

# Home to aid pregnant, HIV-positive women

By Rob Cullivan  
Staff writer

ROCHESTER — The diocesan Division of Social Ministry is planning to open a home called "Mary's House" for pregnant women diagnosed with the AIDS virus, and for their children.

Named in honor of the Blessed Virgin Mary — an unwed, pregnant woman who faced the possibility of ostracism from her society — Mary's House is slated to open in early September. Eventually, it will provide shelter for as many as four women and their children, according to Jane Hallinen, diocesan program director for MCAIP — Maternal Child AIDS Intervention Program.

Citing the need for the women's confidentiality and the social stigma projected onto people who have been diagnosed as HIV-positive, Hallinen declined to publicly disclose the location of the house. She acknowledged, however, that the house was formerly owned by a diocesan priest who donated it to Corpus Christi Parish, the current owner.

Mary's House stands two-and-a-half stories high and contains a living room, dining room, foyer, kitchen, two bathrooms, powder room, five bedrooms and another room to be used as an office.

Hallinen was busy last week moving furniture into the house with Paul Pickering, director of the Diocesan Residential Program, and Colin Garwood, chairman of the MCAIP Task Force.

The trio pointed out that the seven-member MCAIP Task Force grew out of an attempt to respond to Bishop Matthew H. Clark's pastoral letter on AIDS. Released two years ago, the letter was entitled "The Lord Himself Taught Me to Have Compassion."



Babette G. Augustin/Staff photographer  
Jane Hallinen, diocesan program director for Maternal Child AIDS Intervention Program, examines new baby clothes donated to "Mary's House."

In it, the bishop requested the Division of Social Ministry to "assist HIV-positive mothers to carry their children to full term and assist them in securing proper post-natal care." Garwood pointed out that the home is the first of its kind in New York state. Previously, homes have been established in the state for pregnant women who have developed AIDS, but never for women who have only been diagnosed HIV-positive, Pickering said. About 15 pregnant women are diagnosed HIV-positive each year in the Finger Lakes region, and the number will probably increase in the future, Garwood said.

The house's residents will most likely be

single women under the age of 21 who have little or no knowledge of the social services available to them and who lack family support, the trio said. They pointed out, however, that no income ceiling has been established for potential applicants.

"These women are out on the streets," Garwood said. "They're inclined not to be on (social) service lists." The most attention many of them have received is one or two visits to a doctor for pre-natal care, he observed.

Hallinen noted that the women who live at Mary's House will be capable of taking care of their physical needs, but may not be able to adequately care for their children

because of financial, family or other difficulties. Mary's House will provide HIV-positive mothers — who might otherwise be forced to place their children in foster care — a chance to keep their children, Pickering remarked.

"We're making sure the mothers and their children get all the services they need," Garwood added.

The staff is planning to hire three community-outreach workers and one case manager who will provide individual help to each mother and assist her in obtaining medical and day care, food stamps, transportation and, eventually, her own housing.

Hallinen said she hopes Mary's House will someday also reach out to HIV-positive women who are not residents, but who may need such services as medical care and housing referrals.

The program director is banking on a pool of volunteers to help run the house and assist the staff. During the last two years, the parishes of Holy Apostles and Corpus Christi have donated money, labor and some appliances to the house, which still needs painting, carpentry and yard work.

Hallinen suggested that parishes might consider "adopting" a room in the house by calling on parishioners to paint it and fix it up. She also said that volunteers will be needed once the house opens to transport the women to doctors' appointments, teach them parenting skills or simply to offer listening ears.

Mary's House has already received funding from the Bishop Clark Fund (which includes monies from the Thanks Giving Appeal), private contributors, United Way and the Rochester-based Wilson Foundation. The house is also applying for a grant from the state health department.

The house's staff will receive residential referrals and coordinate its medical-care efforts with officials of the obstetrics/gynecology staff at Strong Memorial Hospital and the Anthony L. Jordan Health Center.

Father John Firpo, director of the diocesan Division of Social Ministry, commented that the opening of Mary's House was the realization of a long-held wish. "I'm real pleased that we're fulfilling the request of the bishop," he said.

EDITOR'S NOTE: Prospective volunteers for Mary's House may obtain information by calling Jane Hallinen at 716/328-3210, ext. 319.

# Make hospitals user-friendly, Texan says

By Rob Cullivan  
Staff writer

ROCHESTER — Hospitals should look to shopping centers as models for providing services in the future, a Texan consultant told a group of Catholic health-care professionals at the fourth-annual conference of the New York State Catholic Healthcare Council.

About 60 representatives of the state's 46 Catholic hospitals, 53 nursing homes and 18 home-care agencies attended the conference, which took place at the Woodcliff Lodge Resort & Conference Center in Victor, Thursday and Friday, May 31-June 1.

Over the years, shopping centers have become more "user-friendly" and now feature a "continuum of services," observed Patrick W. Philbin, president of an Austin-based health-care management consulting firm. Hospitals, Philbin said,

"have a lot to learn from just this kind of evolution."

Following his Thursday morning speech, Philbin explained the analogy by noting that hospitals currently focus on serving patients at only one or two stages of a disease. Instead, he asserted, hospitals should provide patients with preventive information and complete care throughout the entire length of a disease.

Philbin also emphasized the need for administrators to understand their physicians better, noting that the two groups are often at odds over hospital policy without understanding each others' points of view.

The nature of physicians' training, Philbin pointed out, causes them constantly to question their own judgment and that of others, and to seek specific, concrete answers to problems.

Administrators, on the other hand, are

inclined to put faith in their subordinates and prefer to deal in generalities and concepts, he said. Such contrasting dispositions can cause doctors and administrators to clash over policy issues without understanding the conflicting approaches at the root of each others' opinions.

Philbin also said that financially strapped hospitals need to change their approach to health care completely by understanding that patients now have a wide variety of health-care choices available to them. Administrators should stop worrying about filling empty inpatient beds, and start look-

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