

FORMING A STRATEGIC RESPONSE TO ADVERSE MEDIA REPORTING

Joseph O'Reilly

African HIV Research Forum

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Agenda

Media Reporting: part of a bigger picture?

Reviewing the issues

what's been said and where?

to what effect?

How have we responded?

some observations?

Is there a better way?

Adverse Media Reporting on HIV & Migration: part of a bigger picture?

- The movement of people is part of human nature.
- The growth of mobility has brought population movements back into the spotlight.
- Within Europe in general and the UK in particular how we should understand and handle apparently growing numbers of people seeking to enter our space is becoming an explosive issue.
- Immigration has become a lightning rod for a broader sense of uncertainty about how peace, prosperity and the social contract of the post-war era translate into the 21st century.

context...

- Control of migration and the ‘integration’ of migrants into society has become a litmus test for those concerned about the erosion of national sovereignty and identity, crime and quality of life.
- ‘Security and illegality’
 - The threat of ‘terror’, ‘destruction’, ‘hatred’ is associated with otherness, including nationality.
 - The threat of ‘infection’ has been added to the list of other threats and found fertile ground in the proponents of ‘tougher’ or more comprehensive controls.

context...

- HIV is being used as an additional factor in an already highly polarised debate with entrenched interests.
- Stigma, prejudice and discrimination associated with HIV/AIDS is already highly developed
 - The UK epidemic's impact on the gay community and its subsequent association with homosexuality and pre-existing homophobia
 - The emergence of a UK epidemic resulting from population movements from high prevalence countries has added a racial dimension to HIV stigma and is undoubtedly fuelled by racism.

context...

- The debate about overseas acquired HIV and the prospect of restricting the entry of HIV positive individuals to the UK is occurring within a broader social, political and media environment which is highly polarised and socially corrosive.
- The popular media is overwhelmingly hostile to our interests.

What's been said and where?

The Sun's daily 'Asylum Madness' campaign had over 400,000 readers signed up to its petition: "I call upon Prime Minister Tony Blair to protect Britain before its too late."

Where as the Mail on Sunday's YouGov poll found 72% of voters now want all asylum seekers turned away.

Negative coverage has not been confined to the tabloid press.

What's been said and where?...

“This (HIV infections acquired overseas) is draining the resources of the NHS. Each of these people requires treatment costing £10,000 a year. If they live for 30 years on average the total NHS bill for last year's immigration alone will be £600 million.”

Anthony Browne, The Times, 27th Nov 2002

“While the economic benefits are marginal, the costs are great: it leads to massive overcrowding and congestion, overstretched public services, exacerbates the housing crisis, imports poverty, crime, public health problems such as HIV and TB, increases social tension, and creates parallel communities.”

Anthony Browne, The Times, 20 Nov 2002

To what effect?

- Politically

Conservative Party's Home Office Spokesperson Oliver Letwyn indicates his Party's intention to review UK's commitment to 1941 Asylum Convention.

Government implements security measures and visa regimes, having a direct effect on in-country asylum claims in the first quarter of 2003.

Government announces cross departmental review, chaired by Cabinet Office, of infection related entry restrictions.

To what effect?

- Socially
- Service Delivery
- Community Level

How have we responded?

Some observations...

- Lack of vigorous response.
- Ad hoc, only responding to occasional coverage.
- Been led by HIV inferences and failed to take account of the bigger picture.
- Been very self censoring.
- Been highly reactive rather than proactive.

Observations cont...

- Haven't looked outside HIV sector, at forming other alliances, CRE, international agencies like UNHCR, international ngos working in high prevalence countries, with eminent individuals etc...
- Hasn't challenged the errors of fact, recognised that there are real issues and concerns that can and must be addressed, or put the situation into context.

Is there a better way?

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Some suggestions

- Develop a cross sectoral capacity to respond both proactively and reactively
- Tracking and documenting coverage
- Responding to negative coverage
- Developing proactive stories
- Developing media savvy resources for sector to use locally, such as debunking the myths fact sheets etc...

Is there a better way?

Suggestions cont...

- Developing policy positions, including responses which recognise the problem
- Developing a lobbying strategy, including a Parliamentary strategy/focus
- Recruit organisational and individual supporters
- Look to others for support and inspiration
 - Media Hate Watch Uk
 - Diversity Online www.diversityonline.org

How might testing and entry restrictions operate? Immigrants...

- UNAIDS Guidelines state : “Where States prohibit people living with HIV/AIDS from longer-term residency due to concerns about economic costs, States should not single out HIV/AIDS, as opposed to comparable conditions, for such treatment and should establish that the costs would indeed be incurred in the case of the individual seeking residency.”
- Two principles can be identified :
 - That HIV is not singled out and that any policy is applied across equivalent diseases
 - That cost/benefit assessments be applied on a case by case basis

Feasible, Effective, Justified?

- Feasible - by what criterion
- Effective – in what terms? As a political measure, as a public health measure, as a measure designed to contain costs to the British public.

Are HIV-Related Restrictions on Immigration to Protect Public Health Justified?

- States cannot in any event prevent their nationals from travelling and so avoid any risks attached to travel.
- Screening is not perfectly reliable, as a person can test seronegative when in fact he or she is in the process of developing the virus.
- A false sense of security is created within the population, which comes to think that AIDS is a 'foreign' problem which can be solved by border controls.
- HIV/AIDS can be passed on only in specific circumstances and not by day-to-day contact.

Are HIV-Related Restrictions on Immigration to Protect Public Purse Justified?

- Accordingly contributions by each immigrant to the domestic economy and hence to the health-care system must be taken into account.
- Many immigrants with HIV will make a greater net financial contribution to the economy of the state to which they are destined than the costs they will impose on its health-care system.
- The case for exclusions on cost grounds is more complex in respect to visitors, because visitors (generally) are not entitled to state services, but undeniably access them.

Potential costs of testing and access restrictions?

- A range of other drawbacks of testing and access restrictions can be identified
 - Discriminatory
 - Stigmatising
 - Sets precedent for testing of other populations
 - Raises a series of 'ethical' concerns regarding the testing process, including informed consent, pre and post test counselling and ability to determine competence.

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What do we agree about?

Submit your comments to:

comments@ahrf.org.uk or [contact us](#)