DOT’s the Limit

Health head’s forced-compliance blunder infuriates activists

January 1, 1997 By Walter Armstrong and Faye Penn

Activists in San Francisco are up in arms over statements made by San Francisco City Health Director Sandra Hernandez in a recent issue of *The San Francisco Bay Times*, a gay weekly. When asked what public health policies she would implement if protease inhibitors are found to completely suppress or even eradicate HIV in the blood for good, Hernandez said she would consider replicating the “Directly Observed Therapy” (DOT) model currently used with TV. In this scheme, people who are unlikely to follow a medication schedule-by virtue of mental illness, drug problems, homelessness or other factors-are enrolled at local clinics and observed taking drugs as prescribed. To be effective, Hernandez said, DOT would require the tracking of all people who are positive.

In an interview with *POZ*, Hernandez called OT “the best TB-control program in the country” and reiterated that with regard to AIDS, it is merely an idea she has no plans to implement at this point. But ACT UP/Golden Gate spokesperson Edward Zold called the idea “way out of line. The way to ensure compliance is to give people access to food, shelter and therapy,” said Zold. “That’s what public health officials should be advocating, not a sandwich at the emergency room and supervision.”

With combination therapy becoming the standard in AIDS treatment, researchers worry that inconsistent dosing will cause multidrug resistance, as with TB. But according to Dr. Iris Long of ACT UP/New York, DOT has no relevance to anti-HIV combo-therapy. “This approach is wildly impractical because each drug has to be taken around the clock but at different times,” said Long. “The observer would have to live with the patient.”

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.poz.com/article/DOT-s-the-Limit-12418-1525