



Harlem United Community AIDS Center, Inc.
Policy Brief

The Routinization of HIV Testing is a Civil Right

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and
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Last week, the Centers for Disease Control's new HIV testing recommendations (<http://www.cdc.gov/od/oc/media/pressrel/r060921.htm>) sent shock waves through many AIDS organizations and others representing people living with HIV/AIDS. The Center's guidelines fly in the face of long-established practice. We formulated testing policy twenty years ago when AIDS victims faced death—and sometimes the loss of jobs and apartments or rejection by family and friends. Thus, many of our peers oppose these recommendations. They see them as discriminatory and counterproductive.

However, we believe the Center's new testing policies are largely right. Although our stance may disturb colleagues, new realities demand new tactics. To stop the spread of HIV and further reduce AIDS deaths we should routinize HIV testing in accordance with the Center's new guidelines.

Essentially, the Center now advocates that doctors and other providers screen all patients, 13 through 64, for the HIV virus. The Center also recommends the elimination of pre-test counseling and a separate, written consent for HIV tests.

Under the Center's guidelines, when you visit a doctor and receive tests for diabetes or hepatitis, you'd also get screened for HIV. You'd be informed of this test and the consequences of a positive result. You could decline it, just as you can decline any medical test or treatment. (The Center isn't proposing involuntary or surreptitious testing.) However, their guidelines would require you to explicitly reject an HIV test. They would also retain counseling when you need it most—if you tested positive. Your doctor would help you manage your distress and would explain treatment options.

Why do we support this "heretical" view? Well, look at the facts. The Center estimates 250,000 Americans are HIV-positive but don't know it. In addition, studies demonstrate early diagnosis is the key to reducing AIDS deaths. Yet patient-initiated testing, pre-test counseling, and separate consents act as barriers. Many more people would get HIV tests if they were routine. Many more would receive treatment early enough to keep them alive, too.

Research indicates communities of color are more likely to be HIV-positive than the general population, and more likely to be diagnosed later, just before or as they develop AIDS. In Harlem and the South Bronx, New York City's Department of Health estimated that, as of 2004, the latest year for which totals are available, 196 to 261 residents were HIV-positive but didn't know it. HIV infection rates in these neighborhoods are much higher than New York City's averages. Untreated individuals are also more infectious, since they have higher viral loads.

While studies show gay men of color engage in less risky behavior on average, their social networks have higher rates of HIV infection, helping spread the virus. Worse, our healthcare system shamefully under serves minority communities. For these reasons, HIV-positive people of color are more likely to die of AIDS than the HIV-positive population as a whole. But, even if the Center's guidelines mean people get tested in emergency rooms or under other, less-than-ideal conditions, with less-than-perfectly-informed-and-documented consent, are they better off risking full-blown AIDS?

Frankly, supporting current HIV testing policy amounts to arguing that those most at risk have a civil right to a greater likelihood of spreading HIV within their own community or dying sooner from AIDS. In light of new, testing technologies offering results in 20 minutes, does the value of pre-test counseling and separate consents outweigh the benefits of early diagnosis and treatment? The current crisis demands we not let the perfect become the enemy of the good.

We can't forget the suffering of AIDS victims before the "cocktail." But vastly improved medical options should change how we find and treat those at risk. We also advocate enforcement and strengthening of laws that penalize discrimination, violations of confidentiality, and testing without consent in order to prevent civil rights abuses. However, for those unaware of their HIV status—and our communities—we should routinize HIV testing. It's time to use new strategies for this intractable and continuing epidemic.

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