

New Clinics Offer Hope for People With HIV

by Hugh Coyle

RUTLAND -- In response to a growing need for community-based health care around HIV and AIDS, two satellite clinics have developed in Vermont, with a third scheduled to open late this summer. These clinics offer both testing and treatment, and work toward integrating psychosocial needs with medical needs.

The Rutland clinic, located in the Community Cancer Center of the Rutland Regional Medical Center, first opened its doors in August of 1994. This past October, another clinic opened at the Brattleboro Memorial Hospital. Hopes are high for the third clinic to begin serving clients in St. Johnsbury soon.

Dr. Chris Grace, an infectious diseases specialist from Burlington, has been a driving force behind the satellite clinic model. He began identifying some of the barriers to care back in 1993, and has worked toward meeting the demands of Vermont's rural population as it comes to terms with the HIV epidemic.

A survey undertaken by the Vermont AIDS Consortium found that travel was a major obstacle to care-giving for many residents affected by HIV. Often, Burlington was the only location set up to handle all aspects of HIV/AIDS treatment and testing. With the satellite clinics, patients can now find the same quality of care in their own communities.

Confidentiality presented a further barrier, and informed the decision to locate the clinics within existing medical facilities. In this way, patients coming in for treatment remained relatively anonymous.

Grace has found that many of the barriers encountered here in Vermont are unique to rural areas. His own previous work in New York City has provided him with some interesting insights, and has subsequently led him to see greater potential in rural models of AIDS and HIV treatment.

"A lot of potential clients don't think people in Vermont — a rural area — know what they're doing. I've heard this many times," admits Grace. "But people can get anything here that they can get in New York City, and perhaps get more personalized care."

Mary Kathryn Charbonneau, who works with Vermont CARES to provide direct services to

people with AIDS in Rutland and Addison counties, notes that this personal level of care often attracts former residents back to the state after they have received a positive diagnosis elsewhere. "In many ways," she says, "it's a more comfortable state in which to live."

Frank Reed, a social worker at the Rutland clinic, feels strongly about the community ties. A native of Rutland himself, he says, "This is my community, and these are the needs of my community. Other people need to acknowledge that during this crisis."

While each of the satellite clinics offers similar services to those affected by HIV and AIDS, Grace stresses that they must also work toward developing their own identities and methods of service delivery. In that respect, they don't adhere strictly to a model, and need to be willing to evolve as they go along. In particular, he notes that a town like Brattleboro has more to offer in terms of a community infrastructure than a town like St. Johnsbury.

Caseloads at the Rutland clinic have increased over the past two years as clients become better acquainted with the type and quality of services provided there. Even so, Grace sees the need for more community outreach. "The model is working," he says, "and the integration of services has been quite effective. The real question is: Why are some people still not accessing the system?"

Elizabeth McGrath, a nurse practitioner with the clinic, feels that trust will be the key to the success of the program. By that, she refers not only to the patient/doctor relationship, but also to the larger issue of how the community responds to the situation. "This can be one of those awful wake-up calls," she says. "The key to this kind of work is the ability to develop relationships and watch people evolve over time."

Grace remains quite optimistic that such development will continue in a healthy direction. "The very idea of these clinics is that there is something we can do — that people can get state-of-the-art care in a confidential manner, regardless of ability to pay, right in their own community. If they wait, it can get worse. There are things we can do right now to make people better."

For more information on the Rutland Clinic, call 747-1830. For information on Rutland area support groups, call 747-3713. For information on Vermont CARES programs in Rutland, call 775-5584. ▼

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Supreme Court Supports Gay Rights

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amendments such as Colorado's stand merely to deny "preferential treatment" to homosexuals. No amendments have ever been enacted to deny "preferential treatment" to other similarly protected groups such as racial and religious minorities.

Scalia further supported the Colorado amendment, claiming that it was "designed to prevent piecemeal deterioration of the sexual morality favored by a majority of Coloradans. ... Striking it down is an act not of judicial judgment, but of political will."

Colorado's Amendment 2 was approved by 53% of that state's active voters in 1992. Gay men and women challenged the amendment as soon as it was passed. The Colorado Supreme Court postponed its enactment, claiming that it denied gays an equal voice in government. Three Colorado cities (Denver, Boulder, and Aspen) had

previously passed gay-rights ordinances; the new amendment would have repealed these measures.

President Clinton chose not to file a friend-of-the-court brief in the Colorado case, even though he had identified himself as a defender of gay and lesbian rights in other areas. More recently, he has spoken against gay and lesbian marriages and stated unequivocally that he would sign the "Defense of Marriage Act" currently under discussion in the legislature.

During the Supreme Court proceedings, the Family Research Council, Concerned Women for America and the states of Alabama, California, Idaho, Nebraska, South Carolina, South Dakota and Virginia all spoke in support of Amendment 2. The American Bar Association, the National Education Association and the states of Iowa, Maryland, Massachusetts, Minnesota, Nevada, Oregon, Washington and the District of Columbia all favored the Court's ultimate decision. ▼

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