

Howard gets it wrong on HIV immigration

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During a radio interview on 13 April, Prime Minister John Howard called for a ban on HIV-positive immigrants entering Australia.

His comment were in response to statements made by Victorian Health Minister Bronwyn Pike, earlier in the week. Under pressure over the rise in HIV infections; Pike said that 70 new notifications in Victoria were due to "immigrants" to the state. National HIV rates have increased by 41% in the last five years. The Victorian rate has increased by 28% and Queensland had a 20% increase in 2004, with the rise continuing.

Mr Howard said Australia already stopped people with tuberculosis coming in and this was why he supported stopping HIV-positive people as well.

"That's why I say prima facie, my position is no – although there can be some circumstances where there may be a humanitarian reason and under certain conditions for that to occur, but generally speaking – no."

Prime Minister Howard was commenting in response to new Victorian health department figures showing the number of HIV-positive people moving to the state had quadrupled in the past two years. He said he would look at changing the law to stop HIV-positive people coming to Australia.

"I think we should have the most stringent possible conditions in relation to that nationwide and I know the health minister (Tony Abbott) is concerned about that and is examining ways of tightening things up and I think people are entitled to be concerned."

HIV-positive people already face restrictions to entering Australia

"The Prime Minister's comments send a confusing message and suggest that Australia has open borders for immigrants with HIV. That's clearly not the case, and we are shocked that the Prime Minister would try to make a political issue of HIV," said NAPWA President Robert Mitchell.

People who apply for permanent residence in Australia are already required to undergo a comprehensive medical assessment, including an HIV test, as part of the application process. People found to be HIV-positive are routinely refused on the grounds that they would cause undue cost to the Australian community if admitted. This criterion – whether or not an applicant would prove to be a burden on the public health system is applied to all new residents, without singling out specific conditions.

Where the applicant can demonstrate genuine compassionate or humanitarian reasons, the immigration department or the minister can waive the health requirement. For the vast majority of potential applicants, this won't happen, and for applicants who do satisfy the requirements for this waiver, obtaining it requires a lengthy and expensive legal process.

Australia has one of the lowest rates of HIV in the world. Our highly successful response to HIV has been to focus on education, encourage testing and provide support and treatment to people with HIV. These are the cornerstones of our national response and they have prevented the emergence of a significant HIV epidemic in Australia.

One country that did close its borders to people with HIV was the United States of America. Since 1987, people with HIV have been banned from entering the US, even for short-term tourist visits. Yet the US has a much worse HIV epidemic than Australia: more than a million people in the US are HIV-positive compared with about 17,000 Australians. On a per-capita basis, the US, with its tight border controls which prohibit positive people setting foot in the country, much less settling there, has four times the HIV burden of Australia.

The Department of Immigration does not release figures of the exact number of HIV-positive people who are granted permanent resident visas each year, but NAPWA understands that the number is very low. Each of these people has been assessed through the immigration process and in every case they have demonstrated compelling

grounds why they should be granted permanent residency.

Comparisons between TB and HIV not relevant

Any comparison between tuberculosis and HIV is not relevant as tuberculosis is air borne, and can be transmitted by coughing or sneezing. HIV however is easily preventable in a country such as Australia where condoms, clean needle programs and appropriate prevention education and information are readily available. Prevention education and the partnership response involving HIV-positive people and affected communities has proven highly successful, therefore it is unnecessary to restrict HIV-positive migrants from entering the country. In fact a ban on HIV-positive people entering Australia would only serve to stigmatise positive people.

In fact, the Department of Immigration's website suggests that people with tuberculosis are not always barred from living in Australia.

"TB is mentioned in legislation as precluding the issue of a visa, but opportunity is given to enable an applicant to undergo treatment in most cases."

If the treatment is successful or if tests suggest it is "nonactive", patients are allowed to stay. "Your visa is not at risk, once in Australia, no matter what status of tuberculosis is diagnosed" as a result of ongoing medical monitoring, the website says.

The current Australian immigration policy is that all newcomers intending to stay should not pose a public health threat. All people immigrating to the continent need to demonstrate that they can support themselves with their skills and resources without undue state assistance.

Misleading figures

Epidemiological and social research data confirms that the majority of recent HIV infections are not occurring in a group of the population that can be identified as new immigrants, or refugees. The answer to concerns about rises in HIV infections in Australia cannot be found in changes to immigration policy, but rather in focusing our attention to educating, supporting and treating people who are living with HIV/AIDS – and those at high risk – and encouraging prevention education and testing cultures in Australian populations most vulnerable to new infections.

The initial comments made by Victorian Health Minister, Bronwyn Pike, who said that up to 70 of that state's new HIV notifications were immigrants have been misinterpreted – the figure refers to people who migrated to Victoria, most of whom came from interstate. Only 20 people were diagnosed with HIV overseas, and most were born in Australia or New Zealand, said Australian Federation of AIDS Organisations executive director Don Baxter.

"The Victorian Minister has given a completely misleading account of these figures," Mr Baxter said on Sky News.

Levinia Crooks, the chief executive of the Australasian Society for HIV Medicine, said it was "incorrect to link the rise in HIV diagnoses to international migration".

Australia is attracting adverse attention internationally, and potentially undermining our authority in urging nations in the Asia Pacific to develop vigorous responses to HIV/AIDS based on proven scientific and policy approaches. Australia has an ongoing important role in combating this epidemic globally and regionally. Regional HIV/AIDS initiatives need to be underpinned by examples of supportive political, legal, human rights and social environments: a framework which has successfully operated in Australia over the past 25 years, but which at least on face value could be seen as being at risk.

"We absolutely reject the suggestion that tighter restrictions on HIV-positive immigrants are needed. What is needed is an evidence-based, bipartisan approach to combat HIV, encourage testing and provide support and treatment for positive people."

"It's HIV that we should be targeting, not people with HIV," said NAPWA President, Robert Mitchell.

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