

Gay Health, Not An Easy Issue Washington

by: Craig Nelms

Health Care has become a major issue for gays and lesbians because of the AIDS crisis. There are many other topics in health care which should concern us, too. This column will deal with a variety of topics which impact gays and lesbians; I encourage you to send ideas and suggestions to Q-Notes, so that I can address matters of interest to readers.

For the next couple of issues, we will deal with the relationship between caregivers and patients. We have all experienced the difficulty of dealing with caregivers who are not sensitive to gay and lesbian concerns. The suggestions below may be helpful as you seek care and establish yourself with new treators.

1) **Utilize MAP (333-AIDS) and the Gay and Lesbian Switchboard (525-6128)** to locate caregivers who are known to be sensitive to gay and lesbian concerns.

2) **Be honest** with doctors and nurses. Be open about sexual issues, and also about other aspects of your life. For example, if your family is uncomfortable with your lifestyle and you expect this to be a problem during a hospital stay, warn your doctor and ask his cooperation in resolving the matter.

3) **Obtain a Durable Power of Attorney**, which will give your lover (or whomever you choose to appoint in the document) the power to act on your behalf if you are incapacitated. Place a copy in your medical records, and in the business office of any hospital you anticipate staying in. Keep the original in a safe place, but bring it with you if you may need to use it. This is an important document; it will empower your lover to take control if necessary. Your family can take over in such situations without this document. Ask your treators if they will recognize the document, or if they will leave decisions to your family. If he will ignore the document, get another doctor. The time to tell the doctor that your lover, not your family, will maintain control is before you become incapacitated.

4) On any form that you are asked to fill out, list your lover as "Next of Kin" or "Person to Call in Case of Emergency." Let decision makers know that you have done this. If a nurse or doctor ever tries to exclude your lover, a reminder of this paperwork will usually suffice.

5) **Let treators know** that you will not be ridiculed, or embarrassed. You will not let homophobia on the part of caregivers make you uncomfortable. Doctors and nurses are usually willing to go out of their way to make you comfortable; you must let them know what behaviors make you uncomfortable. Remind them of the effects of stress on ill people, and let them know that their homophobic behavior is a source of stress for you.

6) **Never let it slide** when a member of your health team is insensitive. Be calm and reasonable, but deal with it.

7) **Develop rapport** with members of the health team, and then when problems arise, ask for their assistance. When a homophobic caregiver sees that other caregivers are comfortable with you, they will usually become more sensitive. They may choose to care for other patients, and let caregivers who are comfortable with you take over. Either way, you will avoid the stress of dealing with homophobia. When you are ill, you should not have to focus energy on homophobic behavior. Example: "I'm too ill to fight with Nurse Jones over whether or not my lover can stay in the room while I'm being treated. He is staying. Could I have a different nurse?"

8) **Invite questions** by caregivers, if you are comfortable doing so. While you interact with the health team, you have a great opportunity to teach treators about gay and lesbian concerns. You and your treators will become more comfortable together, too. However, if someone asks you questions you are uncomfortable with, don't feel obligated to answer.

9) **Give positive feedback.** Example: "It makes things so much easier and more comfortable for me that you make my lover a part of my healing team. I'm glad we

don't have to argue about his involvement. Thanks."

10) **Be yourself.** Caregivers, like other people, respond to openness and honesty. Everyone involved will be happier if they are not forced into roles.

11) **You are a consumer.** Your presence represents income for caregivers. Feel free to make demands. You are paying for a service, so get your money's worth. It is reasonable to demand the treators respect your orientation, lifestyle, and lover. Be clear in your demands. Don't say "Doctor Jones is disrespectful." Say, "Doctor Jones will not answer questions put to him by my lover. He will not discuss the impact that treatment will have on our sex life." Clarity on such issues will help treators as they try to change their behavior.

12) **If you want to seek a different doctor for any reason**, you should do so. If there are only a few specialists available in your area and you feel you cannot change doctors, then remind the treators of the income you represent and tell them your needs. You should never endure months of discomfort, resentment and anger toward treators. Tell them how you feel; the majority will be glad to work with you to make things better.

13) **You are the center** of your healing team. Whatever your needs are, see to it that they are met, or designate a friend, lover or family member to see to this. Your healing team is composed of numerous people who have all come together to make you well; don't you owe it to yourself to let those healers know when they are being homophobic? They usually don't realize how badly their behavior can affect you, and they will usually try to change that behavior.

Next installment: How to handle homophobia when you are hospitalized.

Editor's Note: Craig Nelms has dealt with medical needs on a counselor level for many years and brings a lay person's view to Q-Notes.

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The Quilt display was the centerpiece of an entire weekend of AIDS awareness and fund raising events, highlighted by a candle-light march that took place after the Quilt was folded up Saturday evening. The march left the Ellipse before 7 pm and went around the White House coming back to the other side of the Ellipse and going on to front of the Lincoln Memorial. The Parks police said that there were 8,600 people involved. Many of the protestors felt that the estimates made by the Parks police and subsequently expressed in the Media were inaccurate. The visual numbers were staggering; as marchers were already arriving at the Lincoln Memorial while others were just beginning to circle the White House.

People marched silently most of the way with a few singing and chanting. The group ACT-UP marched last and were the noisiest; shouting protests and encouraging people to join in their protests to the government's lack of action concerning AIDS. As the procession slowed at points, people raised their candles as beacons in the darkness to let others know the heartache and pain of losing someone they loved and to show the pride and joy they felt for being there to help fight this epidemic.

As everyone assembled around the reflecting pool in front of the Lincoln Memorial, there was a program including speeches by Sue Caves, founder of Families Who Care; Viola Mukasa of the Ugandan Red Cross; Cleve Jones as well as several parents whose sons and daughters live with AIDS.

With each candle glimmering in the reflecting pool and each step between the panels, there were expressions of hope, faith, kindness and love. A love that comes from deep within the hearts of individuals who have lost loved ones, friends or relatives.

People of all walks of life, who participated in this weekend were there to encourage political action and cultivate awareness of the problems surrounding the AIDS crisis.

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