

## Fact Sheet:

### HIV-Specific Travel and Residence Restrictions

#### **Restrictions are Harmful and Counter to Sound Public Health Practices**

The term “HIV-specific travel and residence restrictions” refers to laws and regulations that restrict the entry, stay and residence of non-nationals living with HIV. This definition encompasses laws requiring people to disclose their HIV status or submit to HIV testing as a condition of entering a foreign country. **Restrictions on entry, stay or residence based on HIV status are stigmatizing, discriminatory and contrary to effective public health programming and serve no public health purpose.**

HIV-specific travel and residence restrictions send the message that people living with HIV are dangerous and that their movement should be controlled. This contributes to a climate of fear and hostility, which deters nationals and non-nationals alike from coming forward to utilize HIV prevention, treatment, care and support services. HIV-related travel restrictions may also pressure some people to seek to conceal their HIV infection from immigration authorities by not bringing HIV medicines with them on international trips, thereby decreasing the effectiveness of HIV treatment and increasing the risk of developing HIV drug resistance.

#### **Current Statistics**

- 72 countries (including the U.S.) currently impose HIV-specific entry, stay or residence restrictions.
- Non-nationals living with HIV can be deported from 28 countries.
- 12 countries refuse to even temporarily admit any non-national living with HIV for any reason or length of stay.

#### **Widespread Impact**

Depending on the nature of a country’s restrictions, non-nationals who are living with HIV may be prevented from visiting relatives in other countries, doing business or studying abroad, migrating for work reasons, participating in international humanitarian and development efforts, serving in consular services, seeking or receiving asylum, attending conferences, vacationing, uniting with family members or adopting children with HIV from abroad.

#### **HIV-Specific Travel and Residence Restrictions Serve No Public Health Purpose**

A 1987 statement by the World Health Organization concluded that screening travelers for HIV was “ineffective, impractical and wasteful.” In 1991, the U.S. Public Health Service announced that there were no public health reasons to prevent people living with HIV from entering the country. The appropriate public health strategy is to provide HIV prevention services to everyone who might either have or be at risk of acquiring HIV.

#### **The IAS at Work to End Travel and Residence Restrictions**

The IAS regards nations with such restrictions as engaging in state-sponsored discrimination against HIV-positive people and their families. The IAS will not hold its conferences in countries that impose HIV-specific entry restrictions and/or requires prospective visitors to declare their HIV status on visa application forms or other documentation required to enter the country.

The IAS works through its membership and in partnership with other leading public health and advocacy organizations to monitor and eliminate these laws and practices, and maintains a detailed database on HIV-Related travel restrictions throughout the world ([www.hivtravel.org](http://www.hivtravel.org)).

The IAS also uses the International AIDS Conference as a vehicle to call attention to HIV-related travel and residence restrictions and to encourage host countries to change harmful HIV-specific policies on travel and residence. In 2008, IAS served as secretariat for the International Task Team on HIV-Related Travel Restrictions, an initiative funded by the Joint United Nations Programme on HIV/AIDS (UNAIDS).

### Timeline of U.S. Entry Restrictions for People Living with HIV

**1987** Administrative policy restricting travel and immigration to the U.S. by people living with HIV is established by the U.S. Public Health Service and is given further support when Sen. Jesse Helms (R-N.C.) adds HIV to the travel-exclusion list in a move passed unanimously by the U.S. Senate.

**1990-1991** Efforts to overturn the regulatory restrictions fail in the face of lobbying from conservative groups and bureaucratic turf disputes.

**January 1992** The International AIDS Conference is moved from Boston to Amsterdam in protest of the entry restrictions. Conference organizers vow not to bring the conference back to the U.S. until the policy changes.

**1993** The U.S. restrictions are statutorily enacted in 1993 when the U.S. Congress adds HIV to U.S. immigration law.

**December 2006** President Bush initiates a rule-making process aimed at creating a categorical waiver for business or tourist visas for up to 60 days.

**October 2007** The International AIDS Society formalizes its long-standing policy "to not hold conferences in any country with HIV-specific entry and travel restrictions". The IAS begins global advocacy campaign to remove such restrictions.

**January 2008** UNAIDS forms the International Task Team on HIV-related Travel Restrictions; the International AIDS Society serves as Secretariat for the Task Team, which is comprised of civil society, UN agencies, and governments (including the U.S. Government).

**November/December 2008** Based on recommendations from the International Task Team, the governing boards of the Global Fund to Fight AIDS, TB and Malaria and UNAIDS pledge to not hold major meetings/conferences in any countries with HIV-specific travel and entry restrictions. The U.S. Government serves on both boards, and chairs the UNAIDS board in 2008.

**July 2008** The U.S. Senate votes to overturn the U.S. restrictions as part of legislation reauthorizing PEPFAR and President Bush signs it into law. Sen. John Kerry (D-Mass.) and then-Sen. Gordon H. Smith (R-Ore.) lead the process in the Senate. Rep. Barbara Lee (D-CA) pushes companion bill in the House of Representatives.

**July 2009** The "regulation" that implements the change in the law is published for public comment by the CDC in the U.S. Federal Register. Nearly 25,000 comments, the vast majority in support of lifting the restrictions, are collected by the CDC.

**November 2009** The new regulations to remove the restrictions are published in the Federal Register, to be followed by the standard 60-day waiting period prior to implementation.

**January 4, 2010** U.S. travel and immigration restrictions will formally be lifted.