

HIV Medicine Association: Bush proposal for HIV-positive visitors makes a bad rule worse

December 6 2007

The Bush administration's proposed rule for waivers allowing some people with HIV to visit the United States is even more restrictive, burdensome, and arbitrary than the rule it is intended to replace, according to the HIV Medicine Association (HIVMA). Furthermore, it does nothing to address a fundamental flaw in U.S. policy barring people with HIV from entering the United States.

“The law denying entry to people with HIV has no basis in science or public health and should be repealed,” said HIVMA Chair Arlene Bardeguez, MD, MPH, professor of obstetrics and gynecology at the University of Medicine and Dentistry of New Jersey. People with HIV have been barred from entering the United States since 1990, despite the fact that HIV infection is a manageable condition that is not transmitted through casual contact. Individual exceptions for short visits may be granted on a case-by-case basis, but only through an intrusive, stigmatizing, and unscientific waiver process.

On World AIDS Day last year, President Bush promised to revisit the waiver process. The appropriate remedy would be to repeal the law. Instead, what the administration has come up with does nothing to make the process easier and in some important ways makes matters worse.

The proposed rule imposes requirements on people with HIV that are not imposed on visitors with any other chronic medical condition such as heart disease, diabetes, or cancer: Visitors applying for a waiver need to demonstrate to a consular officer in their home country that their HIV

infection is under control and will not require medical attention; that they have ample supplies of medicines for the duration of their trip; and that they have sufficient financial assets or insurance to cover any medical expenses that may arise. How a consular officer with limited or no knowledge of HIV disease is supposed to make determinations about the state of the applicant's HIV infection or the adequacy of his or her drug supply is not specified. Furthermore, by placing these extra burdens on those who disclose their HIV status, the proposed rule makes it less likely that visitors will do so.

“I find it inexplicable that the United States can on the one hand exercise such strong leadership in HIV science and HIV care around the world, and on the other hand display such intolerance toward people with HIV who want to visit this country,” said HIVMA Vice Chair Michael S. Saag, MD, director of the Center for AIDS Research at the University of Alabama at Birmingham.

In a sad irony, this policy may make it hardest for the people with HIV from the developing world, who are benefitting the most from U.S. leadership in combating global HIV/AIDS, to visit the United States. Documentation that might be needed to qualify for a waiver may be hard to come by. Treatment guidelines in the developing world are different from those in the United States, calling into question what standard would be used to determine whether visitors have adequate medications. And visitors from developing countries are less likely to be able to have the financial reserves required.

The proposed rule further discriminates against visitors with HIV by denying them the possibility of extending their visa or applying for residency. Furthermore, it does nothing to address a fundamental flaw in U.S. policy barring people with HIV from entering the United States.

“The proposed rule adds barriers to the already burdensome and

stigmatizing process for people living with HIV seeking to enter the United States,” Dr. Bardeguez added. “There is no public health rationale for excluding people with HIV from this country. Rather than making a bad rule worse, the administration ought to fix the problem and press Congress to repeal the ban on entry for people with HIV.”

Source: Infectious Diseases Society of America

Citation: HIV Medicine Association: Bush proposal for HIV-positive visitors makes a bad rule worse (2007, December 6) retrieved 18 April 2024 from <https://medicalxpress.com/news/2007-12-hiv-medicine-association-bush-hiv-positive.html>

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