

There is no need to change HIV-risk immigration policy

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In the mid-1980s, Australia implemented bold and innovative policies -- access to condoms and sex education, introduction of needle and syringe exchanges, frank information directed at high-risk groups, access to universal HIV testing and strong anti-HIV discrimination laws -- to contain and manage the HIV/AIDS threat.

These policies were supported by a broad political consensus engineered by politicians of all major parties.

There can be no doubt that Australia has benefited from the broad de-politicisation of HIV/AIDS policy. A generation of politicians has been inclined to think before they speak on this most sensitive and difficult of public health issues.

Our reward for political discretion has been an HIV/AIDS caseload among the lowest in the world. For example, Australia's per capita rates of HIV and AIDS infection are less than 10 per cent of those in the US and other countries that did not act as smartly and as quickly as Australia did in the mid-1980s.

The human dividend has been somewhere between 50,000 and 100,000 young Australians not infected, dying or dead from HIV/AIDS.

As surprising as it might appear to some, since 1996 the Howard Government has maintained the essential elements of Australia's HIV/AIDS response and built on it by, for example, greatly increasing Australia's commitment to combating HIV/AIDS in our region. The Howard Government can broadly be proud of its stewardship of the long and complex effort to contain HIV/AIDS. It is against this good record that Prime Minister Howard's recent comments on the immigration of HIV-positive people should be assessed.

Speaking on talk-back radio in Melbourne, the Prime Minister said while there may be some humanitarian considerations that could temper his view in certain cases, he was generally in favour of a ban on HIV-positive migrants and refugees. The Prime Minister went on to equate the threat of HIV infection with that posed by tuberculosis. He said that as Australia already stopped the entry of people with tuberculosis, it should also stop the entry of people with HIV/AIDS. The Prime Minister acknowledged that he was responding to the host's question without the benefit of counsel and advice.

Prime Ministers cannot be across every aspect of every policy, and talk-back radio is not parliament. Nevertheless, his words indicate some confusion about HIV/AIDS and immigration.

In common with many other countries, Australia already imposes stringent health and other requirements on prospective migrants.

According to Don Baxter, the executive director of the Australian Federation of AIDS Organisations, "it is already extremely difficult for people with HIV infection to be accepted as migrants or refugees -- the great majority are automatically rejected by ... Immigration Department procedures".

But, every so often, special circumstances arise that need to be responded to in a humane and civilised way.

Australian citizens fall in love with spouses and partners who are HIV-positive who then seek, quite properly, to enter Australia.

In such circumstances, it makes little sense to support the rigid application of a policy that would break up marriages and partnerships simply because one partner was HIV positive.

This very small number of HIV-positive immigrants, admitted as exceptions to the general ban, poses no great burden on Australian society.

Treatments for HIV-infection are now remarkably effective at reducing HIV viral load to almost undetectable levels, enabling HIV-positive people to live near-normal working lives.

The Prime Minister was in error in equating HIV to the much more serious threat posed by tuberculosis. Tuberculosis is not a virus like HIV, but a bacterium. One-third of the world's population has the TB bacterium latent in their bodies.

But in its active form, tuberculosis is an airborne pathogen that is highly contagious and extremely difficult to treat. TB thus poses a serious risk both to immuno-suppressed people and to otherwise healthy individuals. It is right to be deeply concerned about the resurgence of tuberculosis.

But the policy responses required to contain tuberculosis are vastly different to those demonstrated to work well against HIV/AIDS.

Our overall strategic direction and policy settings on HIV/AIDS are working well. However, recent events in Victoria and South Australia demonstrate the dangers of complacency and poor administration of well-developed HIV control strategies. Quite properly, policy failures must be reviewed and where necessary, procedures changed to protect the community. But, based on the evidence, there is simply no need to change existing procedures and policies in relation to the immigration of HIV-positive people.

The general ban on HIV-positive immigration should stay.

The very small numbers of exceptional humanitarian circumstances that arise should be treated with compassion and tolerance. We should not concern ourselves with policies that work well. Rather, we would do far better to gaze outwards to our neighbours, our region and the world where the struggle to contain HIV/AIDS is being lost. Since 1981, over 25 million people have died from AIDS. There are currently 40 million people in the world with HIV infection.

If international prevention efforts are not massively scaled up, and supported by countries such as Australia, this caseload may double to 80 million within a decade.

And the greatest increase will occur in our region and on our doorstep. Such an outcome would be a humanitarian, financial and social catastrophe that would be the worse for having been avoidable and preventable.

The HIV virus does not respect borders, gender, age, race or politics. Australia cannot remain forever an island of low HIV infection in a world of rapidly worsening infection rates.

But Australia has a great model to take to the world on how to prevent the spread of HIV/AIDS. This year, the Prime Minister will host a great gathering of world leaders at the Sydney APEC meeting. He will leave the world a better place if, of the issues that he takes to APEC, he could also place Australia's record on HIV/AIDS before his colleagues and persuade them of the urgent need to fund global HIV prevention programs.

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