

# To test or not to test?

by Terje Anderson

One and a half years ago, in an effort to stop the spread of A.I.D.S. through donated blood products, a controversial new test was introduced. The test, while virtually eliminating the risk of contracting A.I.D.S. through blood transfusions, is still the object of tremendous misunderstanding and confusion. Improper use of the test has resulted in discrimination, emotional stress, major life upheavals, and even suicide.

For people belonging to groups at higher risk for A.I.D.S., including gay and bisexual men, deciding whether or not to take the test can be difficult and complex. It is vital to have a clear understanding of the medical, legal, emotional and social issues involved before coming to a decision.

First, this is not a test for A.I.D.S. A diagnosis of A.I.D.S. or A.I.D.S. Related Complex (ARC) can be made only on the basis of a series of tests indicating impaired immune system function and/or specific opportunistic infections. There is no simple test for A.I.D.S.

What the ELISA (enzyme linked immuno-sorbent assay) does test for is the presence of antibodies to HTLV-III, the virus which scientists believe is one of the causative factors of A.I.D.S. Because it is difficult and expensive to test for the virus itself, the antibody, which usually forms when the system is exposed to the virus, helps determine if one has been exposed.

It is not foolproof. The test frequently produces false-positives, because it is intentionally designed to be overly sensitive (using the sound reasoning that it is best to err on the side of caution to guarantee a safe blood supply).

Likewise, the test also produces false-negatives. It can take, it is estimated, from one to twelve months after exposure to develop antibodies. It is very possible to test negatively even if one has been exposed and has the live virus in one's system. In a few instances, including some people who develop A.I.D.S., the antibody never develops at all.

Because the ELISA test is so unreliable, its results should be confirmed by using the Western Blot, a more accurate (and more expensive) antibody test.

A positive test does not indicate

**The decision must be an informed and rational one, otherwise, the test may be more devastating emotionally than medically.**

that one has, or that one will develop, A.I.D.S. Current research puts the number of people exposed who will eventually develop A.I.D.S. from 2% to 20%, but those figures are little more than educated guesses.

The test does have a limited diagnostic use. If a person presents suggestive symptoms, a doctor may use the test, in conjunction with a number of other blood tests, to either rule out or point toward a possible A.I.D.S. diagnosis. If your doctor suggests such a procedure, talk to him/her about the reasons for the test and do not give your consent until you are convinced that there are valid reasons for performing it. All too many medical authorities are inclined to test any high-risk group member without regard for the necessity of the testing.

Because there is so much uncertainty about what a positive tests means, there is little useful information

that a doctor can give someone testing positive. I once asked a doctor who advocates widespread testing of at-risk individuals what advice he would give a gay man who tests positive. He replied that it would be to "have safe sex, get plenty of rest, eat well and avoid excessive drug and alcohol use." Would he, I asked, tell a gay man who had tested negatively to behave any differently? The answer, obviously, is no.

While medical authorities may think of the test as only another piece of information for a patient's chart, the ramifications can be far more extensive than that. A positive test may legally be used to fire someone, evict them from an apartment, or possibly deny them health or life insurance. Once that information is part of your medical history, it may be difficult, if not impossible, to hide it

from an insurance company or prospective employer.

Some gay and bisexual men may decide that they want to know whether or not they have been exposed. In those cases it is possible to test without having that information appear as part of one's medical file. The state of Vermont runs a system of Alternative Test Sites where it is possible to receive test results anonymously. At the test site, blood is drawn (for free) without the exchange of names. Instead, one is given a code number. Several weeks after the test, results can be obtained by calling the Health Department and giving the code number. Health Department workers give the test results and provide counselling for what they may mean. More information about the Alternative Test Sites can be obtained by calling

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## Purpose

The purpose of *Out in the Mountains* is to serve as a voice for lesbians, gay men and our supporters in Vermont. We wish the newspaper to be a source of information, support and affirmation for lesbians and gay men. We also see it as a vehicle for celebration of the goodness and diversity of the lesbian and gay community.

## Editorial Policy

We will consider for publication any material which broadens our understanding of our lifestyles and of each other. Views and opinions appearing in the paper do not necessarily represent those of the staff.

This paper cannot, and will not endorse any candidate for public office. We will serve as a vehicle for informing our readers about the views of candidates and actions of public officials on issues of particular importance to lesbians and gay men.

We will not publish any material which is overtly racist, sexist, anti-Semitic, ageist or homophobic.

All materials submitted must be signed and include an address and/or phone number so we can contact the author should we need to consider editorial revisions. However, within the pages of the newspaper, articles may appear anonymously, upon request, and strict confidentiality will be observed. No revisions or rejections of materials will occur without dialogue with the author.

We welcome and encourage all readers to submit materials for publication and to share your comments, criticisms and positive feelings with us. This paper is here for you.

The deadline for submitting material for each issue is the 15th of the month prior to publication.

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