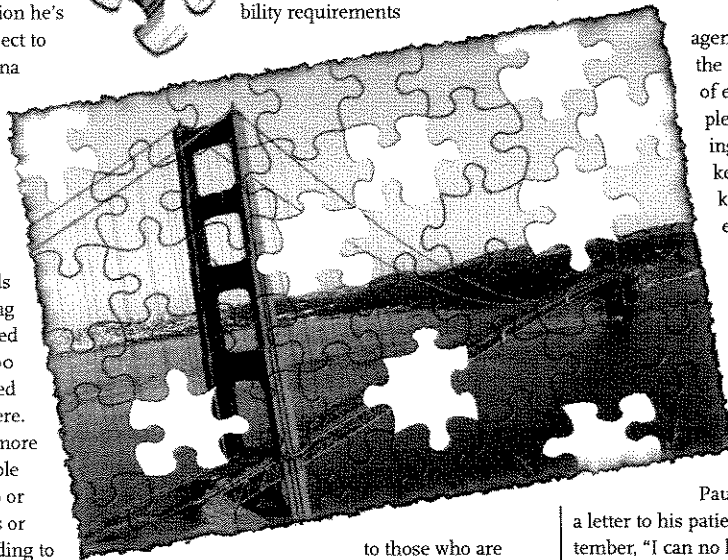
With Rausch's practice closed, just one physician will be left in that entire county to care for over a hundred patients.

Elsewhere, advocates of an alleged "moral right" to refuse medical care are making alarming headway. The last time I

to those who are dually- and triply-diagnosed, setting the stage that others with a single diagnosis—say, AIDS without a co-issue of a mental health or substance abuse problem—will be ineligible to receive care at the ISPs, leaving them to fend for themselves."

Gee, wasn't San Francisco viewed as a model city of AIDS care at one time? Do we see the San Francisco city fathers out there fighting for sick people? I have to wonder, judging by a recent report by Patrick in which he alleged that the city is stonewalling widespread protest over the LHH downsizing. He wrote:

"An LHH Replacement Team's commu-



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PHOTO BY STEPHEN CHURCHILL DOWNES; ILLUSTRATION BY TIMOTHY J. HAINES

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sexuality. Maybe they contracted the virus from heterosexual sex. Maybe they were IV drug users who contracted it by sharing dirty needles, or ex-cons who contracted it in prison. There are a number of possible scenarios having nothing to do with the down low that could contribute to the transmission of HIV by black men to their women partners, but they aren't talked about by the media."

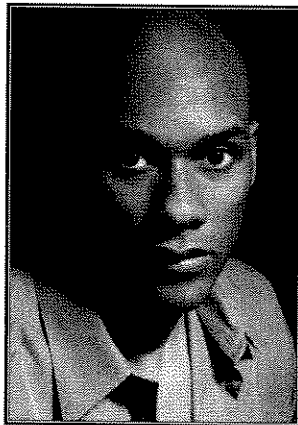
Asked why those possible routes are ignored, Boykin said: "Because they're not sexy enough. They don't hype TV ratings or push newspaper and magazine sales."

And, finally, asked during the interview to move "beyond the down low" himself and describe what he thinks needs to be done about the HIV/AIDS crisis in the African-American community, Boykin replied: "It's not very sexy, and it involves some hard work. First, let's stop blaming people. Telling someone 'You infected me! You did something wrong to me!' doesn't help, even if it's true. Demonizing men on the down low and telling them they're responsible for the HIV/AIDS epidemic doesn't help. Anyone with HIV was infected by someone else and is a victim in that sense. The real point is to take responsibility for our own behavior so we don't become victims ourselves."

"Taking responsibility has a personal and a public side. In terms of the personal side, the Kaiser Foundation did a study in August 2004 that found almost universal adult knowledge about the primary mechanisms of HIV transmission. If we choose to have unprotected sex, we're putting ourselves at risk. If we choose to have unprotected sex with someone whose HIV status we don't know, we're definitely putting ourselves at risk. We need to talk openly and candidly with our sexual partners about the subject and take the appropriate action to protect ourselves. We shouldn't

blame others for our own decisions or lack of them.

"In the public sphere, we need to separate moralizing from public policy. Churches and politicians need to stop preaching homophobia and start teaching love and acceptance of lesbians, gay men, and transgendered people. That in itself could help end down low behavior. Churches should understand that many gay people attend their services and that



their members are having sex no matter what their marital status or sexual orientation. They should put out bowls of condoms to encourage their use. Politicians should acknowledge the research showing that supplying clean needles to addicts doesn't promote greater IV drug use and start supporting needle exchange programs. They should acknowledge that in our prisons same-sex inmates are having sex with each other and supply condoms for protection. They should repeal the so-called HIV transmission laws in place in many states that penalize anyone who knowingly transmits the virus because such laws just encourage lying about one's HIV status and discourage HIV testing.

They should repeal the so-called HIV transmission laws in place in many states that penalize anyone who knowingly transmits the virus because such laws just encourage lying about one's HIV status and discourage HIV testing.

"We may not know how to cure AIDS, but we sure know how to stop the transmission of HIV. If we'd stop lying to ourselves and denying the facts we know about AIDS, we could go a long way toward ending this epidemic, at least in this country. Martin Luther King once said something to the effect that 'Nothing pains some people more than having to think.' But if we don't do some hard thinking about AIDS and our own responsibility in this crisis, a bad situation is only going to get worse. The demon we need to fight is AIDS, not each other."

Log on to www.keithboykin.com for more information and Keith Boykin's other writings.

Lester Strong is Special Projects Editor of *A&U*.

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reported on this, the so-called "conscientious objectors" were busy passing state laws, notably in Michigan. Meanwhile a federal bill is quietly snaking its way through Congress. The Abortion Non-Discrimination Act (HR 4691) makes it legal for healthcare providers to refuse to participate in abortions on moral or religious grounds. The bill passed the House and is now on the Senate calendar. If signed into federal law, it will open the door in all fifty states to the "moral right" to deny care in other situations as well. We all know that this will include AIDS patients, gay people, transgendered people, and many others.



I continue to be baffled at the shrill rhetoric over "saving people with AIDS in developing countries." How about saving our own people? U.S. quality of care—especially for PWAs who don't have bullet-proof insurance or a lot of personal wealth to throw at their medical bills—is sinking to the level of that in developing countries. In turn, our decaying AIDS care is only a reflection of deeper decay in our national conscience. In the words of an outraged doctor friend of mine: "I see religious zealots who are more interested in cells which have not yet found their nine-month home in the uterus of a woman than they are about the patients who die every day because of a lack of access to adequate, humane healthcare."

Further reading:

Patrick Monette-Shaw ICO/AARI Web site:
www.thelastwatch.com

Stop Laguna Honda Hospital Downsize
Web site:
www.stoplhhdsize.com

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