

# Health

## The Testing Consensus Shifts

For a gay or bisexual man, the decision whether or not to have the HIV antibody test is a difficult and intensely personal one. Since the test was introduced in 1985, there has been considerable argument within the community about the advisability of testing, as people debated the test's meaning, the risk of discrimination, and the psychosocial costs associated with testing.

But in the past year or so, a strong consensus has emerged among those active in AIDS, gay men's health, and community organizations that anyone with a history of risky sexual or needle-sharing activities should seriously consider being tested.

AIDS organizations in large cities have launched publicity campaigns urging gay men who haven't yet been tested to reconsider. Community leaders who were once hostile to testing now speak publicly about their own test results and encourage others to roll up their sleeves. Many testing centers report a significant increase in the numbers of gay men utilizing counseling and testing services.

The reason for this change in attitude and the impetus for many people seeking testing are the dramatic advances made recently in the treatment of AIDS and HIV infection. The advent of drugs such as AZT and pentamidine to prevent or delay the onset of serious opportunistic infections has changed the way many look at testing.

Several years ago, a person testing positive but without symptoms would be told that there was little to be done other than see a doctor regularly and wait for serious illness to develop. Today, however, there are studies which indicate that early intervention may offer the prospect of a longer, healthier life for a person with HIV.

A person testing positive today would be advised to seek a knowledgeable health care provider and to have indicators of immune system function monitored regularly for early signs of deterioration. If a person's T-cell count begins to fall (but usually before the onset of any noticeable AIDS-related illness), his health care provider may suggest beginning anti-viral therapy (usually AZT), and if it has fallen lower, beginning specific therapy to prevent the onset of pneumocystis carinii pneumonia, one of the most common opportunistic infections.

The availability of these therapies provides a strong argument in favor of testing,

but that doesn't mean that the old concerns about testing have simply vanished. Counselors still advise people to consider several other factors when contemplating testing.

The safest way to protect yourself from possible discrimination is still to be tested in an anonymous system (such as that available through the Vermont Department of Health). This will help prevent disclosure of your test results to anyone you do not want to have access to them.

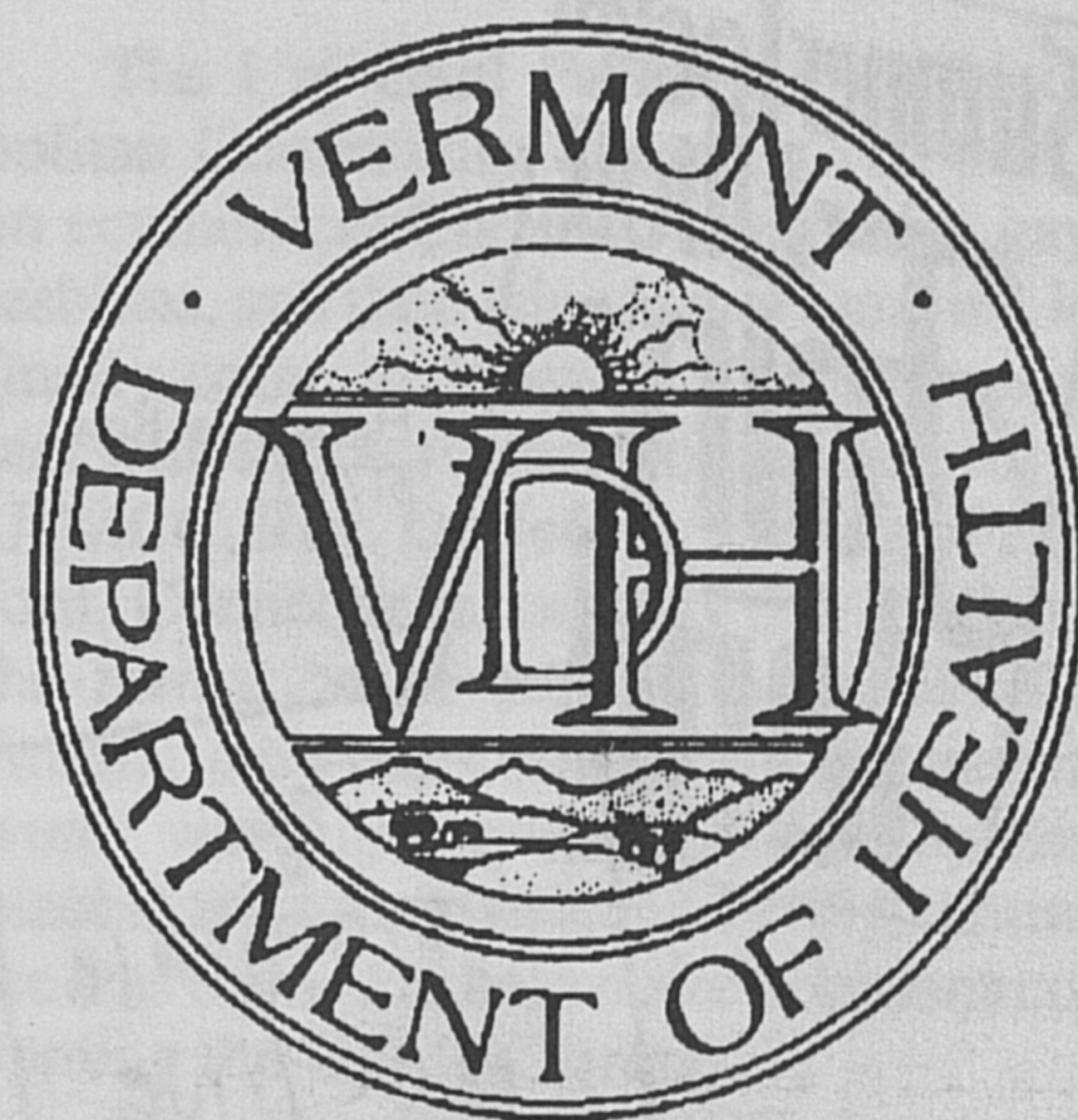
Make sure that you understand the test before you have it done, that you have a support team of friends to help you deal with the results, and that you have weighed the impact either a positive or negative result would have on your life. Do not let others pressure you into testing until you feel you are ready for it.

Unfortunately, for many people the cost of treatment also may be a factor in deciding whether or not to test. Someone without money or insurance may fear the difficulty of trying to pay for the expensive tests, doctor's appointments, and medications that a positive test necessitates.


These are legitimate concerns but should not prevent someone from taking the first step of being tested. If you do test positive, there are programs which help pay for necessary drugs and providers who will see you even if you are unable to pay. AIDS service organizations can help you find the resources to guarantee that you have access to the care you need.

The promise of early intervention presents a powerful argument for anyone at risk to learn their antibody status. Anyone seeking more information about testing or looking for help in making a decision about it should call the Vermont Department of Health's AIDS Hotline at 1-800-882-2437.

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Information



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