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City Club of Portland Information Report on HIV/ AIDS Problems and Issues

City Club of Portland (Portland, Or.)

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Information Report on
HIV/AIDS PROBLEMS AND ISSUES

To Board of Governors,
City Club of Portland:

-- In Oregon, 313 persons have been diagnosed for AIDS and 165 of those persons have died.

-- An estimated 12,800 people in Oregon have been infected with the virus which causes AIDS.(1)

-- The number of AIDS cases in the state appears to be doubling every year; by the end of 1989, the number may reach 1,600, 55% of whom will likely die.

-- The increase in cases and the absence of a cure for AIDS raise serious questions for the state, its employers, its health care providers, and its citizens.

I. INTRODUCTION

This report summarizes the problem of AIDS in Oregon and sets forth issues about which the AIDS Task Force believes City Club members can make a contribution. The Task Force draws its members from four City Club standing committees: Education, Human Services, Law and Public Safety, and Science and Technology.

II. BACKGROUND

A. Definition

AIDS (Acquired Immune Deficiency Syndrome), first recognized in the United States in 1981, is caused by Human Immunodeficiency Virus (HIV). Persons infected with HIV can eventually manifest a wide variety of clinical symptoms. AIDS is a severe reduction of the immune system's ability to respond to infection or tumors. A medically-related category, AIDS Related Complex (ARC), includes patients who do not exhibit the specific infections or tumors seen in AIDS patients but who do suffer other persistent infections. Patients may die of ARC. ARC may develop into AIDS.(2)

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(1) State of Oregon, Department of Human Resources, Health Division. Figures current as of January 25, 1988.

(2) HIV/AIDS Policy Committee, The AIDS Epidemic: Policy Recommendation for Oregon's Response (February 1, 1987), p. 12.

B. Transmission

Infection is believed to occur in three ways: through unsafe sexual practices (anal, oral, or vaginal intercourse without use of a condom); through contaminated blood (intravenous drug use) or blood products (transfusions), and through maternal transmission to a fetus, newborn or nursing infant.(3)

C. Prevalence

The Center for Disease Control estimates that 1.5 million people in the United States are infected with HIV. Of these, 38,000 are confirmed AIDS cases nationally and 21,000 patients have died. In Oregon, about 12,800 persons are now infected with HIV. Most are between 30-40 years old and three-quarters live in the Portland tri-county area. Cumulatively, 313 Oregonians have been diagnosed with AIDS, of whom 165 have died. The Oregon case count appears to be doubling every year. By the end of 1989, Oregon will have an estimated 1,600 diagnosed AIDS cases, of whom 55% likely will have died.(4)

III. PROBLEMS

Control of AIDS is hampered by three problems: the lengthy latency period, the lack of any medical cure, and the enormous social stigma associated with the disease.

A. Latent HIV Infection

HIV infection is generally latent for five or more years, during which the person shows no symptoms. Blood tests can detect antibodies to HIV, which are formed a few weeks or months after infection, but most people who are infected with HIV do not know it. However, the virus **is as communicable** during this latency period as during the later stages of the disease.

B. Medical Treatment

No vaccine for HIV infection exists and none is expected to be widely available for several years. Some expensive drug treatments have been developed which retard the progress of the disease, but there is no cure. Medical treatment consists of treating secondary infections and providing supportive care. The only sure way to prevent the disease is by altering behavior, particularly regarding sex and drugs. Education is the best hope to promote this change.

C. Social Stigma

In the United States, the disease has been spread mostly by male homosexual sex activities or by intravenous drug use,

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(3) Ibid., p. 11
(4) Ibid., pp. 15-19

both of which conflict with conventional social standards. Fear of the disease has been compounded by ignorance of the actual routes of transmission. Enormous prejudice attaches to the disease; there is prejudice even against those known to have sought HIV testing.

In Oregon, persons with HIV, ARC or AIDS are deemed handicapped and are therefore legally protected against discrimination in housing, in public accomodations, and in employment.(5) The 1987 Legislature enacted a bill enhancing confidentiality of disease reports and of information about HIV status, limiting quarantine authority, and requiring informed consent to HIV testing.(6) A purpose is to encourage persons to submit to AIDS tests. Despite these legal protections, efforts to control the disease are still hampered by its pervasive social stigma. Those suffering from the disease and those who are most threatened by it are reluctant to seek help or diagnosis.

IV. ISSUES

A. School Education

The need for an AIDS educational program designed for school-age children is widely acknowledged. The 1987 Oregon Legislature budgeted funds for AIDS education. There are major uncertainties about how school education on AIDS should be developed and implemented:

1. Should the program or curriculum be state-wide?

2. How can the program provide for local input, particularly from parents?

3. What age groups should receive AIDS education, and what information is appropriate to each age group?

4. How can truant and drop-out children be educated about AIDS?

B. Employees & Employers

Some Portland employers have already identified employees with AIDS or ARC. Although a few corporations have developed education programs and personnel policies, many employers do

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(5) Oregon Revised Statutes 659.400 to 659.435; letters from Bureau of Labor and Industries dated March 13, October 28, and November 18, 1986, reprinted in The AIDS Epidemic, supra note 2, at pp 84, 86, and 134.

(6) House Bill 2067, 1987 Oregon Laws Chapter 600.

not know how to respond to the disease. These pertinent questions arise:

1. Is information available to assist employers in developing educational programs and personnel policies?

2. Should government encourage particular personnel policies?

3. Is there a legitimate role for HIV testing in the workplace?

C. AIDS Medical Care

There are three concerns relative to medical care for Persons With AIDS or ARC (referred to as PWAs).

1. Health Care Preparations

The health care industry will face a major epidemic for the first time since polio was controlled in the 1950s. The AIDS epidemic will last for decades rather than months as did the world-wide influenza epidemic in 1918. In San Francisco, organized allocation of treatment resources and centralized coordination of alternative care options, such as foster homes, may have lessened the cost of treatment and improved utilization of resources.(7) What options are open to Oregon?

a. Can Oregon medical providers develop a coordinated care plan through their own efforts, or must the state and local governments or planning agencies spearhead the effort?

b. What should the role of the insurance industry be in these efforts?

c. Are reimbursement policies designed to allow alternative care options?

2. Indigent Care

Many PWAs will be without medical insurance, often because of uninsurability or loss of employment. The number of patients will increase dramatically in the next few years. As

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(7) "Financial Implications of AIDS," Caring (June 1986) p. 39; J. Sisk, "The Cost of AIDS: A review of the Estimate," 6 Health Affairs 5 (Summer 1987).

medical treatment becomes more sophisticated, life expectancy following diagnosis will increase. Consequently, cost of treatment will also increase. Indigent care is already a major issue for many Oregon hospitals and projected increases in the number of uninsured and impoverished patients are ominous.

The 1987 Legislature enacted but did not fund a health insurance risk pool. As a consequence, these questions are unresolved:

a. Who is going to pay for health care of PWAs?

b. What should the responsibility of government be?

c. Should AIDS admissions be apportioned among the various hospitals in order to share the cost and care burden?

3. Extended Care Facilities

Many PWAs stay in a hospital or nursing home longer than medically necessary because of insufficient alternative care options. Hospice care requires a residence and a primary caregiver. These resources are often not available to PWAs because they have lost their income and residence and have no supporting family or friends. Extended-care facilities are often reluctant to admit PWAs.

a. Should certain extended care facilities be specialized AIDS facilities?

b. Should all extended care facilities be required to accept AIDS patients?

c. What is the best way to provide long term care and hospice care to AIDS patients?

D. Case Management

Case management refers to assigning one human services professional to advocate and coordinate an integrated package of services to meet the personal, medical, social and environmental needs of a multi-problem client. The case manager helps the client make use of resources available from public, private and volunteer agencies. Estimated costs for case management for clients are $1,500 per case per year. The Oregon HIV/AIDS Policy Committee recommended this approach, but the legislature did not authorize or fund it.(8)

1. Will case management provide a more effective method of allocating public and private resources for care of PWAs?

2. How should the case management system be funded?

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(8) The AIDS Epidemic, supra note 2, at 72-73.

V. SUMMARY

Work on solutions for the problems caused by the AIDS crisis has only started. More complete answers will require additional public input, medical experience, legal expertise, ethical sensitivity and policy analysis. City Club members' energy and interest can contribute much to addressing these issues adequately. The Task Force believes members' actions can be structured around the points discussed above.

The following resources are available for further information regarding AIDS:

Cascade AIDS Project, Tom Koberstein, Director, 223-5907
Oregon AIDS Task Force, Dr. Jim Sampson, 229-7074 (P.O. Box 40104, Portland 97240)
Ecumenical Ministries of Oregon Commission on AIDS, Rev. Rodney Page, Executive Director, 221-1054
State Health Division, Kristine Gebbie, Administrator; Claudia Webster, AIDS Health Education Coordinator, 229-5792
Multnomah County Health Services Division, Information and Referral, 248-3816
Multnomah Education Service District, Dee Bauer, Coordinator of School Health Services, 251-7400
Portland Public Schools, Dr. Ann Sheldon, Health Curriculum Specialist, 249-2000
TELMED Information, 248-9855, Tape #571
AIDS Hotline, 223-AIDS

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