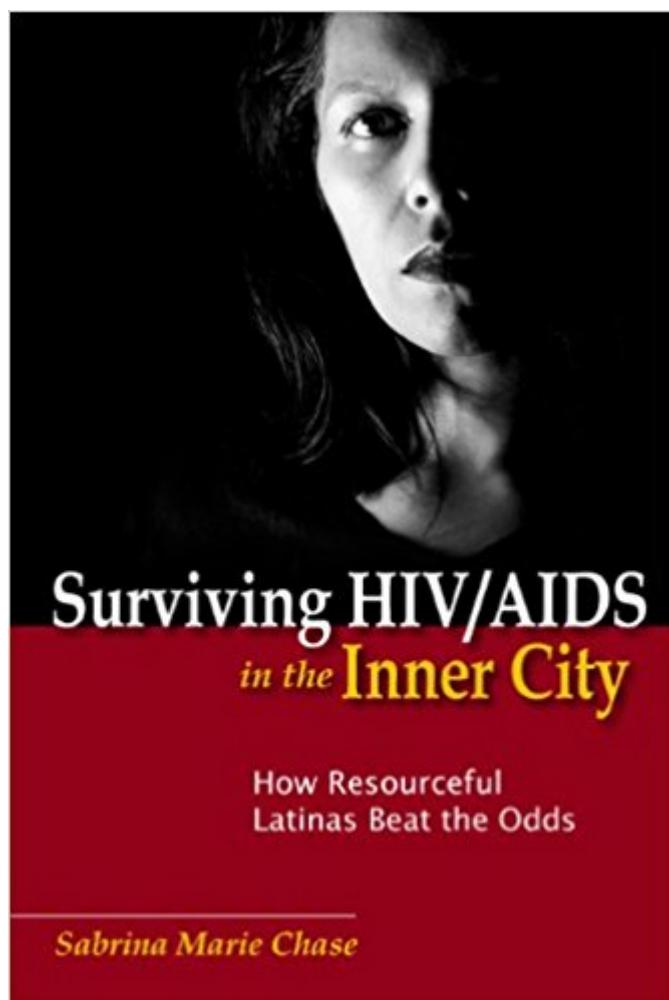


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Surviving HIV/AIDS In The Inner City: How Resourceful Latinas Beat The Odds (Studies In Medical Anthropology)



Synopsis

Surviving HIV/AIDS in the Inner City explores the survival strategies of poor, HIV-positive Puerto Rican women by asking four key questions: Given their limited resources, how did they manage an illness as serious as HIV/AIDS? Did they look for alternatives to conventional medical treatment? Did the challenges they faced deprive them of self-determination, or could they help themselves and each other? What can we learn from these resourceful women? Based on her work with minority women living in Newark, New Jersey, Sabrina Marie Chase illuminates the hidden traps and land mines burdening our current health care system as a whole. For the women she studied, alliances with doctors, nurses, and social workers could literally mean the difference between life and death. By applying the theories of sociologist Pierre Bourdieu to the day-to-day experiences of HIV-positive Latinas, Chase explains why some struggled and even died while others flourished and thrived under difficult conditions. These gripping, true-life stories advocate for those living with chronic illness who depend on the health care "safety net." Through her exploration of life and death among Newark's resourceful women, Chase provides the groundwork for inciting positive change in the U.S. health care system.

Book Information

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Customer Reviews

"[Chase] shows...that the ability to access quality health care relies on more than economic capital alone." --Angela DuBois,

nikflorida.org/2011/02/23/angelajdubois/strategies-for-accessing-quality-healthcare/"In this original and interdisciplinary book, Chase illuminates the unequal treatment faced by the Puerto Rican women she studied and creates compassion for the hardships that they faced." (Michele Tracy Berger author of The Intersectional Approach 2099-01-01)"Medical anthropologist Sabrina Marie Chase offers a rich account of HIV-positive Puerto Rican women's experiences. Poor HIV-positive women must be resourceful to survive. We learn from their brave efforts how our current healthcare system and related social services fail vulnerable people living with HIV/AIDS, especially marginalized women of color." (Centro Journal 2012-05-01)

"In this original and interdisciplinary book, Chase illuminates the unequal treatment faced by the Puerto Rican women she studied and creates compassion for the hardships that they faced."---Michele Tracy Berger, author of "The Intersectional Approach: Transforming the Academy through Race, Class and Gender"

Unlike many academic treatises, *Surviving HIV/AIDS in the Inner City* is written clearly and understandably. Unfamiliar terms are clearly defined without interrupting the flow of the writing, and the writing style is smooth and simple. There's no jarring intrusion of the author's persona, only a clear and compelling explanation of her research and conclusions. Ms. Chase does an excellent job of making abstract anthropological concepts like habitus and cultural capital meaningful and clearly relates the quality of care received to how well a patient can play to her audience. The inequities in care due to cultural differences are crystal clear in the stories she tell. On that subject, what stories they are! I'm still laughing over my favorite quote: "...hello! I'm not taking any chances. I'm going to kill a chicken..." Through a series of well chosen anecdotes, Ms. Chase takes the reader into the lives of her study subjects, clearly showing their humanity, the devastating impact of an HIV/AIDS diagnosis on their lives and most importantly how their quality of care is directly related to their cultural expertise.

Dr. Chase's "Surviving HIV/AIDS in the Inner City" is more than a simple ethnographic study. It's a commentary on social hierarchy, public policy, government spending, and cultural prejudice. These topics are illustrated in miniature at the beginning, with a short example of a challenge an HIV-positive woman faced dealing with a potential pregnancy and the physical and financial stresses of getting her husband's support for any medical decisions. The book then describes the notion of "cultural capital." This idea is critical to the rest of the book, as it becomes clear that the

women with broad cultural capital, able to bring the layers of the social strata in which they find themselves, gain better access to aid and resources. As I read this, it struck me that this concept is not limited to poor Latinas in Newark; I have friends who seem unable to save any money simply because they don't have access to the financial-planning concepts familiar to their more affluent friends. Neither the Latinas nor my friends are ignorant, but they don't get the information because they don't know how to ask the right questions. We're then introduced to the 17 women whom Dr. Chase followed in the course of her field study. They challenged the prejudiced notion that poor women get HIV from sex work or drugs; most of them became infected from husbands or boyfriends who did not share their HIV-positive status. Dr. Chase then describes how the city of Newark faced the challenge of the HIV epidemic ten years ago, at the time she collected her field data. The politicians' incorrect assumptions about the spread of HIV led to poor policy decisions. This spills over into the nest of bureaucracy associated with spending funds from the Ryan White Care Act. For me, the saddest part of the book was the description of the medical care the women received, or some cases the lack of it. The resourceful women do their best to weave their way through poverty, health issues, uncaring or overworked physicians, and government regulations to support themselves and their families. Some manage. Others don't. "Surviving HIV/AIDS in the Inner City" illuminates social and political issues that go beyond the survival of Spanish-speaking women in Newark. This book deserves to be read by anyone who cares how the layers of our society interact, and how that interaction affects ourselves and the people around us.

Loved this book! Super effective as describing the plight so many women are facing in the urban landscape due to structural violence. I highly recommend! Very useful for those in urban studies, medical, health, and education studies.

Shipped and arrived on time. This book gives a lot of information, and is easy to understand. I used this book for class and it was very helpful, as far as short answers on test, and also writing essays. I thought it would be boring, but it was actually interesting and keeps you wanting to read more.

Almost everyone has a story about a run-in with the health care establishment. If you don't have one, one of your friends or co-workers does- whether just a tale of frustration, or a full-blown nightmare. But how much worse would it be if you had a stigmatized condition, *and* the culture, language, and basic function of the Western health care system was foreign to you? Sabrina Chase provides one answer to that question with her masterful and compassionate study of seventeen

poor, HIV-positive Puerto Rican women and the struggles they faced in dealing with the health care and social service networks in Newark, New Jersey. These women, as Chase demonstrates, faced different and worse challenges than many higher-profile HIV/AIDS victims in other parts of the country. The Puerto Rican community (especially women) in America is economically and socially disadvantaged compared to other ethnic groups. Newark's HIV epidemic is embedded in a larger context often referred to as SAVA or "substance abuse, violence and AIDS." Newark's authorities were extremely slow to respond to the threat (especially amongst the heterosexual community), and its health and social care networks at first broadly failed to serve the underprivileged HIV-positive residents of the area. And also significantly, heterosexual minority women who were HIV-positive were initially stigmatized (in the media and in the medical and social work communities) as drug-using prostitutes. All the above factors led to a situation of "structural violence" that added further difficulty to the exhausting, frustrating, but critical task these women faced: dealing successfully with health care and social service systems based on a worldview that was foreign and confusing to them. Chase tracked the women of her study group as they navigated (with varying degrees of success) the complexities that were vital to their survival. The women who did best were the ones who could "work the system" by cultivating and using broad social and cultural capital. These women were more flexible in their behavior, readily adapting to expectations and presenting images designed to evoke the most helpful responses from medical and social service workers. Women in this group tended to have more years of formal education; perhaps more surprisingly, they also were more likely to have been institutionalized and/or to have spent time in recovery programs; Chase posits that these experiences led to a wider exposure to people and groups different from themselves (especially middle-class professionals), which aided them in developing their flexibility and capital. Chase chose a storytelling approach, which makes her study eminently readable without detracting from its scientific impact at all. She makes clear her involvement in the lives of these women, showing a heartfelt affection for and interest in them while demonstrating that her friendship and reciprocity with them was essential to the success of her work. She includes an epilogue telling what she could find out about their lives years after the active part of the study, concluding the book with stories of "sorrows and joys". This is a story of how some HIV-positive Latina women in the Newark area used their resources and flexibility to exploit facets of the local health and social care network and get better than average care. And in the end, Chase also asks possibly the most vital questions of all- why do they have to do this in the first place? What is wrong with our health-care system and how can we help it work for people (like those in her study) who need it so desperately?

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