Views:
A Response to the Vermont Health Department

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Inaction by the Vermont Department of Health (VDH) continues to block gay men's access to rapid HIV testing in Vermont. The wait for HIV test results in Vermont is currently one to three weeks.

I broke the story in the July issue of *OITM* with an article that highlighted VDH's inaction and ignorance of the test and its resistance to a national movement to implement the test. In August, *OITM* published a letter by Vermont Department of Health HIV/AIDS Program Acting Director Susanna Weller in which she "clarifies" some of the information that appeared in an article on her program's failure to implement a rapid testing system in Vermont. Weller's letter makes three points. First she claims VDH evaluated rapid testing in the summer of 2003. Second, she rightfully points out that Vermont's HIV testing network delivers more HIV results than the national average. Third, Weller says that OraQuick is "a screening test only."

Calling OraQuick a "screening test only" understates its significance. Rapid HIV Testing is revolutionary in its ability to confirm a negative HIV status or predict an HIV positive result. Weller's attempt to discredit the test or downplay its significance serves to excuse VDH's inaction, but rapid HIV testing is the future and it will eventually be available in Vermont. VDH will then need to work to restore the confidence in the test that they have, up until this point, seriously undermined. This is public health at its worst: distorted and near-sighted.

I decided to investigate VDH's "evaluation" claims. I filed a request under Vermont's Public Documents Law for documentation of their evaluation of OraQuick rapid HIV testing during the summer of 2003.

What constitutes VDH's evaluation, according to these documents, is a series of information emails largely dealing with a funding proposal to the CDC. At no point in the documents are concerns raised about the accuracy or complexity of the OraQuick test. The Department of Corrections was identified as the place to begin using the test, but the documents give no reasons for starting with this population. While there is some discussion in the documents of how to introduce rapid testing into Vermont, there is no discussion of the cost of implementing and maintaining such a system.

Significant information that would indicate the thoroughness of the evaluation was missing from these VDH documents: a summary of community input, a cost/benefit analysis of using OraQuick versus sending samples to the State's lab, an assessment of the value the test would have to various high-risk populations, or even an estimated budget of the funds needed to implement the testing.

The documents do show the enthusiasm for the test by some VDH staffers. In a May 21, 2003 email, VDH HIV Counseling and Testing Coordinator Kerry Coons writes, "Everyone here is very excited about the prospect of bringing the rapid test to Vermont. As soon as it's a real, sustainable possibility for us, we'll get it here."

Even after the summer of 2003, the period during which Weller claimed VDH evaluated rapid testing, HIV/AIDS program staffers continued pushing forward. In September, Weller forwarded information on OraQuick to the State Lab. In October 2003, rapid HIV testing was included in VDH's application for funding from the CDC. Also that month, VDH staffers were discussing a training in using OraQuick with their counterparts in New Hampshire. In November, Coons was exploring the issues of testing minors. In December, staff raised the potential of rapid testing at a New England meeting of HIV prevention public health officials.

Despite this enthusiasm, in June 2004 when I approached VDH officials for the original *OITM* story, Weller declared, "In Vermont, we predicted that 50 percent of our preliminary positives would be false given the HIV prevalence for the population of Vermont." In her August letter, she said, an 'evaluation' of the test "gave us reason to not recommend rapid testing for the general population."

Which brings up a serious question: what happened between late fall last year and this summer that made rapid HIV testing suddenly wrong for Vermont?

In the August, 2004 letter that accompanied the requested documents, Weller offers this explanation: "…our CDC project officer, Kessler King, suggested that the rapid test would make sense in select high-prevalence settings in Vermont, such as in Corrections settings. He did not recommend that we consider its use for the general population."

If King received the same documents that I did, he would have no reason to suggest Vermont implement a rapid HIV testing system. Quite simply, the VDH hasn't done their homework. Nothing in the documents suggests an appreciation for the value of rapid HIV testing or the impact it may have in Vermont. In fact, in spite of enthusiasm for the test by some HIV/AIDS program staff, nothing in these documents suggests VDH officials gave rapid HIV testing a meaningful evaluation.

People and organizations fail to do the right thing out of inertia, indifference, incompetence, ignorance, or malice – and sometimes a little of each. Instead of blaming inexplicably high false readings or lack of CDC support, it's time for the Vermont Department of Health to either explain exactly why they continue to block access to rapid HIV testing or present a plan of action that reassures the community they are being served in the best possible manner.▼

Ric Kasini Kadour is a gay men's health advocate living in Shoreham, Vermont. Those interested in reviewing the documents mentioned in this article should send an email