Face of AIDS changing across Acadiana

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Staff Writer

LAFAYETTE — There are some days, some weeks, even some months when Angel feels so great that she dances into her caseworker’s office. Her smile is so bright, it can stop traffic. And when Angel leaves flirtatiously against Tim Earle’s desk and makes her one demand, he is powerless to resist her:

“C’mon,” she’ll say, tossing back her hair, “Test me again. I know I can’t possibly be sick. I feel too good.”

Once again, Early will laugh and after giving Angel a brief lecture about being in denial, he will once again test Angel. Days later, he will once again give Angel the results she knows to be true. Angel is HIV-positive and has been since 1982.

No matter how good she feels, no matter how well the drug therapies work, Angel is infected with the virus that leads to AIDS.

“Angel (not her real name) is an inspiration to me,” Early said. “She is a woman who proves from day to day that she is not a victim of this disease, she is a survivor. She lives her life with a courage that I don’t know I would have.”

But the 153 cases diagnosed in 1997, only an estimated 30 percent were men who have sex with men and almost half of those diagnosed were classified with an “unknown” cause of infection, meaning they were not homosexual, intravenous drug users or people engaging in high-risk heterosexual contact.

Statewide, Region IV has the highest percentage of HIV/AIDS cases that are believed untraceable to anyone one source of infection: 67 percent of new AIDS cases and 65 percent of new HIV cases.

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The face of AIDS:

An AIDS victim in Acadiana today is increasingly likely to be female, African-American, heterosexual and suffering from substance abuse.

The results are dramatic, according to Martin. “When AIDS awareness reached Acadiana 18 years ago, the face of the disease has changed dramatically here, as it has across the country. As the number of people infected with HIV and AIDS continue to rise, the demographics are evolving into an entirely different picture of those most at risk.”

While gay white men continue to represent the largest group of HIV and AIDS cases, the infection rate for women, African-Americans and those with no known risk factors is exploding. Today, the face of AIDS in Acadiana is increasingly likely to be female, African-American, heterosexual and suffering from substance abuse.

According to the 1997 Louisiana HIV/AIDS Surveillance Report released by the state Office of Public Health, 964 people have been diagnosed with HIV/AIDS in Region IV’s seven parishes of Lafayette, St. Landry, Acadiana, Iberia, Vermilion, St. Martin and Evangeline since 1981. Of the total number of cases, 89 percent are male, 66 percent are white and 33 percent are men who have sex with men.

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“That makes it extremely difficult for us to develop programs that target specific populations,” said Claude Martin, executive director of Acadiana CARES. “We’re not talking about specific populations anymore, we’re looking at how best to serve the wide variety of people who are being impacted by this disease. It includes everyone, gay men, whites, blacks, women, children, families, the elderly.”

“No one is immune from this. It seems we’ve been screaming about that for years now, but the numbers are certainly proving it to be true.”

As the clientele has changed, so have the demands made on the agencies who offer support and assistance for those infected with HIV/AIDS.

“All those cultured and interesting gay white men who were dying back in the 80s? They are living and we have to help them find away to be able to do that.”

New drug therapies are keeping HIV/AIDS patients alive and fairly well, but rarely are they well enough long enough to keep stable employment, according to Martin. Increasingly clients are coming to CARES looking for help with utility bills and rent. Handing out condoms and bleach kits is no longer enough to help those working with HIV/AIDS clients.

According to a state survey of needed services for Region IV clients, 97 percent of clients need help with primary medical care, 64 percent need money for utilities and 72 percent need help with the rent. Less than half of those needing assistance paying basic living expenses are able to get it.

And while medical care needs are always met and there are plenty of free condoms, information on safe sex and help with mental health and emergency medical needs, it is becoming increasingly difficult for Acadiana CARES to meet the needs of those seeking help with child care, drug and alcohol treatment or new glasses or dental care.

Martin blames the rapid change in clientele that did not keep up with public perception of the disease. “Because the general public still thinks of HIV/AIDS as a rapid killer of gay men and intravenous drug users, Martin said it has been difficult to secure donations, assistance and volunteers to help with the long-term basic living needs of the current clientele.”

“The people who want to help coming in really wanting to make a difference in someone’s life,” Martin said. “But they also often imagine helping someone who is very near death. When they meet up with our clients and they look fine and they are sometimes as difficult to get along with as everyone else and they just need help getting a ride to the grocery store or the dentists’ office, that doesn’t always fit with people’s idea of how they want to help.”

“I think sometimes our volunteers feel they aren’t as needed because the clients don’t seem as sick. What they don’t always understand is that sometimes when you have this kind of black cloud hanging over your head, the one thing you need most of all is a friend who can understand and help you with the little day to day things. That kind of relationship with such enormous value when the bigger things come up — as we all know they will.”

At Acadiana CARES, the majority of its clients receive help with housing and take a weekly trip through its food bank for staples, groceries and nutritional supplements. The next popular services are help with medication expenses and transportation.

But CARES has also shifted its priorities to addressing its clients’ quality of life and not just helping prolong their lives. For this year’s Christmas party, for example, Martin was able to give a huge donation of Ann Taylor costume jewelry, makeup and perfume. Clients were able to treat themselves, but they also often imagine helping someone who is very near death. When they meet up with our clients and they look fine and they are sometimes as difficult to get along with as everyone else and they just need help getting a ride to the grocery store or the dentists’ office, that doesn’t always fit with people’s idea of how they want to help.

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