Columbia Daily Spectator, Volume CXIX, Number 28, 23 February 1995 — HIV testing delayed at CU [ARTICLE]

HIV testing delayed at CU

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Due to a shortage of counselors and an increase in student demand, the current wait for an HIV test at University Health Services is approximately six weeks.

As of Feb. 22, the next available appointment for an HIV test was April 12. Typically, appointments to receive the tests are available within two weeks.

According to Director of Columbia Gay Health Advocacy Project (CGHAP) Laura Pinsky, a therapist in Health Service's Counseling and Psychological Services branch, the problem will be resolved "within a week or two," as two new peer advocates are scheduled to be added to the current staff of CGHAP counselors.

While only three active counselors are currently working as peer advocates through CGHAP, the two new counselors will provide an additional six hours of counseling per week, according to Pinsky.

Additionally, a new coordinator for CGHAP will begin working with the organization within the next few weeks.

Pinsky said the current backlog is due to variations in "supply and demand"—an increase in student requests for the test and a temporary shortage of peer advocate volunteers.

"We have been somewhat short of advocates," Pinsky said. "That will change within the next week or two. The work is done by volunteers, and things change with them and their availability."

In addition to the free test for HIV antibodies offered by University Health Services through CGHAP, a 30 to 45 minute counseling session is required prior to the blood test.

Results from the blood test may take up to two weeks to be processed.

Currently, the counseling offered prior to the blood test is provided by counselors through CGHAP and by nurses on staff with University Health Services.

During counseling sessions, counselors assist patients in completing necessary paperwork, perform a risk assessment of the patients' past experiences, and offer information on how to practice safer sex.

"It's a private, anonymous situation where people can talk about very personal experiences," Pinsky said.

Pinsky said she sympathized with students who were interested in having the test performed as soon as possible.

"Of course, the wait is very disturbing it's maddening," Pinsky said. "People want to get one when they want one."

Pinsky said the extensive nature of the training session for new peer advocates is partially responsible for the shortage of counselors and subsequent long wait for an appointment. After one counselor left the program last December for personal reasons, the program was left with only three peer advocates who were trained to perform the counseling sessions. The situation worsened after many students returning from winter break sought HIV tests, Pinsky said.

"We would really like to expand the number of students involved in the program," Pinsky said.

Needhi Bhalla, CC '95, a current peer advocate, said her training lasted over a semester and provided essential information for her current counseling position.

According to Bhalla, the training included the dissemination of information, role-playing, and sitting in on sessions with active counselors.

For some students who have sought HIV tests, the extended wait has caused anxiety, prompting them to seek testing services elsewhere.

"You're sitting there thinking that you're going to die when you decide that the responsible thing to do is have the test done," said one student, who asked to remain anonymous. The student, after being informed of a six-week wait before the first available appointment, went to Columbia-

Presbyterian Hospital to have her test performed.

"You call and make an appointment, and then you're told that you have to wait another two months—it's brutal," she said.

For others, the importance of pre-test counseling outweighed the desire to have the test performed immediately.

"It's worth it. You need to get counseling before you get blood taken out of your arm," said Vanessa Richards, BC '97. "It's a decent reason [for postponing the tests]. [Patients] get vital information about whether or not they're eligible to be tested."