Columbia Gay Health Advocacy Project
Counseling Notes - Paul H. Douglas - Jun.-Oct. 1986

6/25/86

9 clients

D.is a gay white man who wants to be HIV antibody tested.

D. is currently in a relationship with a man whose antibody test result was negative, but the test was performed before the time D. knew his boyfriend. Boyfriend is somewhat hypochondriacal. D. gave blood to Columbia blood drive about one year ago (Spring 85). He signed the blood drive's information form. He reports some anxiety dating from last summer.

Recommended that the couple follow the risk reduction guidelines. D. said he would speak to his boyfriend about this.

7/8/86 (A)

T. is a gay white man in his middle twenties on faculty at a state university in a small town in Utah. He is at Columbia for summer courses and is interested in re-testing for HIV antibody.

T. had moved from NYC only recently when he began to feel ill. He went to see a doctor, thinking he might have gotten a parasite on a trip to Europe. The doctor ordered the antibody test performed without T.'s knowledge . T. ran into the doctor in a parking lot where the doctor casually told him that the test had come out positive. Confidentiality was breached: T.'s name was on the test slip with the result. The blood specimen had been forwarded from Salt Lake City to the regional center in Denver, Colorado for actual testing. T.'s insurance is current and predates the test result by three months. The test result was received in 11/85.

T. broke up with his lover of three years in 2/86, after the lover tested negative in NYC. The couple had reciprocally practiced unprotected anal intercourse.

T.'s reason for wanting re-testing is the hope of relief from anxiety about his health.

After counseling, T. concluded he did not want to be re-tested and contracted to begin risk-reduction. He will obtain the hepatitis B vaccine privately upon return to Utah. T. was referred to an AIDS activist in Salt Lake City.

7/8/86 (B)

Client is a straight black male in his early 20's who says he has no risk factors. Client knows very little about AIDS or risk reduction. Client was counseled that his risk was very low, but at the time the counselor was not properly aware of the risks of heterosexual contact with Haitians and central Africans. In retrospect, counselor feels

client may have had a Haitian-related heterosexual risk factor. In any case, the client was given rudimentary STD counseling and urged to make contact with a primary care provider at the health service.

7/9/86

A. is a gay white male, 42 years old, who has spent the last ten years outside the United States, mostly in India and Nepal, obtaining a Ph.D. in Sanskrit. He is only in the U.S. until 10/86. His reason for seeking counseling is that an acquaintance of his recently contracted AIDS and A. wanted to learn about the illness.

A. was given "AIDS 101" rap and referred to primary care at CUHS to obtain the hepatitis B vaccine. Counseling about the HIV antibody test confirmed his decision not to be tested.

9/11/86 (A)

C. was a bisexual white male senior in the College who wanted to be tested. He found GHA through posters in the Health Service.

C.'s first homosexual experience was in 7/86, and he has had 6 encounters with risk factors since then: 4 in NYC and 2 in South Carolina. Despite this he feels his risk is low. During what he considers to be safe intercourse, C. has been using condoms but allowing ejaculation. He reports that in South Carolina, men "laugh at you" if you suggest risk reduction or using a condom.

C. wants to be tested to ease his anxiety. He is only recently out (3 months), and is very enthusiastic about guys. He is convinced he can "handle any bad news" and says that part of his identity involves "facing up to reality." This seemed like part of the high of coming-out to the counselor. Because of these things, C. feels he ought to know his antibody status. C. expressed interest in future relationships with women as well as men, and in marriage and parenthood. His last girlfriend and he broke up when he discussed his bisexuality with her.

C. is already receiving the hepatitis B vaccine. Since his most recent unsafe contact was only 2 weeks ago, he was counselled that he should in any case wait at least 6 weeks for any antibodies to develop before testing could even be considered. In the meantime he will avoid high-risk activities (i.e. no coming even if a condom is used). He will return for further counseling if at the end of the waiting period he still wants to be tested.

9/11/86 (B)

R. was a gay white male aged 33 years studying for his doctorate in GSAS. He was referred to GHA by CUHS for HIV antibody testing.

R. was fairly well informed about risk reduction and the antibody test and has already had hepatitis B. He has been sexually active for 8 years with his last high-risk contact occurring 2 years ago. Much of the high-risk activity occurred in NYC.

R. strongly desires testing. He has been in a relationship with an Irish man for 9 months. The boyfriend was tested 3 weeks ago and is seronegative. The couple hopes to relax risk reduction if the client is also seronegative.

R. is very thoughtful but basically came in with his mind made up to be tested. The psychological dangers did not seem real to him ("I think I can handle a little depression"). He felt his need to accomodate his seronegative lover constituted a pressing need to be tested, and outweighed any potential risks. R. was referred to L.P. for testing.

9/18/86 (A)

B. is a white bisexual male, 25 years old, enrolled at SIA, who heard about our services from information during registration. He wants to be HIV antibody tested. B. has been living in Poland recently and feels he has an "information gap" about AIDS from being out of the U.S.

B. is actively bisexual. His sole male sexual partner for the last five years has been his boyfriend, with whom the client uses condoms for intercourse, but not for oral-genital sex. B. had no receptive or insertive anal intercourse before 1981. The boyfriend has slept with two other men in the same period, using condoms in both encounters. B. has had unprotected vaginal intercourse with one female partner in this period.

The boyfriend is living overseas for a year, and B. wants to have a sexual relationship with a particular woman while the boyfriend is away. He wants to be tested so that he and the woman may have unprotected intercourse.

B. was counselled on testing issues and told that he is at moderate risk based on his sexual encounters with men before 1981. He decided to think more about the issues before being tested. He will try risk reduction with his female partner and if that is unworkable and testing is what they want, they will both be tested. He was also counselled to obtain the hepatitis B vaccine.

9/18/86 (B)

An extremely anxious white male client called Mental Health and was counselled over the telephone since he did not want to make an appointment or leave his name.

The client sounded extremely upset (hurried speech, stammering, blockages). A female sexual partner had told him that one of her previous sexual partners was "being tested for the AIDS virus and for hepatitis." She curtly recommended that he be tested also. No further information was available through her. This news was terrifying for the client, since he has had intermittent diarrhea for the past three months and his hair has started falling out in clumps.

Client requested and obtained HIV antibody testing from CUHS. The CUHS provider made no provision for counseling and did not refer the client to GHA. The client called us an hour after his blood specimen had been drawn. No effort to protect confidentiality had been made.

Client was counselled about the symptoms of AIDS, and was told that his symptoms could well be psychogenic, given his high general level of anxiety. Testing was discussed (meaning of results, confidentiality, protecting insurability), and the client was urged to come in for counseling if his result were to be positive. He seemed unwilling to do so.

9/18/86 (C)

T. was a straight white female law student, 24 years old, referred to GHA for HIV antibody testing by Dr. Schwartz at CUHS. She was a walk-in referral.

Six years ago (in NYC) T. twice had vaginal intercourse (using a diaphragm & spermicide) with a man who died of AIDS one year ago. She only learned of his death recently and consulted CUHS. She is considering marriage to her current male sexual partner within the year.

T. was told her risk is considered low, and her reason for testing good. She was counseled to be tested and to be careful about confidentiality. She was told that risk reduction with her boyfriend between now and testing was optional. She was referred to Laura Pinsky to initiate the testing procedure.