

# A LINE ON LIFE

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## Mandatory Testing for AIDS \*

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In December of 1987, while wearing gloves and a mask, Dr. David Acer pulled two molars from the mouth of Kimberly Bergalis. Even so, he was the first health provider to pass **HIV** — the **Human Immunodeficiency Virus** that causes AIDS — to a patient, Kimberly Bergalis. While suffering from AIDS, she fought for mandatory AIDS testing for all health care providers and their patients. On December 8, 1991, Kimberly Bergalis died. However, some carry on her fight for mandatory AIDS testing.

We need to remember that HIV can only be obtained through the exchange of body fluids. This exchange typically occurs through sexual intimacies, sharing needles, or with the unborn child in the uterus. Now it includes doctor-patient surgical interactions. With our fear of AIDS, some people respond by advocating **mandatory testing** for segments of the population.

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**Beside being extremely expensive,  
mandatory testing for AIDS has other problems.**

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In contrast, the ACLU (American Civil Liberties Union) supports widely available **voluntary testing** programs, along with adequate counseling and the assurance of confidentiality. The ACLU feels that voluntary testing would work as well, or better, than mandatory testing. What problems would mandatory testing cause?

First, the tests do *not* detect the HIV. They detect the antibodies your body produces when it tries to fight off the HIV. The initial screening test is the **ELISA (Enzyme-Linked Immuno-Sorbent Assay)**. If the first test is positive (indicating the presence of the HIV antibodies), the ELISA is repeated. If the second test is also positive, another confirmatory test is used — the **Western Blot** test.

Since ELISA is so sensitive to the HIV antibodies, there is a potential error of "*over-reacting*," resulting in a **false positive**. (A false positive is a positive test result in a person who does not actually have the disorder.) For example, the Atlanta Red Cross tested 61,190 units of blood in 1985. They found 569 positive to the first ELISA test. Only 171 were positive on the second ELISA test. Of these, 150 were given the Western Blot test. Only 40 — less than 10% of those originally positive — were confirmed as positive!

On the other hand, HIV antibody tests can lead to **false negative** results. The person may show up negative in testing when they really have the virus. This happens in the early

stages of the infection, before antibodies have developed enough to show up on the test. This window — the time between the infection and the antibody reaction on tests — is usually about three to four months, but it can be as long as a year. Negative tests cannot be assured of really being negative, unless they are repeated — or there has been no possibility of exposure for several months preceding the tests. With health providers, the threat of exposure is relatively constant. How frequently would their HIV tests need to be repeated?

Unlike vaccinations, HIV testing alone does not stop the spread of infection. Its sole function is to identify infected persons. What is needed is voluntary testing, with a broad-based educational campaign to give up high-risk behaviors. In contrast, public health officials almost unanimously agree that mandatory testing will simply drive away those who need to be educated and counseled most.

There are good reasons for their flight. If records are not kept strictly confidential, positive test results may lead to loss of civil liberties. People who have tested positive have been irrationally and arbitrarily fired from their jobs, excluded from schools, evicted from their homes, separated from their children, and lost their insurance coverage. Whether the test results are valid or false — these actions are *not* necessary to reduce chances of getting AIDS.

Some people feel that HIV testing should be required before marriage. In contrast to this, from 1980 to 1988, 22 states have repealed premarital blood test requirements for other STDs. Blood tests have been shown to be too costly and inefficient to discover the few spouses who were infected with STDs. In addition, if they tested positive, stopping marriage will not necessarily stop high-risk behavior like sexual intercourse. It is not likely to protect their children either. In New York, where 45% of childhood AIDS cases have occurred, 83% of these children were born to unmarried parents!

Even though it is well meant, mandatory HIV testing is very likely to be financially costly and ineffective in providing protection. In 1992, we need to make certain resolutions to reduce our risks of HIV infection.

1. HIV-positive health providers must stop doing any type of surgery.
2. If you use drugs, don't share needles.
3. If you do not abstain from sex or are not in a monogamous relationship with an uninfected partner, *always* use a latex condom.
4. If you want to be confidentially tested or get more information on AIDS, call **329-0751** in Yuma. For a 24-hour, 7 days a week, national Public Health Service hot line, call **1-800-342-7514**.

In Kimberly Bergalis' words, *"If it can happen to me, it can happen to anyone."*

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\* Adapted from Nan Hunter's "AIDS Prevention and Civil Liberties: The False Security of Mandatory Testing," [\*SIECUS Reports\*](#), Sept.-Oct., 1987, pages 1-9.