



Partner Racket

The Ackerman-Coburn bill would gut HIV confidentiality.

January 1, 1999 By Doug Ireland

Brace yourself for a new federal assault on the confidentiality of your serostatus: It's called the HIV Partner Protection Act (HR 4431), and it would have a devastating effect not only on HIV positive people but also on those who merely fear they've been infected, thus driving many of them away from voluntary testing. This invidious bill was cooked up by New York Democratic Rep. Gary Ackerman—a notorious publicity hound from the Queens County machine—and Oklahoma Republican Rep. Tom Coburn, an ultraconservative religious-right moralist cut from the same cloth as Oral Roberts.

The Ackerman-Coburn bill stands a good chance of passage in the new Congress because, to the uninformed, it sounds as though it would help reduce the spread of HIV by notifying those who may not know they've been exposed to the disease, allowing them to seek testing and, if the result is positive, treatment. Its sponsors claim it simply extends to HIV the partner-notification standards used for long-entrenched sexually transmitted diseases like syphilis and gonorrhea.

But there's a whopping difference: Syphilis and gonorrhea can be cured, while we're still waiting for a cure for AIDS. It's that inescapable fact that, along with the virus' association with homosexuality and drug use, accounts in large measure for the social stigma attached to HIV—only the confidentiality of voluntary testing offers protection to those fighting the terror of that stigma. The Ackerman-Coburn bill would tear down that protection, since it requires reporting your HIV positive status by name. It would destroy the laws in many states that protect your test results, including those states that use a “unique identifier” (read: a number) to improve HIV surveillance without breaching confidentiality.

That's why the National Governors Association has said that “federal laws should not challenge or supersede state laws and preferences with respect to HIV testing and reporting.” And that's why the Centers for Disease Control and Prevention (CDC) opposes the bill, arguing that successful HIV testing, counseling and referral “absolutely hinges on the trust and cooperation of the person living with HIV.... We know that people will cooperate if they believe their confidentiality will be protected—otherwise, they may avoid the system altogether.”

Ackerman-Coburn also forbids any criminal or civil penalties for unauthorized disclosure of the names of the HIV positive or their sex partners, which means that anyone whose serostatus was

“outed,” either unintentionally or by design, would have no recourse—like the 4,000 people with HIV whose names were on a computer disk stolen in 1996 from the Florida Health Department by an employee’s boyfriend and sent to two newspapers.

Women, among whom new infections have been rising steadily, have an additional reason to be scared by the names-based reporting mandated in the bill: the threat of domestic violence. A 1995 Journal of the American Medical Women’s Association study of medical and mental health care providers in Baltimore found that 24 percent of them reported they had female patients who were victims of physical violence after telling a partner they were seropositive. Avoid an AIDS test, or risk a beating: It’s a tough choice for many, particularly women who are undereducated, economically disadvantaged or at risk from their own or their partner’s needle use.

Not only would the bill frighten people who should be tested into paranoid secrecy, it would create a costly new bureaucracy whose financial burden would be put on the states, at a time when AIDS prevention and counseling programs are already woefully underfunded and under attack in GOP-controlled legislatures.

Moreover, the bill’s trade-off of confidentiality for partner notification is a fool’s bargain that would do little to advance the public health. As Helene Gayle, MD, director of the CDC’s National Center for HIV, STD and TB Prevention, testified before Congress in opposing the bill, “It is frequently difficult or impossible to determine exactly when a person became infected with HIV and when specific sex or needle-sharing partners were exposed to the virus.... Often it is difficult for the client or health department to locate all partners, especially those exposed years earlier.”

One of the few members of Congress to speak against the Ackerman-Coburn bill, California Democratic Rep. Nancy Pelosi got it right when she argued that it “mandates federal rules where state and local decisionmaking is needed, dictates procedures where individual circumstances must be considered, imposes substantial costs on states where prevention dollars are already scarce and threatens to discourage high-risk individuals from being tested.” Write your representative today imploring him or her to stop the dangerous and wasteful Ackerman-Coburn bill.