

Routine testing — solution or placebo?

Although public health officials reject mandatory testing as counterproductive, state-level politicians are enacting laws requiring it.

BY MICHAEL S. REED

Across the country, the nation's political machines are trying to deal with a situation that has finally been perceived by the media to be a crisis condition. One of the supposed solutions arising in this latest wave of AIDS hysteria is to legislate for mandatory AIDS testing for marriage license applicants.

Mandatory AIDS testing, blandly known as "routine testing," was rejected as a viable solution to the problem by a Centers for Disease Control conference in late February. At that conference Public Health officials from around the country publicly rejected mandatory testing by a resounding margin of 850 to 2.

In New York City, the deputy Commissioner of Health, Dr. Stephen Schultz said, "This is not a question of civil liberties as opposed to public health. It won't work even as a public health measure." Schultz further predicted that routine testing would "drive people away" because those who already considered themselves outcasts would fear that the Government wanted to "find out who the bad people are."

Ronald Bayer, a medical ethicist with the Hastings Center said that "such interventions would be little more than social placebos designed to reassure a frightened people."

But placebos are what politicians are coming up with now. The Idaho State Senate recently passed a bill requiring all marriage license applicants to be tested for the virus that causes AIDS. Similar legislation is appearing in the Oregon and Washington legislatures.

The Oregon Senate is currently reviewing a bill introduced by Senator Jan Wyers (D.-Portland). Senate Bill 994 would require a physician to certify whether an applicant for a marriage license had any sexually transmitted disease, including AIDS.

Chuck Johnson, a legislative assistant for Senator Wyers justified Senate Bill 994 in this way: "The heterosexual population is still not aware of the size of the problem and we need to be more aware. I think that testing in the heterosexual population will raise people's awareness." He went on to say that, "If they're a carrier of the virus, they need to be made aware. If more people know they have got it, that's good — that way they can try to stop spreading it." Johnson also suggested that the bill would help to keep track of the number of cases in Oregon.

One of the problems with Senate Bill 994 is that it makes no provisions for the individual's privacy. The test results are given to the marriage license applicants, but the bill apparently does not provide for

where that information is kept and what is done with it.

This, unfortunately, is just another example of how the protection of an individual's privacy has become irrelevant in this country. The *New York Times* reported on February 23 that, according to the Inter-governmental Health Policy Project at George Washington University, "at least eight states already require that the names of all people who test positive for the AIDS virus be reported to health authorities. Such reports are now mandatory in Arizona, Colorado, Kentucky, Minnesota, Montana, Idaho, New Jersey, South Carolina and Wisconsin."

In the epidemic warfare, keeping track of the numbers involved is important. Keeping track of the names, however, just makes it easier to track us down when yet another placebo for mass hysteria is needed. Senate Bill 994, although well-intentioned and certainly not homophobic, remains an ineffective and costly placebo for a problem that requires solutions.

Solutions needed now are mandatory safe-sex education programs in schools, public service announcements and commercials that specify what safe-sex is and how to practice it; and answers that deal with the horrific medical costs that arise from the disease.

We must begin planning now to take care of the people who contract AIDS and who are forced from their jobs, lose their incomes or who simply cannot work any longer — we must find ways of housing and caring for the people who can no longer afford the luxury of health insurance.

Currently established programs are not

sufficient and will soon become laughingly inadequate for dealing with the numbers of people who will be dying from this disease. Our politicians must face and solve the immediate problems involved, rather than look for placebos to alleviate hysteria.

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