SAN FRANCISCO AIDS FOUNDATION
333 VALENCIA STREET
FOURTH FLOOR
SAN FRANCISCO
CALIFORNIA
94103
415/864-4376

From: Nancy Stoller Shaw
Women's Program Coordinator
San Francisco AIDS Foundation

To: San Francisco Human Rights Commission

Re: AIDS/ARC Discrimination Hearings
February 4 and 5, 1986

In addition to the health consequences faced by all people with AIDS or ARC, women suffer additional problems of access to education and services. One aspect of the problem faced by women is that the health and social service system of San Francisco is already inadequate to meet their needs. There are three areas of specific inadequacy in regard to AIDS: preventive education, health and social services for women infected with the HTLV-III virus or with ARC or AIDS, and overall service and civil liberties protections for special populations of women. I will address each area in turn.

I. Preventive Education:

Because the number of women with AIDS is much smaller than the number of men, most preventive education is directed at men. For example, in San Francisco most AIDS education is directed at gay men. While extensive funds are appropriately expended to protect this highest risk community, at the same time, only a tiny amount is spent for AIDS prevention among women. This means that the women who are at risk have very limited access to education programs. A minimum range of programs needs to be provided.

Since last year, the Women's Program of the San Francisco AIDS Foundation and the Women's AIDS Network have been working to establish support and education groups for women through the AIDS Health Project, Shanti and other organizations. Many women are extremely uncomfortable in predominantly male groups and their discomfort prevents them from getting the education they need. We have finally been able to establish one drop-in group at the AIDS Health Project, but much more is needed. In addition, the fact that the women at most risk currently are I.V. users means that AIDS education projects need special tailoring. They cannot simply be all-women versions of what is offered to the gay community. The issues of drug use, sexuality, women's reproductive systems, and maternal roles are crucial for such programs.

There is a lack of education concerning the special needs of women in regard to AIDS among OB/Gyn prectitioners, and at the health and drug clinics of San Francisco. In response to this ignorance, the Women's Program has initiated a special Women's Health Outreach (WHO). However, for economic reasons, the program is staffed only parttime by one staff member. It has been necessary to recruit student interns and community volunteers to bring the program into existence.

Recommendation: Review existing AIDS education programs located in the public and private sectors and at city jails and other institutions to

be certain that women have access to programs to the same extent that men do. The review should include the issue of relevance in terms of content and language.

II. Services for Women with Positive HTLV-III Antibody Tests, or ARC or AIDS:

Many of the services for people with AIDS or ARC are organized with the gay male in mind. If the organizer is not thinking about gay men, he or she may be thinking of "drug users." And, unfortunately, most drug services are designed with the male user in mind. What are the consequences of this male orientation in AIDS services? There is no AIDS screening clinic for women; there is no referral list of doctors who are knowledgeable in both AIDS and women's health (because there are so few practitioners that they are essentially unknown or unavailable). Emergency housing is also less available for women. Provisions in emergency housing and in other services may not be made for children.

Recommendations:

1. That the city establish a primary AIDS screening and outpatient clinic specifically for women. This clinic should be at a site with a full range of women's health care services, including perinatal care and pediatric services. HTLV-III testing should be available anonymously, as well as in a confidential form.
2. The right to complete health and social services throughout the City for mothers and their infants should be guaranteed independently of antibody tests and test results.
3. AIDS clinical and social services in the City should be reviewed with regard to their relevance and availability to women.
4. The Commission should encourage the City to establish an office for Women's Services which should monitor and supervise the provision of both social services and health care to women.

III. Services to and Civil Liberties for Special Populations:

The following special populations of women have faced discrimination in regard to AIDS:

1. Women in the Criminal Justice System. Even though there are few AIDS services and limited educational programs for women in the general community, these programs; especially education, are even less accessible to women in the jail system. Whatever education women get in jail must be provided by jail staff. Although some AIDS education has taken place in the Bryant Street jail and at San Bruno, it is inadequate for the numbers of women who pass through these institutions on a daily, weekly, and monthly basis. Meanwhile, social workers estimate that over 60% of the women in either institution have I.V. drug problems.

Many women in jail are fearful of the legal consequences associated with the admission that they might be in risk categories associated with AIDS. For example, they are afraid that they may lose their children to the Department of Social Services if they admit to drug use. They are also afraid of police harassment if they admit to prostitution. Therefore, there are special civil liberties and confidentiality aspects involved in any AIDS educational program for women in jail.

Recommendations:

1. That the City expend funds for the education of women in its jails.
2. That there be adequate legal protection for women in the jail system who are interested in AIDS education, screening, or services, so they do not suffer from their requests for assistance.

2. Prostitutes. Although there has been no evidence of specific harrassment of prostitutes in San Francisco to date, the evidence from other cities

indicates that this could easily occur if vigilance is not maintained. In regard to AIDS, a prostitute is, and should be treated, the same as any other woman who has multiple sexual contacts. It is the type of contact, not the exchange of money, that puts a person at risk. Prostitutes need protection of their civil liberties. Like other women they also need education about AIDS. Delivery of this education requires special programs which are neither moralistic nor discriminatory. Because many prostitutes' primary language is not English and many are immigrants, special cultural aspects are also very important.

Recommendation: That the Commission make prostitutes aware of their rights and that the City develop an educational program directed at this group of women.

3. Drug Users. Women who are drug users suffer a series of problems with discrimination in services. This discrimination is most apparent in residential services. Currently there are NO residential treatment programs in San Francisco which will accept a woman in late stages of pregnancy. Most will not take a woman in any stage of pregnancy, and none will allow a woman to complete a pregnancy while a resident. Additionally, no program allows women to bring their children, even children who are very young. The programs forbid visitors for weeks and sometimes months after admission. This proscription includes the resident's children. Such requirements effectively exclude many women from use of services. Where women decide to participate anyway, they face the additional burdens of arranging childcare and the emotional stress of leaving their children. What is further distressing is that the number of beds, even in these programs with their discriminatory requirements, are grossly inadequate to meet the requests by women for space in them. Proportionate to requests, much more space is available to men.

It is well known among those of us who provide AIDS services that none of the residential drug programs in San Francisco will admit people with positive AIDS antibody tests, or with ARC or AIDS. This exclusion is clearly in violation of local law. It has the same negative impact on women as it does on men.

Recommendations:

1. That all drug programs, residential and otherwise, be required to provide full access to services to persons with positive HTLV-III antibody tests, or with ARC or AIDS.
2. That residential drug treatment programs be required to provide services to pregnant women and that residential programs allow visiting with children within the first few weeks of admission.
3. That the City provide at least one residential drug treatment program for women and their children. This program could be modeled on the program provided for women with alcohol problems by the Women's Alcoholism Center.

4. Women of Color. Women of color suffer from the same institutional racism that affects men of color in AIDS program delivery. Materials, educational forums, and free local health services all come to them later than to the predominantly white community. People of color are less likely to see their images, hear their ways of talking, or find their concerns reflected in the literature, forums, and services that do arrive. I believe that this problem is caused by a combination of inadequate funding, weak affirmative action programs, and sexism in the AIDS service sector. It is compounded by the homophobia in all San Francisco ethnic communities which prefers to locate AIDS among gay men and refuses to acknowledge that AIDS in the gay community and AIDS in the drug community are exactly the same disease and originated at the same time in the same place.

For women of color, a further complication is that their needs are sometimes different from the needs of men of color. For example, women at risk are much more likely than men to be single heads of households with children. They may even speak different languages than the men at risk. Many prostitutes in San Francisco today speak Vietnamese and they are much more at risk of exposure than are Vietnamese men.

Recommendations:

1. That the Human Rights Commission initiate and foster a dialog on AIDS that will encompass the leaders of the gay community and the leaders of the major ethnic groups in San Francisco, so there can be shared commitment and support across these "interest group" lines.
2. That all city public health agencies, not just "AIDS agencies", be required to provide culturally relevant services to women, as well as men, in AIDS risk categories, and that their services to special populations, such as women of color, prostitutes, and drug users, be monitored on a regular basis.

NS/bh