



Tooth Talk

by Mary Ellen Volansky, RDH, MS

HIV and Oral Health

Why is an oral health professional discussing HIV/AIDS? Because 70 percent to 90 percent of people infected with HIV will develop at least one oral infection during the course of their disease.

This is one of many things I learned during this past year attending classes provided by the Tribal BEAR Project.

Nearly all Siletz Community Health Clinic staff participated in this learning project about HIV/AIDS. The Tribal BEAR Project sent one of our dental staff, Diane Tripp, to Alaska for a week of training.

The Siletz trainings ended with the May 30 community dinner. Did you attend? The guest speaker was a woman named Poppy. She is a tribal woman living with HIV who shared her story.

In listening to Poppy, I was overwhelmed learning about the impact HIV has had on her. She spoke of her struggle to live normally. She spoke of the support she has experienced with her tribe. She described her experiences at the birth of her son – it was her husband who infected Poppy with HIV.

Poppy's voice courageously stood as testament against the shame often forced onto those living with HIV/AIDS. There is really no more shame to be had with HIV/AIDS than there is with any other disease.

Poppy's heartfelt words could melt anyone's resistance to being tested, even when we don't think we are at risk. Without testing or knowing the test results, there is little reason for anyone to change risky behaviors. Nor is there any reason for someone to seek important life-extending medicines.

It's estimated that about 38 million people are living with HIV worldwide. The medicines now available can lengthen one's life, the period of time from getting HIV until the deadly series of infections that is called AIDS.

Poppy has lived 15 years with HIV because she began treatment early. Sadly, history shows that half of the people with AIDS were tested less than one year before AIDS was diagnosed.

Have you ever considered being tested for HIV? Did you go get tested? Whatever the answer to this question is, you know the struggle involved with deciding to be tested for HIV.

Consider asking yourself to be tested for HIV. If you do, you might find yourself asking: Am I at risk? Could I really have HIV? What if I am positive? What if I am negative? Do I want to change my life? Which of my behaviors puts me and those I love at risk? Do I want anyone to know? Any way you look at it, the idea of being tested for HIV can be just plain scary!

There is good news. There is counseling, anonymous testing, and HAART, a collection of medicines called "active antiretroviral therapy." It can make a difference.

The HIV virus lives in human blood. It kills the cells in our blood that attack invading germs. These cells are called immune cells or T-cells.

A person normally has lots of immune cells. With a lot of immune cells, a person can fight off germs entering the body. When our body is healthy, it continually fights off invading germs. Usually we either don't notice or we have only minor symptoms (a few aches, a slight fever, etc.). For someone living with HIV/AIDS, any germ can have a major impact.

Those same immune cells fight oral infections too. So what are usually minor oral infections – herpes, warts, ulcers, gum disease, etc. – can become quite severe for a person with HIV. And for a person living with AIDS, those infections can be life threatening.

Even cavities and gum disease have a greater impact on patients with HIV. Mouth sores, tooth pain, and missing teeth may limit oral intake of food. A balanced diet is essential for everyone and even more so for people living with HIV.

Many medications used to treat HIV infections increase the number of cavities. These medicines also can cause dry mouth, which also increases the risk of cavities. Yes, thorough brushing and flossing are especially important for people with HIV.

This is where the Siletz Dental Clinic can be helpful. We like and want to share our information and skills with you. Just ask us oral health questions; if we don't know, we will do our best to find the answer. We treat everyone with safe preventive care.

In summary, HIV can be treated but not cured. HIV can live unnoticed in someone's body for up to 15 years. Twenty-five percent of those with HIV do not know it. So access to care, adherence to treatment, and an individual's response to HAART affect whether or when HIV progresses to AIDS. Whether you are living with HIV or AIDS, oral health care is essential.

HIV affects us all, whether HIV infects our own body and/or the body of the one(s) we love. Take care.

If you would like more information on any of the above, check out the Dental Clinic's Web page for the HIV/AIDS section.

The Web pages of the organizations whose information I shared above are listed there. If you have questions, contact me at SiletzToothTalk@yahoo.com.



Team captain Tamara Morrow (right) presents Health Director Judy Muschamp with the first-place award for the tent decorating contest at the Relay For Life in Lincoln City, Ore. The Siletz Tribal team, which decorated its tents with the "Seuss at the Seashore" theme, was sponsored by the Diabetes Program. With fund-raisers that included a breakfast burrito sale, a car wash, a matching grant of \$1,000 from the tribe, and a \$1,000 grant from the Siletz Tribal Charitable Contribution Fund, the team raised more than \$3,800 for the American Cancer Society. Additionally, the STCCF gave the Relay a grant of \$1,000, which made the Siletz Tribe the Luminaria Sponsor for the second consecutive year.

Tribal Pharmacy Changes

by Judy Muschamp, Health Director

If you use the Siletz Tribal Pharmacy either at the window or through mail order, you may have noticed recent staffing changes.

We were saddened to accept Melanie Liddell's resignation on June 26. In addition, the backup pharmacy company could not supply relief pharmacists to work in our pharmacy. As a result, you may have noticed the workload was severely backed up in July.

We appreciate everyone's patience as we work to get medication requests filled in the order received. Please be aware, however, that there will be delays.

Please allow seven to 10 days for refills and allow 48 to 72 hours for new prescriptions. As an alternative, if you have your Pequot (Caremark) pharmacy card, you can ask that your prescription be called into a local pharmacy on a temporary basis until our pharmacy staffing is stabilized.

You can contact Danise Barker in Contract Health at 541-444-1236 or 1-800-628-5720 to override your maximum dollar amount if it already has been expended.

We have secured the services of a temporary pharmacist staffing company and it has detailed Roger Mayerson, R.Ph., to work in the pharmacy at least through the end of August. He will work with Mandi and Elisa in the pharmacy to catch up on the outstanding refill requests.

Out-of-Area Health Benefits

by Judy Muschamp, Health Director

On July 3 beginning at 8 a.m., the Contract Health Service (CHS) staff began distributing this year's new allocation of out-of-area health benefits funded by excess gaming revenue.

This year the Tribal Council increased the allocation by \$72,000 and the funds are being administered by Siletz Management Corp., thereby decreasing the amount of administrative dollars required to administer the program. This means more funding for tribal members to access during the call-in period.

A total of \$133,539 was allocated. Surprisingly, although phones were very busy from 8 a.m. to 9 a.m., the last approval wasn't issued until late morning.

A total of 137 tribal members accessed benefits on July 3. The breakdown is as follows:

- Vision – 34
- Medical – 18
- Dental – 83
- Hearing – 2

Successful members will have 90 days to utilize their benefit and these 137 members will not be eligible again until July 2007. At the end of September 2006, CHS staff will cancel any unpaid allocation for redistribution. Therefore it's very important that you use your benefit and ensure the invoice reaches the CHS office by the end of September.

If you have your appointment but cannot be sure the billing will reach CHS by Sept. 30, call the CHS office at 541-444-1236 or 1-800-628-5720 and speak to a representative.

The next call-in is Oct. 2 at 8 a.m.