

Medicine by John Grauerholz, M.D.

Admiral Watkins on AIDS health care

The basic problem with the approach, is that it is based on the concept that there is a substitute for victory.

Our last column (*EIR* Vol. 15, No. 11) discussed the recommendations of Adm. James D. Watkins (ret.), chairman of the Presidential Commission on the Human Immunodeficiency Virus Epidemic, in the area of intravenous drug abuse. This week we will examine his recommendations in the area of health care for HIV infected persons. These cover six specific areas.

1) **Health Care Provider Education.** "The leadership established by providers of health care to persons with AIDS is crucial to fostering a sense of compassion and rationality among all our citizens. When health care professionals care for all patients who need their help, regardless of HIV serostatus, and do so without reservation or trepidation using time tested infection control methods, they communicate to all people that calmness and reason can prevail over panic and anxiety as we confront this epidemic." Having delivered this platitudinous statement the report then identifies the problem as a lack of education about HIV among medical students, graduate physicians, dental professionals, nursing personnel, emergency personnel and allied health workers. The proposed answer is more education for these groups.

2) **Health Care Systems.** The report acknowledges that while the initial impact has tended to focus in "areas such as New York, California or New Jersey . . . as the epidemic continues, however, most areas should anticipate a significant impact." It describes the complex medical and psychosocial needs of HIV infected individuals and

cites the need for "comprehensive and coordinated service delivery systems for people impacted by the spectrum of HIV infection in order to reduce fragmentation and cost."

The proposals to deal with these problems include increased funding of community-based organizations, including hospices, and other forms of out-of-hospital care and treatment. "If a wider range of coordinated out-of-hospital services were available, hospitalizations and presumably costs would be decreased." As opposed to the mission-oriented approach to the problem of intravenous drug abuse which reflects Watkins, the military commander, here we have Watkins the bureaucrat, crisis-managing the health care system. Exemplary is a proposal that "HUD should provide funds for public hospitals to convert acute care beds into long-term care beds for HIV patients and other chronically ill patients."

3) **Psychosocial Needs.** This deals with the psychological and emotional problems of HIV-infected persons and their loved ones and focuses on the implications of AIDS dementia. As specific problems, it cites the lack of trained personnel and psychosocial services as well as the stresses on health care workers caring for AIDS sufferers. The report recommends studies on costs and reimbursement for mental health services, provision of psychosocial care by treatment facilities ("within the limits of each facility's resources"), increased funding of community mental health centers, increased funding for training psycho-

social and neuropsychiatric providers, and provision of psychosocial support to medical staff caring for AIDS patients.

4) **Nursing Care Issues.** After acknowledging that a "potential, albeit small, risk—may influence the choice of nursing as a career," the report stresses, "Nursing is resolute—that care should be delivered without prejudice." The problem is that 38% more nurses will be required in the year 2000 than were required in 1985, while in enrollment nursing schools continues to decline. Projected BSN (Bachelor of Science in Nursing) nurse supply for the year 2000 is 596,000 full-time equivalents, and projected demand is 853,000. Projected masters and doctorate-level supply is 174,900, while the requirement is 377,100.

5) **Under-served and Minority Populations.** This admits the high rate of a number of diseases, including AIDS, among minority populations and the problems of lack of access to care among these groups. The major proposal is to increase the budget and personnel of the National Health Service Corps, which provides primary care services to disadvantaged populations.

6) **AIDS Information Coordination and Exchange.** This section stresses the need for a central data base/hotline to put out the official line about AIDS as well as information on treatment protocols.

The major problem with Watkins's approach to the health care issue is that, unlike his drug abuse program, it represents a crisis management consensus approach, which attempts to uphold the standard of cost cutting and avoid the larger public health issues, while still acknowledging the enormity of the problem. It is based on the concept that there is a substitute for victory.