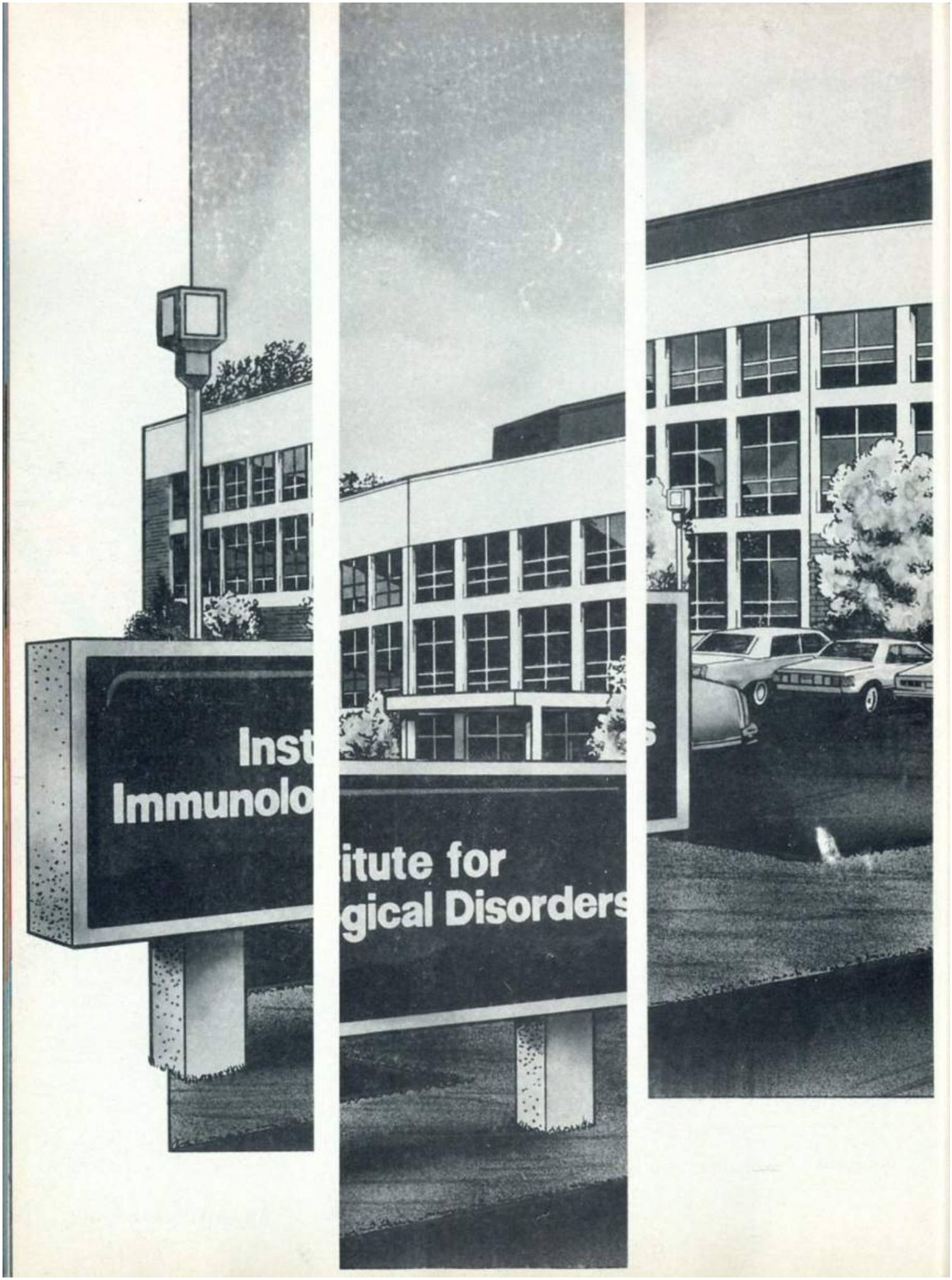
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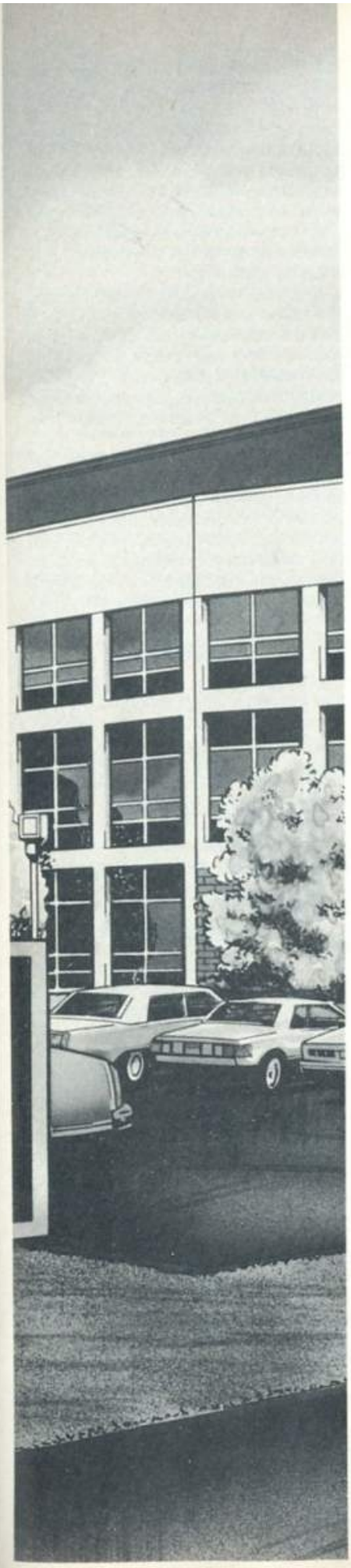


AIDS HOSPITAL

IT'S LIKE NO OTHER HOSPITAL IN THE ENTIRE WORLD, AND IT'S IN HOUSTON, TEXAS.

By George Heymont

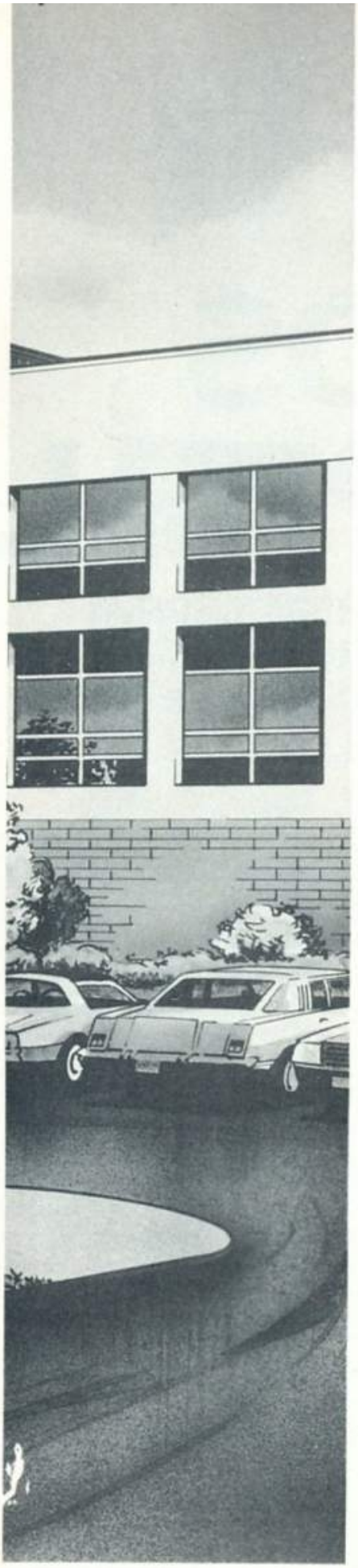
Ever since the onset of the AIDS epidemic, researchers and physicians have been battling against time to treat patients, educate the public, and find a cure for the deadly disease. According to U.S. Surgeon General C. Everett Koop, by 1991 there will be 145,000 AIDS patients in the United States, requiring medical services which cost somewhere between $8 billion and $16 billion per year. Although modern technology made isolation of the AIDS virus possible within a much shorter time span than scientists could have hoped for fifty years ago, money to fund research has been painfully slow in materializing.

On September 2, 1986 the world's first hospital devoted exclusively to both the treatment of AIDS patients and research into the AIDS virus opened its doors in Houston, Texas. A joint project between a private medical corporation (Los Angeles-based American Medical International) and the University of Texas, Houston's Institute for Immunological Diseases (IID) initially claimed that it would service any indigent patient, no matter what the cost.

For its first year, $250,000 was commited to the care of indigent AIDS patients, but within six months, IID lost $2 million trying to care for those who were unable to pay their bills. By March 1987, IID was forced to stop accepting any more needy cases. "AIDS may be the thing that tips this country over into socialized medicine," predicted IID's medical director, Dr. Peter Mansell.

When *Stallion's* reporter visited the Institute for Immunological Disease in February 1987, he discovered that the building formerly known to Houstonians as Citizens Hospital was in the midst of extensive remodeling. Prior to its conversion, Citizens Hospital had run a very large Emergency Room Department. That area has since been reduced to one room where IID can receive patients who are forced to come in after clinic hours. Departments like Labor and Delivery, the Surgical Suite, and the Intensive Care Unit (areas which would normally be the focus of any standard acute care facility) have lost much of their relevance when confronted with a caseload of AIDS patients.

As a result, the nursery has been transformed into a conference room; the recovery room and several smaller operating rooms have become part of a greatly expanded chemotherapy department, and the pharmacy has been expanded to nearly three times its original size. Although the main operating room is still used for endoscopies, bronchoscopies, and treatment of KS lesions, the doctors at IID rarely perform any surgical procedures which require general anesthesia.



Whereas Houston's Institute for Immunological Diseases was originally conceived to have enough beds for a large number of AIDS patients, by the time the facility opened its doors, most AIDS patients were being treated on an outpatient basis. As a result, the average length of stay here is now less than ten days (about a third of what one finds in other medical facilities).

"We're very much focused on getting the patient out of the hospital and back into the community, so he can be as self-sufficient as possible," claims spokesperson Lynn Walters. "We want our patients to have as many choices over their own treatment as they possibly can."

As an integral part of sending a patient home, discharge planning has become extremely important at this hospital. Prior to IID's debut, many of Houston's social workers hadn't realized that they could not just discharge an AIDS patient, give him his papers, and tell him to go file for Social Security. Why not?

"Working here really forces you to take stock of your life. We live in such a death-denying society that we have been very carefully taught not to deal with death."

Because the patient was often too weak to make himself a sandwich.

"Working here really forces you to take stock of your life," stresses Walters. "We live in such a death-denying society that we have been very carefully taught not to deal with death. When things are going well in our lives, nobody's going to rock the boat. But when things fall apart, people are willing to make harder decisions. Whoever thought that at age twenty-eight — which is the median age of our patients — one would be considering death!"

From the beginning, the staff at IID has worked closely with the national media in the hope that their experiences will help educate the general public about AIDS. "Patients who have agreed to talk to the press feel as if they've made a contribution — perhaps the last contribution they'll ever make toward getting the word out," confesses Lynn Walters. "And, in some cases, their cooperation with the media may be the only contribution they ever make to mankind."

One of the peculiar advantages of being an AIDS-only hospital is that IID's staff knew, from the very beginning, some of the problems it would be facing. However, even the simplest administrative chore has occasionally taken on new meaning at this hospital.

For instance, if San Francisco General Hospital were to send out a mailing to its AIDS patients, that hospital's return address would never be a source of alarm (SFGH handles a much more generalized patient load than just AIDS cases). But when IID's management wrote to former patients from another hospital to explain the goals of its new facility, the letters went out in the newly-printed envelopes for Houston's Institute for Immunological Diseases.

"Something as easy as ordering stationery became a major issue," recalls Walters. "We had nearly 1,000 people saying 'What have you done? *Everyone* knows you're an AIDS hospital. The people in my little town didn't know I had AIDS, but now it's become general knowledge — all because of your letterhead. You've ruined my life. My family's going to die, and I'm going to die with them!'"

While such events make hospital staff acutely aware of the internalized homophobia which afflicts many AIDS patients, other instances bring home the fear of AIDS which still exists within the medical community. "I've learned a lot about the prejudice our patients experienced in other hospitals and, believe me, I don't think it has to do with the homosexual issue as much as it does with AIDS," states IID's hospital administrator, Sherry Belanger.

"Because many health care workers just haven't been educated, there is still a lot of fear in the workplace. Patients tell us abut the orderly who stood at the door instead of coming into the room, or the nurse who wore a mask, gloves and gown as if she were going to outer space."

Thankfully, this is one medical facility where the value of the psychosocial element in the healing process is fully accepted and supported. In addition to its seven social workers, IID has a physical therapist, Mary Lou Galantino, who teaches patients how to deal with pain management, stress reduction and fitness. And, in many instances, radically different approaches have been undertaken at IID in order to treat Houston's growing population of AIDS patients.

"In the past we had very strict visiting rules, and did not allow family members to stay with the patients unless they were in critical condition. We can now take a different approach because we're only utilizing half of our floor," notes Belanger. "It helps the patient to have family members or loved ones around, and since the number of patients is only one person per room, we frequently let significant others, mothers, fathers, friends, or buddies (if our patient is in the buddy system) utilize the second bed in the room in order to spend the night with the patient. While that really helps the patient, it also helps the loved ones, because they feel as if they are part of helping and caring for the patient. They offer something to the patient which helps us *all* cope with the situation."

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Unlike other hospitals handling AIDS patients (where nursing and administrative personnel often need to be educated about AIDS in order to overcome their fears and homophobic prejudices), the IID's personnel are all there because they expressed a specific desire to work with AIDS patients. Although burnout was initially thought to be a likely problem, it has not yet surfaced at Houston's AIDS Hospital. Perhaps that's because the administrators of Houston's AIDS hospital developed a unique Social Service Department from the very beginning.

Since IID's Director of Social Services had been working with AIDS patients for more than five years by the time the Institute first opened for business, management held a three-day orientation period for all employees which was aimed at getting people in touch with their feelings, educating them about the disease process, and introducing them to the physicians with whom they would be working. PWA's, family members, and significant others talked about what it was like to be a patient with AIDS; what it was like to be on a treatment protocol; what it was like to have a son die; and what it was like to have one's lover die.

Most hospitals have one social worker, and because of the medical profession's system of coding diagnostically related groups (DRGs) for Medicare and insurance payments, that social worker usually doesn't have much time to interact with hospital staff and patients. By contrast, the seven social workers at IID have four to five counseling sessions each week with employees (who can either meet as a group or talk to a social worker on a one-to-one basis when they have lost a patient).

A special room has also been allotted to the nursing staff of the Houston facility so that, when they must deal with the death of a patient they've become very close to (or just need to escape for a few minutes), they can be by themselves.

"So often we don't even think about what happens to our staff," notes one of IID's workers. "But that is an area which requires great consideration and handling."

Nate Sebastian (a social worker who was formerly President of Houston's AIDS Foundation) is one of several health care professionals who joined the Institute's staff because private funding offered him greater freedom and an ability to move faster than he had experienced in nonprofit situations. "If you cannot mobilize a community to support you, you cannot bring revenue in to support research. We frequently get accused of being a private hospital which is out to make money on AIDS patients. But the private sector is where we're going to get money to fund AIDS research," he explains.

"The extra media attention we now see happening (just because AIDS is spreading into the heterosexual population) is unfortunate. Although the gay community was the first to have dealt with AIDS — and has done so very well — issues of territoriality must be left behind. The gay community shouldn't fight any help they can get from people who are finally starting to take notice of the AIDS crisis. When people come in to help, we need to check them out, make sure what they want to do is sincere, and then accept their help," advises Sebastian. "You don't push someone away because you think that AIDS is *your* disease, *you've* dealt with it, and you think you don't need anyone else's help."

"I must tell you that I have never worked with such a caring group of patients, people who are so appreciative of everything that we do for them."

One area where Houston's IID differs vastly from other acute care medical

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facilities is that its squad of volunteers must first undergo an intensive orientation period. "First we deal with their fears, their feelings about AIDS, about death, and about their own mortality. Then we go into the educational process about what AIDS really is," explains one of the Institute's social workers. "AIDS is a very serious subject which deals with losses, grieving, death, dying, and some people are not able to handle all that. That's okay. They need to realize where they're at with the subject and give themselves permission not to deal with it if they cannot do so."

"We could go out, fuck anybody we wanted to, and if we got something, we could take a pill to get rid of it. Well, you can't with AIDS."

Whereas the typical hospital's volunteer program has little old ladies running a gift shop or delivering things to patients, Houston's Institute for Immunological Diseases is attracting a completely different type of volunteer — people who are offering unique talents and services. Some Houstonians have chosen to perform lab work or landscaping free of charge. Others are therapists who are on the medical floor, helping patients. "We're even going to have a make-up therapy and hair salon for people involved in chemotherapy who are dealing with KS lesions or the loss of their hair," notes one of IID's social workers. "That's an incredible service being run strictly by our volunteers."

Most of the professionals employed at Houston's Institute for Immunological Diseases confess that the AIDS crisis has been the most exhausting and rewarding challenge of their medical careers. "I've been a director of nursing for ten years, a hospital administrator for fourteen years, and when I was at the university part of Children's Hospital, I thought that was probably the most emotional setting I could ever work in. We lost a lot of children there and losing children is always very difficult," sighs Sherry Belanger.

"What you find with children, though, is that at different ages they perceive death differently. When you're looking at a group of people who are twenty-five to thirty years old and know what life is all about, it's very different. You begin to wonder what kind of impact this is all going to have on our society. We're taking a group of young men out of society who, for the most part, are not just educated but have so much talent it's unbelievable! What is this going to mean in years to come as far as our society is concerned?"

Faced with the constant loss of AIDS patients, Belanger admits to having a lot of anger that "as a nation, we are not realizing the epidemic we're in; our government is not recognizing where we're at with this disease. However, I must tell you that I have never worked with such a caring group of patients, people who are so appreciative of everything that we do for them. These men have taught me a lot about the way they get their lives in order, accept death, and — even when they're close to death — can still afford to think about others who may suffer later."

As an example, she tells me about a patient who, hours before he died, asked if he could make some suggestions for improvements at the Institute. "Here was a man who was having great trouble breathing," sighs Belanger. "It was difficult to hold back the tears, knowing that he was so close to death. Yet he wanted me to know that our beds need to be seven feet long (because a lot of patients are tall) and that there needs to be a little tray attached to the side rails of each bed because it's so difficult for patients to reach over and get things. After I left the room I became very emotional about the face that someone who was so near death could think of telling me ways in which we could improve our hospital for others."

Does the stress of dealing with a steadily increasing case load ever become too much to handle? "I sometimes freak out when I realize the numbers of AIDS cases that are going to be coming up in the future. And as a result, I've gotten real hard about the issue of safe sex," warns Nate Sebastian. "We all went through the sexual revolution and it was great We could go out, fuck anybody we wanted to, and if we got something, we could take a pill to get rid of it. Well, you can't do that with AIDS.

"I, personally, would like to see porn magazines really come out and push safe sex pornography. While we're not pushing morality at this Institute, our educational efforts center on the sexual responsibility people have to take for both themselves and their partners. In our safe sex workshops, we used to say, 'Don't beat up on yourself if you slip once in a while and have unsafe sex. Just keep going and try to do better — it's okay.' Well, it's *not* okay, because if you're having sex, you need to get off the stick and be responsible about it. You're fucking with your life, your health and someone else's life as well." □


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