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THE NAME GAME

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However, the implementation of name-to-code reporting is being delayed six months to address some of the concerns raised by the community. "We will undertake six specific activities during the next six months to balance our obligation to protect individuals from progression of the illness while maintaining compassion for personal concerns," Wasserman said.

The health division will continue to make anonymous testing the cornerstone of its approach, and local laboratories, health departments and physicians will be trained in current privacy measures. Wasserman said the health division will examine ways to strengthen privacy laws and will make special efforts to engage community groups, advocates and others to work as a team to increase the number of high-risk people tested.

A special advisory group will be created to assist him in the review and oversight of these activities. "We have much to accomplish over the next six months," he added.

Thomas Bruner, CAP executive director, said his group could support the policy if the state accomplishes its goals during the six-month interim. "Then we are prepared to fully support the proposal as a sound public policy."

Earlier last year, CAP was critical of the health division's proposal about names reporting, calling for stricter confidentiality laws, comprehensive training of all HIV testing and service providers about confidentiality and more awareness campaigns (including the option to be tested anonymously or confidentially) aimed at the Spanish-speaking and high-risk communities.

The six-month goals generally reflect CAP's criticism and its suggestions to make the proposal workable. "In large measure the Oregon Health Division listened and heard," Bruner said.

But Jack Cox of the HIV Advocacy Council of Oregon and Southwest Washington said these promises are things that should have been in place for at least the past 20 years. He is but one of the many voices who have opposed a name-to-code policy since the issue came up more than two years ago. "These changes won't make a difference in a community where public health is fundamentally mistrusted for historic reasons and where people are frightened of being recognized," he said.

Cox and his colleagues think people at risk of HIV, particularly in communities of color, will be even less likely to get tested once they find out the state wants to use their name. He said many people will be reluctant to test—even anonymously—upon hearing of the new policy.

Most of those opposed to name-to-code reporting support a system of expanded reporting of those testing positive for HIV. Both sides see value in utilizing demographic information to fuel epidemiological studies.

All agree that tracking the AIDS epidemic no longer reflects the epidemic of HIV, because people with the virus now are living longer with the advent of effective anti-retroviral treatments. Although many state health officials want to utilize names, opponents say the same thing can be accomplished by using a unique identifier system.



Dr. Martin Wasserman (left) consults with Thomas Bruner during a press conference Dec. 21

Oregon will be the 35th state to record the names of people testing positive for the virus that causes AIDS. Nationally, more than 750,000 people—about one in 300—are infected with HIV.

Wasserman said 6,500 Oregonians are HIV-positive; however, only two-thirds are aware of their disease. "It is this gap that brings us here today."

Almost 5,000 Oregonians have been diagnosed with AIDS since 1981. About 60 percent have died.

The names of people diagnosed with AIDS have been reported to the health division since the beginning of the epidemic. During the 1990s, as the HIV epidemic began changing, so did the policies around the country about reporting the names of those testing positive for the virus.

State health officials hope to accomplish two things by taking names: to provide more accurate information on the full extent of the HIV/AIDS epidemic in Oregon that will assist in better planning for care and prevention services and to ensure a newly diagnosed person is referred to a clinician for treatment options and to social service agencies.

Wasserman said expanded reporting will help HIV-infected people stay healthier for a longer period of time. "At the heart of this decision is our desire to protect individuals—both those with HIV infection and those at risk for becoming infected."

Names will be kept in a computer database at the Portland headquarters of the health division. The computer is in a locked room; only

three employees have access to it. The computer, Wasserman said, is not networked with any others but is a "stand-alone unit."

After health division personnel have utilized the data, the name automatically will be changed to a nonidentifying code. If the data are not utilized within 90 days, the computer automatically will transform the name into a code, and the name will be deleted.

Wasserman and those supporting the new policy insist they want to help reach everyone testing positive for HIV so individuals have crucial information necessary to sustain their lives.

But Cox said that once someone who tests positive at an anonymous testing site goes in for treatment, the physician will retest for HIV. Under the new system, that test result—and the individual's name—will be sent to the health division.

This will defer treatment for people who are afraid of being named, Cox said. In protest of the decision, his group is calling for affected communities to withdraw from volunteer participation in health division programs, committees and task forces and those of agencies supporting mandatory names reporting.

Steven Henson, who sits on the Oregon Public Health Advisory Board, issued a statement in response to Wasserman's announcement. The panel, appointed by Gov. John Kitzhaber, studied the proposal and was split on the issue.

Henson said the new policy will threaten more than a decade of bridge building between public health officials and HIV-infected Oregonians. Because of that, he thinks people's lives are at risk. He said many Oregonians have gone homeless or lost jobs, family and friends—even their lives—when they were found out to be HIV-positive.

Henson's own life might be one of the first at risk under the new policy. In protest of Wasserman's decision, the North Bend man, who is HIV-positive, said he will discontinue all anti-retroviral medications prescribed for him. He intends to continue his one-man protest until the decision to utilize names reporting is reversed or effective legislation and administrative rules are enacted to secure and protect the rights of HIV-positive Oregonians. **JN**

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Steven Henson