

Reversal of AIDS Exclusion Is Said to Be Shelved;
4-Year Bar to Immigration Criticized as Discriminatory and Medically Unjustified

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The federal government's plan to reverse current immigration policy and allow people infected with the AIDS virus into the United States has been shelved, according to congressional and administration sources.

The Department of Health and Human Services proposed in January to strike HIV infection from the list of diseases for which a person can be barred from the United States. The four-year-old policy had been denounced as discriminatory and medically unjustified by public health groups and AIDS activists. The new regulation was to have been finalized by June 1.

But in the wake of 40,000 overwhelmingly negative letters and strong opposition from conservatives outside and inside the administration, federal officials said they will probably let the proposal die.

While officials review options about how -- and even whether -- to revise federal immigration policy in this area, the government will maintain its original policy of excluding AIDS-infected immigrants. According to health officials, it is possible that the government will reintroduce its proposal or that a new, compromise position will be reached, allowing HIV infected people to come to the United States under certain, limited circumstances.

"This is a very distressing case of political cold feet," said Rep. Barney Frank (D-Mass.), who was one of the leaders in pushing the administration to drop the HIV restriction. "This is another case where the Bush administration gives the semi-civilized wing of the Republican Party a veto over health policy."

But some medical groups and conservatives in Congress welcomed the move, which they hoped would allow for a more thorough discussion of the implications of changing the government policy.

"This is very encouraging," said Rep. William E. Dannemeyer (R-Calif.), who has long battled against rights for gays. "It is simply not in the interests of this nation to allow into this country as permanent immigrants people who have a noncurable disease. Our health care system is already inundated trying to keep up with the health needs of American people who are here as citizens."

The issue of how HIV should be handled by immigration authorities arises because of a long-standing federal policy that people carrying communicable and dangerous diseases such as tuberculosis should not be allowed into the country. In 1987 Congress approved an amendment sponsored by Sen. Jesse Helms (R-N.C.) that added HIV to that list.

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Subsequently this amendment came under heavy criticism from the Red Cross, the World Health Organization, the National Commission on AIDS, and dozens of foreign governments and health groups that argued that AIDS, which can be transmitted only through direct blood-to-blood or sexual contact, did not pose a health threat comparable to that of TB, which can be transmitted casually. To single out AIDS, they said, was evidence simply of an irrational fear.

In January, Health and Human Services Secretary Louis W. Sullivan agreed, proposing that AIDS as well as syphilis, gonorrhea and leprosy no longer serve as grounds for exclusion.

Few appear to disagree with the rationale of Sullivan's proposal for short-term visitors and tourists. But in letters to HHS over the past few months, the American Medical Association, numerous state medical societies, and dozens of other groups have argued that limiting the entry of longer-term visitors or of immigrants still makes sense on economic grounds. The estimated lifetime cost of medical care for someone with AIDS is \$ 75,000.

AIDS groups say that this argument is just as discriminatory as the previous policy because the country admits people with a number of other conditions, such as heart disease, kidney failure and cancer, that place at least as great a burden on the U.S. health care system as AIDS.

Health officials also point out that there is a simple way around the costs incurred by allowing HIV-infected immigrants. Under the current provisions of immigration law, anyone applying for a long-term visa or permanent residency is required to show that they have enough financial resources not to become a "public charge." The Immigration and Naturalization Service (INS), they say, would be within its rights to permit immigration of HIV-infected people only if they could make it clear that they had financial resources to provide for their own care.

When health and human services officials suggested to the INS that they weed out immigrants who might become a burden to the health care system, however, the agency balked, unwilling to shoulder the extra responsibility that full-scale medical analyses of new immigrants would entail.

Federal officials conceded yesterday that the resulting impasse is unlikely to be resolved before the June 1 deadline and may require completely rethinking the proposed changes.

Graphic

PHOTO, REP. BARNEY FRANK.

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