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"INEFFICIENT LAWS WILL NOT PROTECT COUNTRIES AGAINST AIDS"

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## Inefficient Laws Will Not Protect Countries Against AIDS

By Michael Kirby

Three new strains of the AIDS virus have been discovered. I want no unseemly contest as to whether they were discovered in Europe, on the other side of the Atlantic or elsewhere. Indeed, they have been isolated by me.

I have designated them HIL-I, HIL-II and HIL-III—and the initials HIL stand for "Highly Inefficient Law." These new agents are, of course, mutants of the same virus, just as the AIDS virus (HIV) is also susceptible to mutation. But the virus of which I speak is not detectable under the microscope. It is nonetheless a tangible development, which may be detected in a growing number of

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societies. In some ways, it is as frightening and dangerous as the AIDS virus itself. It attacks not the body of an individual but the body politic.

Yet happily there is a ready cure and numerous preventive measures. Awareness of the virus is, as usual, the first step in combating its spread.

The HIL-I virus is mandatory testing of the entire population for exposure to AIDS. HIL-II is mandatory testing of particular groups. HIL-III is the requirement of a certificate that a person is free of AIDS in order to enter a country.

So far, the HIL-I virus of universal mandatory testing has not been definitely detected. But it has been rumored in a number of countries, and others appear to be moving toward cloning it.

Polls have demonstrated widespread popular support for such a measure—and there would be some advantages. It could accompany a major public education campaign. Testing for the antibodies to the AIDS virus—evidence of infection—would reinforce the seriousness of this challenge to public health. Furthermore, the test would identify some people who would not otherwise be found to carry the virus.

What then are the arguments against it? There are many. Unlike earlier universal testing programs for tuberculosis and polio, the AIDS tests lead to no cure for the infected and no vaccination for the uninfected. What, then, would be done with the information? Unless a mass scale program of quarantine is to be contemplated, the positive results would simply provide an extremely expensive, universal epidemiological data base.

This marginal benefit must be weighed against the costs involved—not only in economic terms but also in the risks of discrimination against those who test positive. Stigmatization of particular groups and the whipping up of hatred against them has been a blight on recent human history. There will be pressure on politicians in many lands to introduce such measures. They should be warned of the HIL-I virus and of its costly and pernicious effects.

The HIL-II virus—mandatory testing of

common phenomenon. There are reports, for example, that applicants for work permits in Kuwait must be certified as HIV negative. The same is true for foreign workers applying for a resident's permit in Klagenfurt, Austria. The Bavarian Ministry of the Interior has recently given notice that applicants for a residence permit in Bavaria will be required to undergo a test for HIV antibodies.

In India, all foreign students undergo AIDS antibodies tests within a month of arrival. If the test is positive, the student is immediately deported.

The World Health Organization has also been informed that in Belgium, medical examinations, including the AIDS test, are proposed for certain groups, such as foreign students, coming from abroad or returning to Belgium.

It is true that Highly Inefficient Law-II seems less dangerous than Highly Inefficient Law-I. It is infinitely less expensive and has certain political advantages. It tends to leave the local population alone and concentrate on foreigners. If they are of different language, race, color or appearance, such measures would strengthen the tendency to think of AIDS as something affecting others and not ourselves.

But HIL-II presents many of the problems already isolated with HIL-I. It may lull the population into a false sense of security. It may divert attention from the urgent necessities of research and public health education. It is much easier to pursue a law of this kind than to tackle the very hard questions about educating young people concerning sexuality and drug taking.

It runs the risk of causing discrimination and even promoting xenophobia. It runs the risk of retaliation. If Belgium imposes such regulations on visitors, may not other countries consider such laws appropriate for Belgians?

In short, HIL-II may be even more insidiously dangerous than HIL-I because it can spread, at relatively little cost.

The third mutant of the Highly Inefficient Law series is the requirement of certificates at a country's border that a person is free of AIDS. This virus is spreading rapidly. There was an early report of its appearance in the Republic of Korea, when a rumor spread that all participants and visitors arriving for the forthcoming 1988 Summer Olympic Games would need to produce a certificate. This was later denied by the South Korean government.

Still, instances of the HIL-III virus are many. In Saudi Arabia, it is essential that the people coming to work in the kingdom have a certificate saying they are not carrying the AIDS virus. So far, this is required only for people arriving from countries deemed to have high numbers of AIDS cases—the U.S., for example, Canada and several European countries.

In China, those suffering from AIDS (as well as other sexually transmitted diseases) are not eligible for an entrance visa permitting them to reside in China for more than a year or to settle permanently. If a foreigner shows signs

of AIDS or certain other diseases while a resident in China, the health authorities are empowered to call the police to order the person's departure from the country.

According to reports from Cuba, all people arriving there, except tourists, are required to undergo HIV testing. In Iraq, foreign visitors are required to attend designated hospitals within five days of arrival for testing. Medical certificates issued by health services outside Iraq are not accepted. Some people are apparently exempted from this requirement, including official visitors, people leaving the country within five days and those over age 60.

In the Soviet Union, a number of categories of people are now subject to testing for HIV antibodies, according to regulations issued last August. These include Soviet citizens returning from foreign assignments of more than one month's duration and aliens coming to the Soviet Union for study, work or other purposes for more than three months from countries where AIDS is prevalent. Similarly, it has been reported that foreigners applying to stay in Bulgaria for more than a month are required to submit to an antibody test.

Highly Inefficient Law-III presents the same advantages and disadvantages as HIL-II. Especially in small countries, presently generally free of AIDS, this measure may seem appropriate to preserve the effective quarantine of an unexposed population. However, some countries will be much more vulnerable to the ravages of the HIL-III virus than others: those that depend upon tourism, foreign assistance and other large-scale movements of population will be less able to resort to such quarantine type arrangements than those that are comparatively isolated, self-sufficient and not reliant on foreign travelers.

The imposition of regulations at the frontier is always a comparatively popular measure. Those who suffer are generally unable to have their voices heard. When they do, they rarely attract the attention of locals. When that happens, it is often as a result of retaliatory measures.

In addition to all this, there is a special reason for resistance to HIL-III. It is the fact that travel is an important contribution to international commerce, economic development and, indeed, peace. The risk that is run by the spread of HIL-III is that as one country introduces such regulations, others will retaliate and do likewise.

The idea that any country is going to be wholly immune from the AIDS virus is a pipe dream. Policies addressed to local self-protection are likely to give, at best, a short respite. Much more likely to be effective are international cooperative measures. The most important of these is public awareness of the risks and ways to avoid them—especially among young people, who are most in danger.

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