



Lessons learned: Perspectives of an HIV counselor volunteering at The Berkeley Free Clinic

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The Clinic

Every day on my walk to my early morning organic chemistry class, I would see a line of people of all ages waiting outside an old church across from the University of California, Berkeley campus. One day, I followed the stairway to an entrance plastered with a flyer that read, “The Berkeley Free Clinic is Looking for Volunteers. Apply Today!” Through some research, I learned that The Berkeley Free Clinic has been providing patient-centered, accessible health care for close to 50 years. It is run by students, community volunteers, and physicians who believe health should be a basic human right and available to all communities. I was motivated to apply given that their mission statements aligned with my views on healthcare. After working all week on my application, I was ecstatic when I found I had been selected as a counselor. I completed six months of training consisting of classes, supervised patient interactions, and assignments before I was ready to begin. Looking back on my journey, I have learned a lot volunteering at the clinic as a student. However, there were two important lessons that forever changed the way I will practice medicine as a physician.

Lesson 1: The readiness to change varies from one person to another

One of my first patients was participating in behaviors that put him at an extremely high risk of contracting HIV. After we discussed HIV transmission, ways to reduce risk, and the importance of prophylactic medication, he responded with “Thank you for the advice, but I am just not ready to change.” As counselors, we spent a lot of time providing patient-centered care to address health concerns and provide avenues for positive lifestyles. However, it was important to first assess our patients’ willingness to receiving this help. During our training, we were introduced to the Stages of Change Model which portrays the stages an individual can progress through when planning to modify a behavior. These stages are precontemplation, contemplation, determination, action, relapse, and maintenance. Clearly, my patient was in the precontemplation phase and was not ready to implement any changes in his behaviors. Some people are willing to

be tested routinely, discuss their sexual history with their partners, and reduce their risk of transmission. Others are not as ready...and that is okay. I have learned that no matter how much we want to instill change, the patient has to be determined and ready to change. Healthcare providers must meet patients where they are in terms of readiness to change and understand that no two situations are ever comparable. Furthermore, we can provide an avenue for risk reduction and allow people to use resources depending on their level of readiness.

Lesson 2: Social stigmas surrounding HIV can have negative health consequences

In addition to learning about assessment of an individual's readiness to change, I was also exposed to various barriers to adequate healthcare for people living with HIV. Social stigma regarding HIV and Acquired Immunodeficiency Syndrome (AIDS) serves as one of those barriers. As a result of social stigmas, people living with HIV can experience violence, abuse, and lack of access to medication. These stigmas do not only stem from the workplace or in the healthcare industry. Many of our patients confessed to being alienated by their friends, family, and partners. Unfortunately, a direct relationship exists between social stigma and vulnerability against HIV. HIV-positive patients who undergo discrimination are less likely to obtain care and more likely to experience the negative health outcomes of the disease. I remember speaking to a patient who had found out that she was HIV-positive just a few days prior to our session. She had come back because she no longer had a place to live, a support system to confide in, or access to care. "I just don't know how much longer I can keep doing this," she confided in me. Our job at the clinic was to provide education regarding HIV and run screening tests during our sessions. However, we had a bigger role in helping patients find access to shelter, food, and support systems. I plan to parallel the same type of care in my practice by taking a holistic approach, addressing my patients' mental, physical, and spiritual well-being because I believe that a patient is more than just the presenting disease.

Saying Goodbye

"The test came back positive for Human Immunodeficiency Virus." A statement that can be so massive, filling up the room, suffocating everyone in it. A statement that holds no meaning to someone else, a collection of empty words that disappear into thin air as soon as they are heard. A statement I shared with ten individuals during the three years I worked at the Berkeley Free Clinic as a HIV counselor. During this time, I had the opportunity to provide hundreds of hours of service. I had spent countless sessions educating individuals about HIV transmission and risk reduction. I had helped people without a place to live find shelter and food. I had connected people in unsafe relationships with a safe support system. Although I am thankful for the opportunity to help others in need, I am more appreciative of the lessons I have learned from my patient interactions. My future goal is use the tools I have been given to build another free clinic and eliminate health disparities experienced by disadvantaged communities.