

# Just news

## AIDS and the (Oregon) state of things to come

*State HIV/AIDS Policy Committee may allow the insurance industry to "police" itself regarding HIV antibody testing of applicants; and has proposed an updated quarantine law.*

B Y W C M c R A E

The HIV/AIDS Policy Committee on January 8 concluded work on a wide-ranging document that establishes policy, funding and legislative recommendations regarding Oregon's response to the AIDS health crisis. If adopted by the legislature, the resolutions of the committee, especially regarding insurance and quarantine, will have immediate impact upon risk groups, including gay men. The 32-member committee is made up of doctors, public health workers, lawyers and community support group representatives. The committee is chaired by Kristine Gebbie, Director of the State Health Division. The policy committee sought to balance legitimate medical and epidemiological concerns with appropriate sensitivity to delicate rights and discrimination issues. However, the fullest implementation of the former precludes the full protection of the latter.

### Policy recommendations

Recommendations of the committee in specific areas are:

**Contact notification.** The committee recommends that persons testing positive for HIV antibodies be allowed themselves, personally, to notify others at risk due to contact, thus protecting the privacy of contact. The minority report mandated contact notification by representatives of the state.

**Employer-mandated HIV testing.** The Oregon Division of Labor and Industry recently interpreted handicap protection laws to include HIV infections, thus freeing the committee from directly proposing statutory restrictions of employer-mandated HIV testing. Under handicap laws, test positive individuals would be determined to constitute a protected class, and therefore protected from employer discrimination.

**State Ombudsman.** The Health Division will create an Ombudsman for AIDS, who will oversee policy, and act as a clearing house for information and direction in both the private and public sector.

**Reporting of HIV testing.** One of the major controversies within the committee involved confidential vs. anonymous testing for HIV. The committee adopted the majority report, which recommends that

positive results to an HIV test be reported to the state using a system guaranteeing anonymity of the testee. The minority report recommended that the tests be reportable to the state by the name of the infected individual.

**Education.** Money is to be made available primarily for education of at-risk communities. The committee also recognized the effectiveness of community-based organizations (such as Cascade AIDS Project) to perform this education. However, no money was budgeted for large scale education of the so-called general public, despite recommendations to that effect by US Surgeon General Everett Koop. Such attitudes perpetuate the view that the AIDS crisis concerns only a minority of the population.

**Quarantine.** Oregon law already contains provisions that allow quarantine for HIV infection. Members of the committee, aware that Oregon's quarantine laws were outmoded, proposed rewriting the law. AIDS-activists sought to disallow quarantine for HIV infections due to the difficulty of transmission and the fear that the possibility of quarantine will hinder some from seeking education. However, the committee proposed a bill to allow public health officials to quarantine for AIDS in cases of extreme antisocial behavior. The final bill was amended to include guarantees of due process, which afford degrees of legal protections absent in the former law.

**Insurance.** The committee, following testimony from insurance and medical representatives, backed away from a majority report which would have recommended a ban on HIV antibody screening of health insurance applicants. After the committee had been convinced that it lacked the necessary "expertise" to make decisions regarding insurance, it voted to establish a separate insurance committee to whom the larger committee would "punt" responsibility for writing specific recommendations. The full policy committee agreed to guidelines that will disallow HIV testing for group insurance; that will follow the recommendations of the National Association of Insurance Carriers forbidding discrimination against gay people in insurance; and that will explore the possibility of "risk pool" insurance programs for uninsurable individuals, in which insurance companies share the cost of high risk

coverage. The smaller, more "expert" insurance committee is to draft policy implementing these recommendations.

However, what the new committee will do in reality is a matter for speculation. To those skeptical of the good faith and flexibility of the insurance industry, the new committee can easily be seen as a smoke screen behind which the insurance industry will decide any concessions they are willing to make. The policy committee charged the insurance committee with worthwhile guidelines; nothing bars the smaller committee from returning the answer that they cannot implement them. We trust that Ted Kulongoski, newly-appointed State Insurance Commissioner, will work to insure that the recommendations of the policy committee are maintained.

### The matter of Gebbie

AIDS is more than a medical emergency. It also impacts legally, socially, and ethically upon those it affects. State Health Division Director Kristine Gebbie has drawn fire from many corners of the gay community, and has been vilified for her alleged inability to deal with AIDS as anything but a matter for epidemiologists. Gebbie may not have sufficiently advocated for the communities affected most by the health crisis, and has not always shown sensitivity to gays on traditional issues of prejudice and social stigma. However, as chair of a committee that has had to balance doctors-on-a-mission with rights-activists-in-a-heat, Gebbie managed to gain from the policy committee a document that, for the most part, protects rights and yet enables epidemiology. It could have been much worse.

Public calls for Governor Goldschmidt to defang Gebbie appear to have failed, as has behind-the-scenes string pulling. It has fallen to community members on the policy committee to continue to advocate for AIDS patients and the people at high risk the hard way — face to face. Tia Plympton, Paul Starr, Darrell DuBois, Tom Koberstein, and others deserve our thanks for serving on the AIDS/HIV Policy Committee. For them, activism means being tenacious enough, or curmudgeon enough, to stand up to Gebbie (and the-worse-than-Gebbie), advocating for sensitivity and civil liberties in the ditches of the health crisis.



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