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Letter to editors

Making darkness visible: breaking the silence on HIV travel restrictions

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Dear editors:

In the beginning of the 1980's when the ignorance, the fear and the prejudice in response to HIV were common, a lot of countries set restrictions for those infected who arrived and wanted to live in those countries. Besides the significant progress in the knowledge achieved since then, mainly how the virus is transmitted, and how it is not, a lot of restrictions are still being applied. It is important to highlight that around 96 countries such as: Argentina, Brazil, Austria, Mexico, Japan and Norway do not apply such restrictions and they have not either communicated problems in public health terms or as regards the surcharge of the public expenditure.

On the other side, by the year 2010, the information about the incoming, the stays, and the residence restrictions related to HIV, are not easy to obtain or verify and in some cases, this information is contradictory or it does not exist, but at least 67 countries are still imposing a way of exclusion. What is more, in 30 countries, the absolute prohibition of people infected with HIV exists and foreigners are directly sent back once it is discovered that they are carriers. These countries are: USA, North and South Korea, Malaysia, Singapore, Taiwan, Armenia, Hungary, Irak, and Yemen, among others. Apart from discriminating, the way in which restrictions are imposed, and the consequences due to them, can incur in the violation of other rights[1].

Under such rules, a lot of travellers or immigrants are examined because they are searching for the HIV without them being informed about it, without being well advised, without being provided with the results, and without those results being confidential, moreover, being HIV results positive, without being assigned a treatment or other way of support. Doing these exams under these conditions constitutes a violation of medical ethics and of the rights to privacy and health. Furthermore, they can result in something negative for the search of asylum or for relatives' reunions, and even something negative for life, when people living with HIV die during their detention, where they are denied treatment or they are deported to a situation where they cannot receive a treatment or continue with it. The European Court of Human Rights has described the deportation of people with life-threatening illnesses''as inhuman or degrading punishment'' when they are deported to a situation in which will not have access to treatment.

The obstacles that prevent people from travelling lead to national citizens' considering the HIV as a "foreign problem" that should be "addressed", leaving foreigners at the other side of the border, thus minimising incentives for the practice of safe sex. Such laws may also put pressure on those travellers who are HIV positive to avoid carrying medicine with them, making them get sick or develop a form of HIV resistant to treatment. As the HIV pandemic virtually be found in every big city in the world, even barriers to travel people with HIV infection, cannot prevent the introduction and spread of HIV. More than in the controlling of international passengers, resources should be assigned for the prevention of the transmission. By the way, the restrictions of travel which are related with HIV are not relevant for the "public health protection". There is also no justification to distinguish HIV from other conditions of chronic health. HIV positive people can today live long and productive working lives, and can, and in fact they do, generate significant economic benefits to host countries.

It is shameful that after six decades of the adoption of the Universal Declaration of Human Rights, those people who are HIV positive are still stigmatised. The number of people who have been affected by restrictions to travel related to the HIV is unknown, but the most affected ones are the migratory workers. They generally use all the resources they have at hand to finance their migration and those who have migrated leave behind people who depend on them. Such attitudes and policies related to restrictions to travel, allowance to go to another country and residence based on the condition regarding HIV do not contribute to reaching the goal of Universal Access for the HIV prevention, its treatment, medical care and support. This does not only lead the virus to secrecy, where it can stealthily be spread, but also – and equally important – contribute to the

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increase of the stigma and discrimination against people who carry the HIV. Eliminating these coercive measures depends only on two steps: the first one is to win the battle ruled by the barbarity of ignorance and the second one requires not only a firm determination, but also the political will of the governments to reduce the stigma and discrimination against carriers of the HIV. People need to grasp that the struggle against criminalisation is a programmatic priority, given the fact that the current laws in some countries allow the continuation of the transmission[2].

The enforcement of HIV restrictions to travel can -and, in fact, does - violate other human rights. It is common knowledge that there are no convincing reasons, neither enough foundation on public safety to prevent HIV carriers from circulating freely. Consequently, any differentiation of this kind is considered as an appalling sacrilege against carriers of the HIV and hence, it is unacceptable. The HIV is a virus, not a criminal. This fact is crucial, although those who are infected are still being persecuted and prejudged. In the future, we should be realistic enough to rule out the idea of a world free from the virus and focus special emphasis on trying to find new ways for life and love. We need the international laws to be rational, to eradicate the fear of the virus, and to debate laws that can contribute to a slow spread of the pandemic. There is still an opportunity for advocates to resist this adoption of bad law responses. Now is a critical time to resist this trend and promote public health alternatives[3].

It is sad enough that so many countries continue to exclude people living with HIV. I am extremely worried about the verdict concerning the virus and its criminalisation. More importantly, though, we must stop demonising people with this virus. To do so promotes the assumption that "everyone who has HIV is a danger to someone who does not". This is simply untrue, and thus, a monstrosity.

HIV/AIDS-related stigma is not a straightforward phenomenon as attitudes towards the epidemic and those affected vary massively. The fact that HIV/AIDS is a relatively new disease also contributes to the stigma attached to it. AIDS stigma and discrimination exist worldwide, although they manifest themselves differently across countries, communities, religious groups and individuals. The fear surrounding the emerging epidemic in the 1980s is still fresh in many people's minds. At that time very little was known about the risk of HIV transmission, which made people scared of those infected due to fear of contagion. From early in the AIDS epidemic a series of powerful images were used that reinforced and legitimized stigmatization[4].

HIV/AIDS as punishment (*e.g.* for immoral behavior)

HIV/AIDS as war (*e.g.* in relation to a virus which must be fought)

HIV/AIDS as a crime (*e.g.* in relation to innocent and guilty victims)

HIV/AIDS as otherness (in which the disease is an affliction of those set apart)

HIV/AIDS as horror (*e.g.* in which infected people are demonized and feared)

In healthcare settings people with HIV can experience stigma and discrimination such as being refused medicines or access to facilities, receiving HIV testing without consent, and a lack of confidentiality. Such responses are often fuelled by ignorance of HIV transmission routes amongst doctors, midwives, nurses and hospital staff. A country's laws, rules and policies regarding HIV can have a significant effect on the lives of people living with the virus. Discriminatory practices can alienate and exclude people living with HIV, reinforcing the stigma surrounding HIV and AIDS[5].

A review of research into tackling stigma in health care settings advocated a multi-pronged approach, requiring action on the individual, environmental and policy levels. Many countries have laws that restrict the entry, stay and residence of people living with HIV. HIV-related stigma and discrimination severely hamper efforts to effectively fight the HIV and AIDS epidemic. In some countries people living with HIV lack knowledge of their rights in society. In this case, education is needed so they are able to challenge the discrimination, stigma and denial that they encounter. Policies within health care settings can also be effective in reducing stigma. Such programmes would involve participatory methods like role play and group discussion, as well as training on stigma and universal precautions. The involvement of people living with HIV could lead to a greater understanding of patients' needs and the negative effect of stigma. However, no policy or laws can alone combat HIV/AIDS related discrimination. Placing travel restrictions on people living with HIV has no public health justification and violates human right. Stigma and discrimination will continue to exist so long as societies as a whole have a poor understanding of HIV and AIDS and the pain and suffering caused by negative attitudes and discriminatory practices[6].

References

[1] UNAIDS Human Rights and Law Team. Mapping National HIV-related restrictions on entry, stay and residence. UNAIDS: International Task Team on HIV-related Travel Restrictions [Online] Available from: www.unaids.org. [cited on July 7th, 2011].

[2] Wiessner Meter. Quick reference guide 2010/2011: Entry and residence regulations for people with HIV. Berlin, Germany: Deutsche AIDS-Hilfe. [Online] Available from: http://www.aidshilfe.de/sites/default/files/quick_reference_2010.pdf . [cited on April 14th, 2011].

[3] Shevory TC. *Notorious HIV: The Media Spectacle of Nushawn Williams*. Minesota: University of Minesota Press; 2004.

[4] Asch S, Leake B, Gelberg L. Does fear of immigration authorities deter tuberculosis patients from seeking care? *West J Med* 1994; **161**(4): 373-376.

[5] Asch S , Rulnick C, Richwald G. Potential impact of restricting STD/HIV care for immigrants in Los Angeles County. *Int J STD AIDS* 1996; **7**(7): 532-535.

[6] Ganczak M, Barss P, Alfaresi F, Almazrouei S, Muraddad A, Al-Maskari F. Break the silence: HIV/AIDS knowledge, attitudes, and educational needs among Arab university students in United Arab Emirates. *J Adolesc Health* 2007; **40**(6): 572-578.