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Cutler defends no HIV testing policy

Mark Jackson

Director of Student Health and Prevention Services, University of Maine

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Editorial Page

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To the Editor:

The editorial of Feb. 2, 1996 on HIV testing needs a response. There is an evolving understanding of the role of HIV testing as part of a broader effort to effect major behavioral changes that are needed to halt the HIV/AIDS epidemic. The community should understand these facts about HIV testing.

At its inception, a key component of the national HIV prevention program has been the testing for seroconversion of persons at risk of acquiring or transmitting HIV infection. In 1987 the National Centers for Disease Control expanded its efforts to include counseling to help uninfected individuals initiate and sustain behavioral changes that reduce the risk of becoming infected and to assist infected individuals in avoiding infecting others. In 1989, because of the identified medical benefits of recent effective treatments for some diseases occurring in the early stages of HIV infection, the HIV counseling and testing services expanded to include referral of infected persons to appropriate medical care. The number of persons seeking HIV testing is dramatically increasing. There were 2.6 million HIV tests provided in 1992. This was a 23 percent increase from the previous year and a 77 percent increase from 1990. A sample of 55,000 tests revealed that 2 percent of the cases tested positive (in 1990, 3.8 percent of the cases tested positive) and 30 percent of the tests were performed on persons who had been tested before. It was obvious that increased numbers of tests lead to no significant increases in the number of positive cases identified. In addition, 50 percent of the persons receiving the testing have low, no, or unknown HIV risk. The study identified that it is in this category, persons without identified or with minimal HIV risks, that much of the increase in testing volume has occurred.

The Centers for Disease Control Advisory Committee on the Prevention of HIV Infection, Subcommittee on Promoting Knowledge of Serostatus (Nov. 13, 1993) identified, in part the following issues:

1) The overwhelming focus of resources on testing rather than on a range of HIV prevention services has resulted in a woefully inadequate prevention effort.

2) Both formal research and practical experience of community experts demonstrate that prevention programs can change behavior. Prevention works.

3) Interventions aimed at sustained reduction in risk behaviors are more effective if not limited to one-time interventions.

4) A 1992 survey of HIV testing site counselors revealed:

Many seroconverters with persistent high-risk behaviors interpreted previously negative tests as indication that their previous high risk behavior was safe. A person sought repeat testing because it is the only emotional support service in the community. Persons with prior high-risk behavior used testing programs for behavior change support.

The current UMaine intervention to reduce high-risk behaviors should increase. I invite *The Maine Campus* to partner with Cutler Health Center and use each issue to expand the community's awareness about the HIV epidemic and inform its readers about the behaviors that work to reduce the transmission of HIV. We must encourage appropriate HIV testing; however, the emphasis on HIV testing as an end in itself is wrong. National experience has shown that message encouraging testing has not been successfully directed to those at significant risk. Increasingly, persons with low, no, or unknown HIV risk are seeking HIV testing. Bluntly, this overuse of HIV testing by the worried will decrease the availability of the services for those at risk.

The CDC has demonstrated that HIV testing has become an over-emphasized component of the continuum of services necessary to halt the HIV/AIDS epidemic. The continuum includes 10 community intervention and pre-

vention services, 2) individual level behavior-change interventions and counseling for those at high risk, 3) HIV testing, 4) referral of positive persons for medical care, and 5) assistance for sexual partners and needle-sharing partners of infected persons so they may receive prevention services and referrals.

Prevention works and should be our focus. We look forward to your assistance.

Mark Jackson, MD

Director of Student Health and Prevention Services