

Community and Migrant Health Center Users and AIDS

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National Association of Community Health Centers

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### What is AIDS?

AIDS is a disease that weakens the body's ability to fight off disease. AIDS makes it possible for diseases for which there is no known cure to invade the body, including some rarely seen because we are usually able to fight them off, and cause death.

Very, very few people are known to have contracted AIDS and not died of it. AIDS has only been known about for eight years, and some persons who have had it that long are still alive. The longer AIDS is known about, however, and fewer survivors exist, the more medical experts are willing to say flatly that it is fatal to those who get it. There are over 50,000 cases in the U.S. now, and fewer than 200 have had it and not died of it. Most people who have AIDS die of it in a year once symptoms appear. Women and minorities, for reasons which are still not completely understood, die of it on average in a much shorter time, only six months from diagnosis.

### The Infection Versus the Disease

People are said to have AIDS when they get sick with certain diseases that are unusual in most people but have become recognized as typical of AIDS. The person may start being ill before this occurs, but this is the way doctors have agreed on determining what is a case of AIDS and what is not.

To say a person has AIDS only when symptoms of other diseases show up is an indirect method, like saying someone is at home when you see their car out front. It is more difficult, and expensive, to measure the AIDS disease itself, so doctors wait until the other diseases overwhelm the the body's defenses and

show up themselves. Some damage begins occurring before this, because once the person has contracted the virus, it grows very slowly in the body and sooner or later starts taking its toll.

Contracting the virus can occur years and years before the disease shows up. During this time, the person is well. This period now averages five years, with cases as long as seven or eight. So, like we are learning that all of those who get the symptoms will die of it, doctors are more and more seeing that everyone who has the virus will get the disease from it.

There is a blood test to determine if someone has the virus. If they do, they are said to be infected with the virus. THEY DON'T HAVE AIDS, however. They WILL, years later, almost surely, but they are not sick now and they really aren't dying. Yet. The difference between having the infection and having the disease AIDS is an important one, because it refers to how well the person is and how long they will live -- and whether they can continue to earn a living.

People infected with the virus are able to spread it. So, even though they may not be sick yet, they will die of AIDS, and they can go about their lives in the meantime passing this deadly disease on to others if they are not careful. The AIDS crisis is a very serious and dangerous one for everyone because of these facts about it.

### Who Gets AIDS?

It is not clear where AIDS came from, but in this country it was first noticed among those who practice anal intercourse and those who use illegal drugs through injections with unclean needles. These practices permit transmission of the disease readily from one person to another. It is not that there is something about the PEOPLE in these two groups that makes them get it and keeps others from getting it; AIDS has spread beyond

these groups. However, it is harder to spread among others, as blood is seldom mingled between two people the way it often is during anal sex or when more than one person uses a syringe to inject heroin without cleaning the last persons' blood off the needle.

Researchers have shown that, for most people, however, it is hard to get AIDS from someone who has it. The view that those who participate in certain practices are "AIDS Carriers" has led to a major reappearance of patterns of discrimination. As many drug abusers are black, for example, racism against blacks and other minorities is increasingly found concerning AIDS. Because of the complexities of the stages of the infection and the disease, many assume that anyone belonging to or even associated with groups that have been involved in the AIDS epidemic are contagious, or dying, or both.

Community & Migrant Health Center users are experiencing the worst of these circumstances, already discriminated against based on language and culture, economics, and other factors. Community & Migrant Health Center users themselves are ill-equipped to counter this stigma, or to assure that they are individually protected against the disease, as they lack access to sources of education about AIDS. Yet at the same time they are at high risk for exposure to AIDS, through both sex practices, including anal sex in heterosexual (including prostitution) or homosexual (acknowledged or not) encounters, or through injections with unclean needles, via either self-medication or drug abuse.

### Is There A Chance I Might Get AIDS?

If a person thinks they may have been exposed to infection with the AIDS virus, it is wise to be tested. While a negative result only means there was no infection SO FAR, a positive one

calls for substantial changes in life, including rigorous adherence to safe sex practices, discussed more below.

There are a number of programs which will provide the test at low or no cost, usually through state and local health departments, and at blood donor sites. YOU CANNOT GET AIDS FROM GIVING BLOOD. As an example of fear blinding people to logic, many now think this is true, and as a result the Red Cross and other blood supply organizations are experiencing a shortfall in the supply of blood they need to be able to provide to the medical community.

Several federal programs now test for the AIDS virus as a condition of participation, most famously the Armed Services. In addition, the Job Corps is another example of a program that will not permit participation by those infected. Unfortunately, both programs do not closely follow-up those discharged for this reason to assure that they receive counseling and follow-up care -- they merely refer the patient to "your family physician" -- an unknown concept to many in poor communities.

Other programs now mandatorily testing include substance abuse clinics, sexually-transmitted disease clinics, federal prisons, and the immigration amnesty program. Although the clinic programs have better links to follow-up medical care -- such as Community and Migrant Health Centers -- than do the military, the Job Corps, or the prisons, NONE of these programs has built into it an acknowledgment of the need for extensive counseling support for persons found to have the virus.

Considering the risk of others learning the result, where tight confidentiality protections are not maintained, and the traumas facing someone learning of the shortening of her or his life and the predictable onset of a fatal disease, there is a real need to support these individuals, and their families. At the same time, there is a need to counsel others who are afraid

they have the virus but do not know, or are developing fears of interacting normally with people out of fear of catching it. Finally, as more and more people learn that someone they know has it, there is a need for counseling and education about whether continuing normal interaction with them will put them at risk for catching the virus. Programs to support additional counseling staff at health care organizations around the country for these AIDS-related needs are being formulated in Congress, and provided by some organizations from other resources, but still fall far short of the need.

### Immigration

The Immigration amnesty program is, of the above mandatory testing programs, likely to be the one with which Migrant, and some Community, Health Center users will have the most involvement. As of December 1, 1987, the physical examination given to all persons applying for legalized status includes a test for the AIDS virus. Many Community and Migrant Health Centers are performing these examinations, so appropriate follow-up care is available for remedial conditions, but many amnesty applicants are getting their physicals elsewhere, and language, occupational health concerns, and other special farmworker characteristics may not be addressed by the doctor. The charge for the examination will almost certainly be much higher at a private physician's office than at a Health Center, and the private physician may offer no follow-up care.

When the AIDS test was added, health providers offering the exam raised their charges to compensate for their increased costs. Considering the need for counseling, which is expensive for a provider to offer, but the lack of a requirement for it, and considering the low income of many applicants, most providers raised their rates insufficiently to cover the full costs of the

amount of counseling needed.

### How to Avoid Getting AIDS

Advocates need to appreciate how serious this information gap is for Community & Migrant Health Center users. Many will not ask to be tested, so unless such a program becomes mandatory, the numbers infected are not available. Worse, they may be unknowingly transmitting the disease. The impairment of the health status of Community & Migrant Health Center users already, and the numerous ways they may interact with those who could give them the infection, and to whom they could pass it on, indicate that a crisis is at hand.

Advocates should know that the first line of defense against AIDS is one that is hardest to marshal among those with low educational levels -- the use of condoms. Long an effective birth control method, condoms provide an easy way to block the transmission of the virus. The lack of general health education and specific AIDS warnings, combined with cultural preferences and practices, make it difficult to institute their use in these populations, precisely the ones needing such measures the most at present. Also, their use during anal sex is particularly indicated, given its major role in transmission, but is even more disparaged.

The second most important bastion of defense against the spread of AIDS among Community & Migrant Health Center users is education concerning use of hypodermic needles, both for those using illegal recreational drugs and for those self-administering vitamins and medicines to themselves and their families, a common procedure in Latin America. These persons must be instructed to both swab the area of the needle stick with alcohol before injecting, and also to stop between recipients to change the needle. Cases of families using a shared needle to inject liquid

vitamins to children, in a family where members have the AIDS virus, are now coming to light. This practice, independent of illegal recreational drug use, could be disastrous.

The third major way in which the disease is transmitted is becoming less of a risk as time passes: Community & Migrant Health Center users who receive blood during operations or after accidents are at low risk for catching the virus from the blood, as hospitals and blood banks now use a reliable test to screen bloods before use. This was a serious mode of transmission until these tests became available in 1985, and many persons not otherwise in high risk groups are now suffering the progression of the AIDS virus, and the consequences for their future, today.

### Education About AIDS

The demand for major programs for AIDS education, particularly targeted at minorities, presently far exceeds the resources available. Many sources have emerged, but they are not adequate to the huge task of education about the disease, counseling people to change some very private and emotionally-involved behaviors, and helping people cope when AIDS enters their lives. Congress and other agencies are only now becoming aware of this crisis; advocates should actively communicate their needs in this area to their elected officials.

A particular population at high risk for AIDS, and in need of education immediately, is the eight to eighteen year old age group. Many in this group are experimenting with sexuality, and have very imperfect knowledge about health and safety, disease transmission, and the consequences of sexual activity. AIDS education is critically needed for teenagers and pre-teens, not just for adults.



## Resources

Resources available for education and counseling about AIDS for Community & Migrant Health Center users include Health Centers themselves, of course, and County and State Health Departments. National AIDS organizations, such as the San Francisco AIDS Foundation (415/861-3397), publish catalogs of AIDS education materials. National organizations such as the National Association of Community Health Centers (202/659-8008) and the National Minority AIDS Council (202/544-1076), can also provide answers and further resources.

## Conclusion

AIDS is a very real threat to the Community & Migrant Health Center users community. Service organizations must fight the epidemic and the stigmas it evokes, through insisting on the protection of personal privacy in this health crisis, through defense of the civil rights of Community & Migrant Health Center users, through education on how to prevent the spread of the disease, and through continued advocacy for and support of those served by Community and Migrant Health Centers.