Health Watch

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AIDS and the Immune System

To understand AIDS, it is helpful to know a little bit about the human immune system. The following section will hopefully provide a base understanding of the immune system that will assist you in understanding the various aspects of AIDS.

The Active Immune System

The immune system is a marvelous composition of a wide variety of the body's cellular and functional components. The white blood cells, the skin and mucous tissues, the thymus gland, bone marrow and the lymph nodes and tissues all have specific functions in a health immune system. There are also many less specific elements of the immune system which include adequate nutrition, adequate function of the liver, adrenals, good circulation, heredity and a wide range of secondary influences such as stress, life style and psychological factors.

The White Blood Cells

The white blood cells (WBC's) account for the majority of what we call the "immune response". These are the cells that identify and combat bacterium, viruses, fungi and protozoans collectively known as "micro-organisms". The white blood cells are divided into five groups: the basophils, neutrophils, monocytes, eosinophils and lymphocytes. These names reflect laboratory properties of the various cells, i.e. "phil" is Latin for love and, thus, basophils are cells that attract a basic dye in laboratory staining techniques as others attract eiosin dye or are neutra to these two dyes. "Cyte" is Latin for "cell", and lymphocytes are WBC's that do not have granuals or "A", Latin for absent, agranulocytes. The lymphocytes are the cells that are affected in AIDS.

These five cell groups are further divided into two populations: the granulocytes and the agranulocytes. The three granulocytes (eosinophils, basophils and neutrophils) all have granular structures that contain immune chemicals to combat micro-organisms. This is called the "cellular immune" response. The agranulocytes (lymphocytes and monocytes) do not have granular structures and the lymphocytes work by the "humoral immune" response, which means by releasing chemicals into the blood stream (the Humors) to combat infection. The monocytes are a cell alone as they act as scavengers in cleaning up immune debris and combating on a cellular level.

The granulocytes are not affected in AIDS as are the lymphocytes and, thus, these cells can play an important role in suppressing opportunistic infection that are common to AIDS. Some of the things that we can do to strengthen this segment of the immune system will be mentioned in the conclusion of these articles.

Lymphocytes and the Humoral Immune Response

The lymphocytes primarily work through humoral immunity although certain "killer" lymphocytes can work at the "cellular" response level. The lymphocytes are divided into two groups, the T cells and the B cells. The "T" comes from "thymus" but functionally represent cells that send information to the B cells (we now know that not all T cells are created in the thymus). The B cells are cells that produce chemicals called immunoglobulins which are specific chemicals to combat varous micro-organisms. It is in the T cell numbers and function that AIDS identifies itself.

The T cells can be likened to advance scouts, who look out for dangers in the form of bacteria, viruses, protozoans, allergins and other parasites. Certain T cells called "memory" cells maintain a "memory" of previously encountered organisms and immediately begins the immune response which is why we "develop" an immunity to such conditions as small pox, measles, whooping cough, etc.

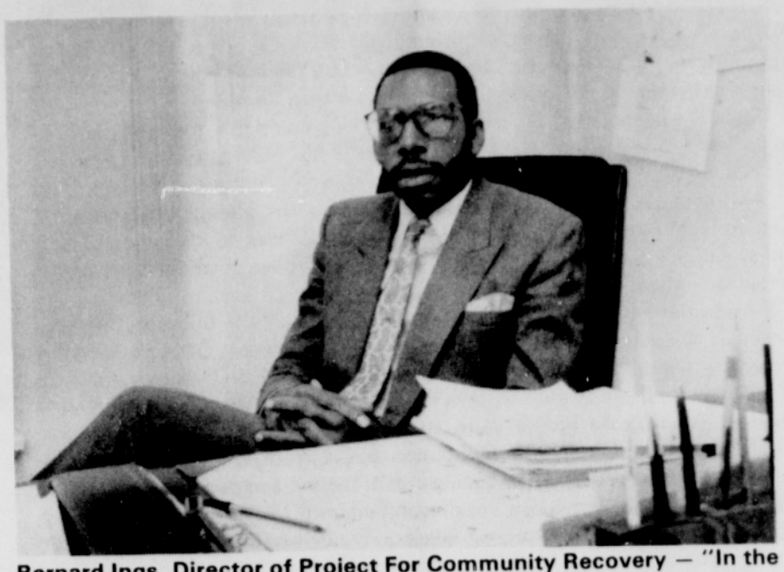
T cells can also create original responses in the event of a new organism entering the blood system or inflamed tissue.

Two other T cell groups exist. These are the helper and suppressor populations. These cells take the information from the scout T cells and either help increase or decrease the production of B Lymphcytes. The B lymphocytes being the army that confronts the invading organisms, releasing their chemical weapons.

Another lymphocyte, the "Killer" cell, is a recent discovery. This cell appears to work independently, having the ability to confront and destroy organisms on a one-to-one basis.

In AIDS there is a marked decrease in the helper T cells that results in an inability to activate B cells for maintaining acquired immunity to a variety of illnesses. As the number of helper cells decrease the ratio of helper to suppressor cells becomes inverted and the B cells actually decrease their normal state of involvement. The helper/suppressor ratio is actually one of the best indicators of the state or progression of AIDS. Recently orthodox medicine has come to appreciate this test and M.D.'s are using it much more frequently to monitor the course of AIDS. It is interesting that M.D.'s shunned this test for so long as it truly gives the most useful information in monitoring the early and middle stages of the AIDS population. Coincidentally, unrelated to the AIDS virus, homosexuals, I.V. drug users and hemophiliacs show inverted helper/suppressor ratios as general populations.

Treatment in Defense of Life



Bernard Ings, Director of Project For Community Recovery — "In the past, the conventional approach didn't work for the Black client, because it didn't take into consideration the cultural factor."
Photo by Richard J. Brown

by Nyewusi Askari

For a long time, African-Americans didn't understand the dangers of alcohol and drug addiction. At first it was viewed as a white man's weakness: an inability to control the intake of drink or drug. And those Blacks who suffered the affliction were looked upon as outcasts whose souls had been taken over by the devil. Religious conversion was the recommended treatment and cure.

Since those early days, the Black community's perception and understanding of drug and alcohol addiction has changed. Drug and alcohol centers have become commonplace, and the Blacks addicted are now treated as patients rather than outcasts. In Portland's Black community, the Project For Community Recovery is one such treatment center.

A joint effort of the Center for Community Mental Health and de Paul Center, Inc., the Project For Community Recovery was established in July 1984. The staffs of the three agencies work together on designing the most effective treatment plan for each individual in treatment. While the Center for Community Health provides assessment and outpatient services, and de Paul provides inpatient and residential alcoholism treatment, the Project For Community Recovery provides multicultural alcoholism and drug addiction treatment services with emphasis placed on Black chemically dependent persons in Portland's North/Northeast community.

Unlike many treatment centers in the country, the Project For Community Recovery strongly believes that alcoholism and drug addiction are disease processes that affect the spiritual, emotional, physical and social life of affected African-Americans, and that these problems can be diagnosed, treated and prevented when the cultural context is taken into consideration.

Bernard Ings, Director for the program, explains: "In the past, the conventional approach didn't work for the Black client, because it didn't take into consideration the cultural factor. Often, Black clients would drop out of programs that failed to deal with these differences. For example, many Black families teach their children to refrain from looking a person of authority directly in the eye. This cultural behavior was passed down from African ancestors and is considered a show of respect. However, many conventional treatment programs thought the behavior pointed to the client's inability to face his or her problem of addiction. In many settings, the Counselor would touch the Black client in a way of showing reassurance, not realizing that it was a serious violation of cultural upbringing.

"Since we know alcoholism and drug addiction are disease processes that cross racial and ethnic lines, we believe the addiction is treatable. So what we do at the time of assessment is to ask certain questions to determine what level of dependency that person has, whether they be Black or white. Using this approach, we can determine the type of treatment that is necessary. Most of the people we see are either in the early stages of addiction or at the middle stage. If the client is in the late stages, we usually refer him or her to a residential treatment facility," Mr. Ings said.

Presently, the Project For Community Recovery provides assessment, evaluation, and referral; outpatient and inpatient counseling services; individual, group, family and self-help; residential treatment services; AA/NA support network; medical and psychiatric services; and education, training and consultation. Although the program offers outpatient services, it has a general contract with the de Paul Center where 11 beds have been earmarked for Project For Community Recovery clients. The program has 182 clients on outpatient status.

Mr. Ings explained that the program has encountered some problems trying to meet the terms of its contractual agreement with the county. These terms state that in order for the Project For Community Recovery to be defined and to operate as a culturally-specific program for Blacks, 51 percent of its clients must be Black. "Blacks are somewhat reluctant to come to treatment, and since we've only been in existence for three-and-a-half years, the process of generating community awareness has been somewhat slow. Even so, we are seeing changes," Mr. Ings said.

The presence of the Project For Community Recovery in Portland's Black community represents the growing effort by African-Americans to revitalize the ancient African tradition of self-help. Drug and alcohol addiction is a serious problem in this community. Currently, it is spreading to all parts of Black society: the young, the worker, the family, and others who are not yet aware that they have the disease.

Said Mr. Ings, "It's our job to give attention and treatment, and this is why we are encouraging Blacks to get involved with our program. If you suspect that you, your child, your relative, your husband, or a friend is suffering from addiction, call us or visit our facility. It's a matter of life and death, and right now, death is winning the battle."

Community Mental Health

by Danny Bell

An Introduction to Mental Health Services in N/NE

Have you ever asked yourself, "What's wrong with so-and-so?" Or commented on how he or she seems to act funny or odd? Many of us have been touched by those whose behavior seems inappropriate or reflects self-neglect.

The common response is to relegate these individuals as victims of an abusive lifestyle or not to think of them at all.

However, one in ten individuals experience in their life time some form of mental illness.

What we propose is to explore in the upcoming articles what is myth and what is fact concerning mental health, and to reveal what facilities in our community are attempting to address health in terms of mental and psychological health.

The North/Northeast Community Mental Health Center, Inc. (CMHC), is one such facility, serving people who reside in North and Northeast Portland, regardless of race, color, creed, age, or ability to pay. N/NE CMHC provides a program which caters directly to the client in a manner that helps the individual remain in the community.

Many of those who use the N/NE CMHC services have histories of long-term mental illness. They experience confused thought or emotional illness that interferes with daily living.

However, with proper medicines and regular support services, they can remain in the community and lead useful lives. There is not a waiting list to become a client of the N/NE CMHC.

The Center is funded in part by the Multnomah County Social Service Division and the Oregon State Mental Health Division. Fees are based on a sliding scale according to income. No one is denied service because of inability to pay.

The Center offers a varied array of services, as well as a variety of approaches and community activities. The Center accepts children and adults.

Clients with long-term mental illness have a regular case manager. The case manager is a trained therapist who develops a plan for each client to stabilize, improve and support life within the community.

Working in conjunction with the case manager is a team of physicians and nurses who provide regular consultation with the clients concerning psychiatric medicine, good diet, and positive health practices.

Crisis services are provided by a special team available 24-hours-a-day, seven-days-a-week, on an on-call basis to all residents of North and Northeast Portland. Services include crisis intervention and psychiatric assessment and referral for long-term services.

Crisis respite housing is available for those at risk of hospitalization.

Clients in need of hospitalization are evaluated by a specially trained investigative team which makes recommendations to family concerning the need for voluntary or involuntary commitment.

Individuals who are accepted by the clinic are seen regularly for individual- and/or group therapy.

Due to the fact that many clients lack social support from family and friends, they tend to become withdrawn and isolated. The NE Connection is a socialization center which provides clients the opportunity to meet people and feel connected to others. Social-, recreational-, and self-help are available.

Many clients need to learn, or re-learn, the skills needed to survive as independent adults in the community. The semi-independent living staff teach clients adaptive tasks such as apartment maintenance, cooking, and use of public transportation. Mastery of such tasks improves clients' self-esteem and gives them a sense of control over their own lives.

Certain clients can benefit from very focused and structured activities that provide them with a sense of mastery and effectiveness in life. Craft and group pre-vocational acitivities are organized in a day treatment setting.

A crisis respite house, called Sacramento House, is maintained by the staff of the Center. In addition, housing development specialists are employed to arrange a variety of residential and housing-related services. These include group homes and adult foster care.

N/NE Community Mental Health Center invites our readers to write us at 128 N.E. Russell, Portland, OR 97212; attention Danny Bell.

Upcoming articles will focus on such topics as "The NE Connection", "Drugs and Mental Health", "Depression", and "Domestic Violence."

PORTLAND OBSERVER
"The Eyes and Ears of the Community"
288-0033