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“AIDS IN STARK COUNTY: HOW DO WE DEAL WITH IT?”

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By now just about every one of us has been exposed to information about HIV/AIDS. The focus of my paper is not to talk about the virus itself or on how to prevent yourself from getting it, rather, how it affects Stark County, and what programs we have here to deal with PWAs (persons with AIDS). My intentions are to walk you through an AIDS clinic from start to finish, and give you some insight into what the people are like that work there. I also want to show what other services we have to provide care for HIV/AIDS infected people in Stark County.

According to Mrs. Render of the Stark County Board of Health’s Nursing Department, there have been 135 reported cases of HIV/AIDS in Stark County since 1982. “But,” admits Render, “the biggest problem with these statistics are that they only reflect the number of infected people that we know about. Recently we have found that some people can go as long as 15 years without showing any symptoms.” What she is saying is that it is very likely that there are even more cases in Stark County than are reported. Another aspect brought up by Terri Hudson of Aultman Social Services, is that there are many people afraid to come forward that know they have HIV/AIDS. Both Hudson and Render concur that our method of surveying the number of people with HIV/AIDS is poor, yet neither could see a dramatic change in how these cases were logged coming any time soon. After talking to these two ladies, I decided to find out more about the local programs we have to deal with PWA’s problems.

I was lucky to encounter Tonya Richards of AHSP (The AIDS Holistic Services Program). Tonya described the clinic as “a direct response to our community to help meet the social and daily living needs of people with AIDS.” The clinic provides food, medical supplies, transportation, support groups, and emergency assistance through the Ryan White Program. The Ryan White Program is a source of funding for those who are diagnosed with AIDS. I asked Tonya to basically walk me through the process of admission as though I were a “client” myself.

First of all, I was told that I would have to go to Aultman Hospital for an AIDS test so that I would have formal documentation of the disease (of course I skipped that). The reason she said that they recommend Aultman
is because it has a very good reputation for keeping strict confidentiality of the patients names that go in for the tests. Tonya says, “Confidentiality is very important. You've got to be sure that your name is not given, because if an insurance company gets a hold of this information they may drop you even if you test negative.” She goes on to say, “The reason they may drop you is because they think the reason you are being tested is because you have been putting yourself at high risk.”

The next step was to fill out seemingly endless amounts of paperwork. The first form was called the “Client Intake” form. This is about an eight page questionnaire that covers every aspect of your situation. It asks questions like, how did you get HIV/AIDS?, how long have you known you have had HIV/AIDS?, and where do you think you got HIV/AIDS?. “The last one is usually the hardest for people to answer, because most people don't know where they got it,” explains Tonya. The next form is a two-part form. The first part deals with your eligibility for the Ryan White Program. The second is a questionnaire for Ohio’s state statistics on PWAs. This form asks a lot of the same questions as the previous papers, but without it you can’t get the Ryan White Fund. “We are required by law to have them fill out this form before we can administer any help to them” says Tonya. After finally filling out all of the entrance forms, you are asked if you would like to submit yourself to clinical testing.

At first I thought who wouldn’t do this? Then it was explained to me that a lot of the drugs that deal with AIDS have really bad side effects. Some of the side effects are severe nausea, fatigue, and even blindness. Many of the people have a tough time choosing between quantity or quality of life. “Of course there is always the hope that they will find the miracle drug to cure AIDS, right?” I said to Tonya. She replied, “Not really. We don't have much hope of curing the disease...we want to control it.” The reason as explained to me is because we can not kill many types of viruses, but we can inoculate ourselves against them. This is why we don't have huge outbreaks of cholera and smallpox anymore. After we covered all of the paperwork and discussed how clinical research is not necessarily the right answer for everyone, we got into the counseling aspect of AHSP.

Tonya said that there are three types of counseling that they offer at AHSP. The first is “The Buddy System”. This is a group of trained volunteers that are assigned to patients to give them someone they can talk to confidentially about AIDS any time they need it. The next type of counseling is generally used when discussing issues of anxiety (fear of dying) and family issues. “The family issues are often the hardest to deal with,” admits Tonya, “because most of our clients have been cast out of their families.” The third and final type of counseling that AHSP provides is
group counseling. This is where PWAs can talk to other PWAs about problems and network with each other to find friends with the same problems.

Along with psychological help, the clinic also offers both medical and dental care. "The reason we have a doctor and dentist on staff is because there are a lot of doctors and dentists that won't work on PWAs," Tonya said that it is extremely important for someone with AIDS to take care of themselves, because their immune system is so weak they can get sick and die from something that may not even affect us. This is where the final aspect of the clinic comes into play. This is ongoing case management.

What they mean by ongoing case management is a continuous monitoring of their clients. Making sure that they are okay or have transportation to medical appointments or even if need be to give them food. The food is brought to them with the help of Violet's Cupboard, which is a non-profit organization that brings food and medical supplies to people with AIDS that can not afford or physically cannot get for themselves. I noticed that Tonya often referred to the people as clients so I asked her if they had to pay for this service. Her reply was no, they just call them clients or PWAs out of respect because it sounds much better than "AIDS Patients". She said that all of their funding comes from private donations and government funds. They are also proud to say that because of all of their private support they can give two dollars worth of services for every one dollar of government funds, but this is not enough; they need more support from the public in order to keep this kind of care going.

One of the final aspects this organization deals with is the inevitable death. Once a patient's case deteriorates so far, Hospice is called in. Hospice deals with people that have only six months or less to live. The whole purpose of Hospice, says Tammy Thomson, is to deal with pain control and psycho-social health. Hospice is not just for AIDS patients, it is for anyone who is terminally ill. Hospice also likes to focus on one's spiritual needs as well. "By the time a patient comes under our care all hope is lost, so our biggest job is to make them as comfortable as possible," says Tammy. Hospice is another organization that runs mostly on donations and volunteer support.

In general, the care that Stark County provides for those afflicted with AIDS is exceptional. I say this because right now the programs they have to deal with those affected by HIV/AIDS do an exceptional job of dealing with the workload that they have. In the future the number of AIDS cases is expected to increase dramatically. There will be an ongoing need for volunteers, donations, and political support. More funding has to be provided for organizations such as these to keep up with the rising demand. Also, people need to become more and more educated about the subject in order
to decrease their risk of contacting AIDS and to alleviate some of the prejudices and myths about it. AIDS is not going to go away anytime soon so more funding is also needed to support research that may some day lead to a vaccine. With public and private support we may see a time when this virus is regarded in the same manner as cholera or smallpox.

Works Cited

Render, Mrs. Personal interview. 21 Nov. 1995.

Richards, Tonya. Personal interview. 20 Nov. 1995.

Thompson, Tammy. Personal interview. 21 Nov. 1995.