Political Concerns Overshadow Public Health Concerns

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Special to Q-Notes

A diverse and impressive group of doctors, lawyers, public health workers, AIDS activists, gays and lesbians, social workers, PWAs have endorsed the continuation of anonymous testing for the HIV virus at three recent public hearings held by the North Carolina Commission for Health Services.

Over 90% of the 70 people who presented oral testimony at the hearings in Raleigh, Wilmington and Winston-Salem during the week of January 14 opposed the State Health Department's proposed change in state regulations which would limit anonymous testing, now available at all 100 county health departments, to only twelve sites on July 1 of this year, and end all anonymous testing in North Carolina on January 1, 1994. After that date, only "confidential" testing would be available and the names of all persons testing positive would be reported to the state.

Three additional public hearings will be held during the week of January 21, and the Commission will make its decision on February 12. Should the Commission decide to retain anonymous testing, as it did last year, the Martin Administration will certainly ask the General Assembly, which goes into session on January 30, to override the decision. The Joint Committee on Legislative Operations, whose only function is to recommend legislation to the full General Assembly, recently endorsed an *immediate* end to all anonymous testing in the state.

Until about six months ago, the State Health Department was a strong proponent of anonymous testing. At the International AIDS Conference in San Francisco last June, the Department bragged of its success in convincing "at-risk" persons to be tested.

The Department presented a paper which concluded: "We believe that many persons at risk for HIV will not seek counseling and testing if all persons testing positive are reported by name. Therefore we feel a combination of named reporting and anonymous testing maximizes the number of persons at risk who access the HIV counseling and testing services and the number of partners notified and counseled appropriately."

In 1989, State Health Director Ron Levine stated "Making HIV reportable would add little, if anything, to our ability to monitor the HIV epidemic or to control spread. It might, in fact, compromise our control by limiting our access to high-risk individuals who are frightened of recognition, disclosure and discrimination."

According to the Health Department now, things have changed. Better treatment is available. Confidentiality and anti-discrimination laws are on the books and provide protection for infected persons.

Partner notification programs are in effect and work better with confidential, rather than anonymous testing. And finally, the distrust felt by many gay men and IV-drug users is lessening, and more people are choosing confidential testing.

Testifiers at the hearings repeatedly refuted these arguments. Roz Savitt of the North Carolina AIDS Services Coalition agreed that better treatment programs may be available, but noted that "access to and affordability of such treatments are beyond the financial means of many people."

Dr. John Bartlett, principal investigator at Duke's AIDS Clinical Trials, where over 1000 HIV-infected people are being treated, also noted that the state "has not planned well for the proposed changes; we aren't ready with treatment and education programs."

And such state support is not likely to be forthcoming; at his weekly press conference on January 17, Governor Martin, citing the state's fiscal woes, refused to commit to increased state funding for treatment.

Gov. Martin also said that "confidential testing has proven to be historically sufficient to preserve practical anonymity." This argument is "a sham," according to Durham attorney Sherie Rosenthal. "Confidentiality is compromised daily and chronically; it's human nature. Communities are small and gossip has wings."

Kathy Ashby of Fayetteville, a hemophiliac who has AIDS, poignantly testified to the truth of this statement. She told the Commission that a nurse at the hospital in Virginia where she was tested told others in the town about her illness.

Subsequently, her child was barred from kindergarten, her husband lost his job, and child abuse charges were filed against her. Ultimately, she and her family were forced to leave town. She said she would not let her husband be tested if anonymous testing were not available and would advise others against testing, too.

If testing is not anonymous, she added, "somewhere, somehow, someone will find out, and it may not be you that suffers, but your children or someone else in your family."

About the only agreement that testifiers had with the state is that people don't trust the system, and with good reason. Barbara Sara, HIV Coordinator at the New Hanover County Medical Center, contended that the health care system lacks credibility.

She noted that, of 561 hospitals responding to a recent survey published in the AMA Journal, 22% did not require informed consent before testing for HIV, 25% did not require that patients testing positive be notified, 17% had no written policy on testing, 33% had no requirement that pre- and post-test counseling be given, and 15% did not test all patients, only those they suspected of being infected.

Add to these sobering statistics the many breaches of confidentiality, and all it takes to be distrustful of the system, said Dr. Katherine Bell, a clinical psychologist at the Community Wholistic Health Center in Carrboro, is "a pulse and an IQ higher than pencil lead."

Given the overwhelming success of and support for the continuation of anonymous testing, the obvious question is why the state wants to abolish it.

Wilmington businessman Bob Jenkins thinks he knows why. "It's the smokescreen of politics," he said, "it's all about money and politics."

According to activist Leo Teachout, anonymous testing "is a public health issue that the Administration would rather have decided out of political concerns than public health concerns."

ACT-UP member Mark Zumbach added that "the proposal to eliminate anonymous testing is not motivated by thoughtful public health concerns, but by a politics that shows both a blatant lack of concern for sound public health policy and an alarming insensitivity to people who are HIV positive or in high-risk groups."

Spearheading the effort to abolish anonymous testing is a small group of conservative physicians and their political allies, who have organized a state chapter of the Americans for A Sound AIDS Policy (ASAP). This "small group of physicians" are "addicts to their privilege," said Rosenthal. Others contended that doctors supporting ASAP want to identify infected people so they will not have to treat them.

ASAP's definition of a sound AIDS policy, added Salak, "is one that lacks any provisions for the compassionate medical and social care of people with AIDS, and is mostly concerned with the rights of physicians to refuse to treat people with AIDS over the rights of [these people] to receive medical treatment that allows them dignity and affords them compassion."

Teachout succinctly summed up the case for anonymous testing: "The end of anonymous testing means fewer people will be tested. How will the state provide follow-up if people never get tested in the first place? If individuals will not be tested in a 'confidential' setting, then how will they know they have HIV infection, how will they know to seek medical care, and how will their partners be notified and counseled?"