Immigrants Infected With AIDS

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Body

Should the United States allow ***immigrants*** ***infected*** with the virus that causes ***AIDS*** to enter the country for extended stays?

President Clinton said "yes" during the campaign. He pledged to remove the ***AIDS*** virus from the list of diseases that automatically exclude would-be ***immigrants***.

But the Senate gave a resounding "no" this week. It voted overwhelmingly to turn the current ban into law, a move that would make it more difficult for the President to honor his pledge. Now the House must decide whether to go along, and the President must decide whether to veto any legislation that might emerge.

The White House, already battered by the struggle over whether to allow homosexuals to serve openly in the military, showed little stomach this week for taking on yet another contentious social issue that might distract from its economic program.

That's not only sound politics, it's sound policy as well. Whatever their political motives, and whatever whiff of homophobia is in the air, Senate Republicans have raised serious cost and risk questions that need to be addressed. Based on current information, the ban is best left in place.

Public health authorities argue that the ban should be lifted because the ***AIDS*** virus -- unlike tuberculosis -- is not spread through casual contact. ***Infected*** ***immigrants*** are thus not a threat to the broad public but only to those who engage in risky behavior with them, such as unprotected sex or sharing drug needles.

But ***infected*** ***immigrants*** would pose at least a small risk to society. Some would inevitably spread the virus to their sexual partners or others. In coming years, the U.S. is apt to admit more than 700,000 ***immigrants*** annually. If just 1 in 1,000 is ***infected***, as some early estimates suggest, then some 700 ***infected*** individuals a year would be admitted, and some unknown portion of those might ***infect*** someone else.

That's not much on top of a million or more existing ***infections*** in the U.S. But it's not so trivial that it can be ignored. And as ***AIDS*** continues to spread around the world, the number of ***infections*** in the ***immigrant*** pool will rise.

The ***infected*** ***immigrants*** would also impose costs on a health care system that is already overburdened -- especially in the urban centers to which ***immigrants*** typically flock. At an average cost of $100,000 to treat an ***AIDS*** patient from ***infection*** to death, the admission of 700 ***infected*** ***immigrants*** each year would commit the nation to$70 million for their lifetime treatment. This is not a commitment that is easy to justify at a time when the Administration is desperately trying to contain runaway health costs.

In theory, the cost problem could be handled through a provision in the immigration law that allows authorities to reject anybody likely to become "a public charge." That way ***infected*** ***immigrants*** with assets or high earnings potential could be allowed in while those apt to need publicly financed medical care could be screened out.

But the "public charge" criterion has primarily been used to reject ***immigrants*** who can't be supported by themselves or their families. There is little information on how effectively it works -- or how well it might screen against high medical costs. And although ***immigrants*** can be deported if they become public charges within the first five years of admission, it is hard to imagine expelling people dying of ***AIDS*** just because they can't pay their own hospital bills.

Cost is a valid criterion, but it needs to be applied broadly. ***Immigrants*** can come down with a wide range of costly ailments, including heart disease, cancer, stroke and end-stage renal disease. None can be detected as readily as ***AIDS***, but some are more expensive to treat. Thus ***immigrants*** with any costly condition ought to be excluded. Any decision to single out ***AIDS*** requires careful justification.

Senators on both sides of the debate wisely called for estimates of the number of ***immigrants*** who will be ***infected*** with the ***AIDS*** virus, the probable medical costs and a comparison with the costs for ***immigrants*** suffering from other health conditions. The ban should be lifted only if assessments show that the risk of spreading disease is negligible and the costs can be readily met.

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