# An HIV/AIDS update

**by David Lane, Ph. D.**

## BE HERE FOR THE CURE.

This is the latest in San Francisco AIDS Foundation's ad campaigns–a slogan also being used locally by Cascade AIDS Project (CAP).

Of course, the first question for any AIDS update is what about a cure? Unfortunately, the news for a cure continues to be uncertain. Reports about the success of a vaccine against HIV in chimpanzees are countered by reports that the virus changes or mutates so quickly that a totally effective vaccine is still a long way off. However, a recent issue of *AIDS Updates* reports on recommendations about the positive effects of clinical trials in humans. Clearly, the assumption in the scientific community focuses on the fact that a vaccine is possible–but a cure may still be years away.

Despite the slow progress on development of a cure, nationally–and in Oregon–there are increased hopes and positive effects of providing HIV-infected people with proactive and preventive health care. "Be here for the cure" recognizes an important shift in what we know about HIV disease. In addition to the important message of prevention, it is now more critical than ever–and more life-enhancing–to get early treatment for HIV disease.

Looking at client services currently available to people with HIV in Oregon, there are several important changes over the past two years. The introduction of federal dollars for client services–including money from the Ryan White Care Act–has allowed more direct care programs to be available. These programs include the deliberate move for public health agencies to provide increased client services. This money for client services in Oregon has led to the development of the Seropositive Wellness Program, the funding of the Oregon HIV Advocacy Center, a self-care manual for newly infected people, and a variety of other HIV client services available in seven defined regions around the state.

## SEROPOSITIVE WELLNESS PROGRAM

The Health division, working with county health departments, has established a Seropositive Wellness Program (SWP) for persons who test positive for HIV. The Wellness Program offers a combination of medical, counseling, and social support services. The Wellness Program is currently available at the county health departments in Benton, Hood River, Jackson, Josephine, Klamath, Lane, Linn, Malheur, Marion, Multnomah, Tillamook, and Umatilla counties. Washington county has requested the program. Coos, Crook, Curry, Deschutes, Douglas, Jefferson, and Union counties are in the last stages of training for the program.

The Wellness Program is based on recent studies that have shown that the best way of coping with HIV is when HIV infected people take charge of their own positive outlook health care. In the Program, clients participate in a comprehensive treatment approach aimed at prolonging wellness, productivity and quality of life. They learn skills necessary to maintain health and prevent HIV transmission to others. Included in the program:

- Free Helper T-Cell and CBC Testing (blood work) every six months
- Free screening for hepatitis
- Free immunization for influenza, pneumococcal pneumonia, and hepatitis B
- A $60 credit for an initial medical evaluation by a physician
- A $30 credit for an initial dental evaluation by a dentist
- Free evaluation and treatment of sexually transmitted diseases and tuberculosis
- Counseling for both immune system maintenance and health risk reduction
- Stress management and nutrition counseling
- Referrals for social support, mental health, and other community services.

Because the Wellness Program is new, clients will be asked to answer health-related questions aimed at evaluating this program's effectiveness. Further information can be obtained by calling your local health department's HIV program.

## OREGON HIV ADVOCACY CENTER

The Oregon Advocacy Center, under the direction of Mimi Luther and Doug Zeh, is located at CAP. The Center is designed to help solve problems and to provide information about services needed by HIV positive clients. For example, utilizing the resources and informational data base of the Oregon AIDS Hotline, the Advocacy Center is designed to help link HIV-infected individuals with local medical, financial, legal and social resources in their community. Sometimes the Advocacy Center staff will be able to handle the situation with a call to an appropriate local person or agency. The Center may call an appropriate office at the state, regional, or federal level as well. In other cases, the situation may actually require a one-on-one visit to help educate and/or locate local resources.

Eleven years into the epidemic, HIV disease is becoming increasingly accepted within the traditional health care system. Along with this acceptance comes the typical bureaucratic hardships and hang-ups which have existed for other diseases. There are agencies, physicians, hospitals, and case managers who are figuring out how to meet the needs of HIV positive clients within this bureaucracy. As this information becomes known, the Oregon Advocacy Center will maintain up-to-date material about the many programs, resources, and policies that affect HIV clients. Most importantly, Advocacy Center personnel are trained to step in and act as a client advocate–someone who represents the HIV positive person in a positive, supportive role and works to solve the problem for the client.

The Center has spent many hours this year helping individuals with specific problems–such as finding housing, locating a dentist, getting out of a legal jam, working with social security. If you–or someone you know–has reached a "frustration-point" when trying to obtain HIV health care services, please contact Mimi Luther, Doug Zeh, or Donah Baribeau at 223-2437 or 1-800-777-2437.

## THE OREGON HIV SELF-CARE MANUAL

During its first year of operation, the Oregon HIV Advocacy Center has developed an Oregon-specific self-care manual–a resource for newly diagnosed HIV clients. When the manual is available for distribution in early fall, trained volunteers at the Oregon AIDS Hotline will help HIV clients–either in person or through the Hotline–to access and use the information in the manual. The goal is to give HIV-infected clients the important information needed to take better care of themselves. (The manual will also be available on a limited basis to people who were diagnosed earlier.)

An important feature of this manual is its dual approach in presenting information. The manual includes not only standard factual information but also personal perspectives from people living with HIV. Local authors from throughout Oregon were recruited to write pieces for the manual. These articles focus on the personal side of living with HIV.

The manual will be attractively formatted in six booklets, each covering a separate area of health care. For instance, one booklet, focusing on wellness, will be full of information and ideas for how to work on a positive approach to health. It will include information about immunizations, traveling, stress, grief, and exercise. Another booklet will list statewide resources. Most importantly, the resource booklet will include specific regionalized resources aimed at giving people names and numbers of agencies in their own community that are available for information and assistance.


## REGIONALIZED HEALTH CARE

Oregon's share of Ryan White funds this year was a little over $650,000. Decisions on how to disperse these funds were made using the HIV Care Consortium, local health departments, and Sparkplugs. The HIV Care Consortium is a statewide group of providers from medical, mental health, and community-based communities (including people living with HIV). Sparkplugs is a statewide advocacy group made up of people concerned about the needs of people with HIV.

Both of these groups advocated that Ryan White monies should be dispersed on a regional basis. What this meant was the state was divided into seven regions and each region received a proportion of the funds based on its population and AIDS caseload. Each region convened a consortium which decided how to use its share of Ryan White funds. This means that every person with HIV will be able to access public-assistance funds for health care within their own area of the state. For instance, the region comprised of Douglas, Curry, and Coos county decided to disperse all of its funds to Ruby House–a mixed-use facility for people living with HIV. Other regions will have limited funds for some medical bills, health-related travel, and dental care. For information, call:

- Region 1 (*Clackamas, Clatsop, Columbia, Multnomah, Tillamook, Washington*): Jeanne Gould, Multnomah Health Department, 248-3674.
- Region 2 (*Baker, Gilliam, Grant, Hood River, Malheur, Morrow, Umatilla, Union, Wallowa, Wasco, Sherman*): Sharon Kline, Umatilla Health Department, 276-3211.
- Region 3 (*Crook, Deschutes, Harney, Jefferson, Klamath, Lake, Wheeler*): Tom Spencer, Klamath Health Department, 882-8846.
- Region 4 (*Jackson, Josephine*): Hank Collins, Jackson Health Department, 776-7300.
- Region 5 (*Coos, Curry, Douglas*): Billy Russo, Ruby House, 679-9913.
- Region 6 (*Benton, Lane, Linn*): Jeannette Bobst, Lane Health Department, 687-4013.
- Region 7 (*Lincoln, Marion, Polk, Yamhill*): Donalda Dodson, Marion Health Department, 588-5357.

## AIDS DRUG ASSISTANCE PROGRAM

Since 1987, the Health Division has been assisting people with AIDS by providing AZT to them at no cost. The AIDS Drug Assistance Program (ADAP) now dispenses DDI and AZT to qualifying individuals. The program is available to individuals not eligible for other public-assistance programs and to those that qualify on the basis of income. As of June 3, 703 people have received assistance from this program. You can call Liz Fosterman at the Health Division (731-4029) for help in applying for this program.

Clearly, the focus of all programs described here is on "being here for the cure." As we think about that possibility, it is necessary to focus on what medical interventions are actually available. On the positive side, the April issue of *AIDS Clinical Care* lists over 100 drug combinations that are available for treatment of the opportunistic infections. The emphasis in treatment has shifted from the care of infections once they occur to aggressive early antiviral and prophylactic therapies. More and more physicians are prescribing combinations of medications–many with uncertain interactions–in order to ward off potential deadly infections caused by the collapse of the immune system. According to *AIDS Clinical Care*, the most common type of problem from the increased use of drugs is increased toxicity due to the combined side-effects of the drugs. People with HIV appear to have higher rates of toxic reactions to medications than others receiving the same medications. Physicians dealing with HIV-infected clients are being encouraged to be increasingly watchful for drug toxicities and interactions.

The medical establishment has been challenged by HIV disease in many ways. From the beginning of the epidemic, AIDS activist groups have pressured the Food and Drug Administration (FDA) and the medical establishment to be