'The Circumstances in Which They Come': Refiguring the Boundaries of HIV in Australia

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Introduction: The PM squares off with the queens

In early March 2007, Elizabeth Windsor, also known as Queen Elizabeth II, praised Australia during her state visit for its tolerance and compassion, going on to note that much more needed to be done to address HIV/AIDS in her realm and that people with HIV, with appropriate care and treatment, were able to lead long and productive lives. 'Ignorance and lack of understanding about these issues sometimes breed uncertainty, even fear and the inclination to turn from those who are unwell', she told a Commonwealth Day service at St Andrew's Cathedral. 'But we know, for example, that someone who is HIV positive can, with proper support, lead a full and rewarding life'.[1]

Within a month, Australian Prime Minister John Howard, a man who has frequently declared his allegiance to the British monarch and who has actively campaigned to ensure her continuation as head of state, dismissed her praise and confirmed her concerns about ignorance and lack of understanding when, in

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[1] 'Queen praises Australia's compassion and tolerance', *The Mercury* (Hobart) 14 March 2007.

response to a question on Melbourne's 3AW, he stated that people with HIV should not be allowed into Australia.[2]

The comments elicited a barrage of criticism from senior figures involved in Australia's HIV response, less than flattering global media coverage[3] and an embarrassed silence from Howard's Health and Foreign Affairs Ministers.[4] However, the 'short, grey man in his sixties with a whiny voice' (as *The Times* of London had characterised Howard[5]) persisted and raised the issue again in May, this time proposing a ban on short and long term visitors and residents with HIV. This time he was more successful in eliciting an outraged response from 'ordinary Australians', who wrote to newspapers and websites expressing their shock, horror and disgust at the prospect of diseased migrants being let loose among the populace. This attempt to explore the story's potential as a wedge issue for the impending election finally died out in the face of international opprobrium—including a damning editorial in *The Lancet*[6]—and the humiliating prospect of a country renowned for its successful response to HIV being caught up in a reprise of its now discredited White Australia immigration policy, fuelled by a distinctly 1980s-sounding AIDS panic, at precisely the time it hosted an international conference on HIV Treatment, Pathogenesis and Prevention (July 2007). A further attempt on Howard's part to reinvent this opposition, couched more aggressively in terms of the cultural incompatibility of Africans—and choosing as its target the Sudanese community, recently arrived from a brutal civil war—largely failed to make much impact. This striking instance of what Jayasuriya has termed the 'new racism' (Jayasuriya) was read by the majority of commentators—professional or otherwise—as yet another attempt to revive the politics of division and race that Howard had so successfully exploited in previous election campaigns.[7]

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[2] 'My initial reaction is no (they should not be allowed in)', he told Melbourne's Radio 3AW. 'There may be some humanitarian considerations that could temper that in certain cases but prima facie, no'.

[3] See Andrew Bartlett's website for a summary of English language media coverage. <http://andrewbartlett.com/blog/?p=1426>.

[4] 'Abbott wary of bar on HIV migrants', *The West Australian* 17 April 2007.

[5] 'Playing Hard Ball—John Howard', *The Times* 15 May 2007.

[6] 'Australia: the politics of fear and neglect', *The Lancet* 369, 21 April 2007, 1320.

[7] Klaus Neumann has noted that, in contrast to efforts during the early 1970s to quietly close the door on non-white immigrants 'the Howard government has publicised policies designed to prevent or discourage asylum seekers from reaching Australia' and 'has prided itself on instituting a punitive regime' in relation to asylum seekers (Neumann). In this context, it may be that many Australians have had enough of blatant appeals to xenophobia. Alternatively, perhaps the impact of Work Choices, which cannot in any way be attributed to the impact of migrants and refugees 'stealing our jobs', blew the successful cover used to that date to distract from the then current government's complicity in processes of globalization which have disadvantaged a significant proportion of the 'battler' electorate the Coalition had successfully wooed away from the Australian Labor Party.

From an international perspective, the timing and content of Howard's comments must have appeared both bewildering and inopportune. However, Howard was playing to a local issue that had been simmering for some time. He was responding to attempts the previous day by the Minister for Health of the State of Victoria, Bronwyn Pike, to pin an increase in that State's HIV figures on inadequate immigration control. Pike was engaging in the time-honoured tactic of blame shifting between national and state governments in a desperate attempt to evade responsibility for the highly publicised failure of her department's capacity to manage individuals who placed others at risk of HIV, and more generally check the state's rising HIV notifications—up more than 100 percent since 1998. Just how desperate this attempt was became clear the following day, when it was clarified that of the 70 'immigrants' to Victoria, most were from other states of Australia, and of those from overseas, the majority were from New Zealand or Australians returning home with infections acquired overseas.

The responses to Howard's comments, and the way in which the crisis of confidence in public institutions played out, produced one of the first 'population wide' national debates about HIV in Australia for some years. In what could be seen as a less than edifying display, a range of attitudes and perspectives about HIV/AIDS, anxieties about borders, immigration, and contagion—of public institutions, of the imagined nation and the 'Australian way of life'—were articulated in letters pages and opinion blogs across the nation. However, it is notable that opposition to the notion of people with HIV being allowed to immigrate to Australia was by no means universal[8]—certainly not within Howard's cabinet or the professional HIV sector, but neither among contributors to letters pages and blogs. This paper seeks to analyse the debates around HIV, immigration and transmission in the context of concerns around Australia's territorial and national integrity, notions of contagion and contamination, and the management of risk.

'The good father of his family'

An important backdrop to these political machinations was the Victorian case of Michael Neal, a man frequently referred to in the media as a 'Coburg grandfather', who was alleged to have deliberately infected or attempted to infect with HIV scores of men, in circumstances described in lascivious and embellished detail by the otherwise sober broadsheets *The Age* (Melbourne) and *The Australian*. Neal went to trial in March 2007, only a short time before Howard expressed his stance on HIV immigration. But despite the lurid and sensational aspects of this story – given full tabloid treatment with headlines

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[8] The *Sydney Morning Herald* reader poll at the time recorded around 60 percent in favour of Howard's comments; A national MSN 7 poll recorded support of around 72 percent.

such as 'HIV man tricked sex slave', allegations of drug-fuelled orgies, the invention of a culture of 'bug chasing' among Melbourne's gay community[9] and the forced resignation of the State's Chief Health Officer – the story about Michael Neal seemed to generate little public interest. Only one of the 15 or so stories on the case ever hit the top 5 or 10 'most viewed stories' lists in online editions of major daily newspapers, and few letters or emails about the issue were published. A search of newspaper databases for the period leading up to April 2007 reveals only a handful of articles, the majority written by professionals from within the HIV sector, attempting to correct some of the more fanciful narratives generated by journalists covering the story. A smaller number of letters, mostly from writers in Coalition electorates, sought to highlight the perceived administrative failures of [State Premier Steve] Brack's Victorian Labor government.[10] However, there appears to have been only one letter that directly addressed the case itself. Peter McCallum wrote to the Adelaide Advertiser on April 6 to share his witty observation that 'An act of gay abandon could be the best way to describe how an HIV-positive man might have infected at least 16 men between 2000 and 2006'. The 'boom-boom' confidence of this utterance reflects the comfortable distance that is perceived to exist between what goes on 'over there'—the steamy world of gay sex—and what is imagined to be 'mainstream Australia'. Within a few weeks, there were further revelations that a South Australian man, Stuart McDonald, was currently being detained in relation to allegations of deliberate infection.[11] However, these revelations also failed to elicit much in the way of public debate.

It was not until the PM made his comments that a wider public reaction was invoked; and although he mentioned TB in the same breath—a far more infectious disease and one which is harder to avoid than HIV—it was not TB but HIV which drew a range of largely hostile and exclusionary responses. Indeed, this hostility was quite marked and excessive relative to the level of risk that

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[9] The claims of a culture of 'bug chasing' appear to have been based on one or two comments from complainants that Neal had said he intended to 'breed' HIV positive sexual partners (Julia Medew and Karen Kissane, 'Gay subculture in "bug chase" sees HIV as desirable', *The Age* 21 April 2007); and on one man's account of having been told by a potential partner that the partner wanted to become infected with HIV (Natasha Robinson, 'Accused "set out to spread his HIV"', *The Australian* 21 March 2007). Both men expressed revulsion at such ideas and openly rejected any participation in such a scenario.

[10] The length of time and general lack of response of the Department to repeated reports about Neal's alleged behaviours had exposed the panopticon as unoccupied. Donna Lancaster of Kensington wrote in *The Age* on 6 April 2007:

> A scary breakdown in communication
> MEMO to Bronwyn Pike: Get all departments to check over their communication networks. In the past few months we have had two incidents, both excuses were 'miscommunication' in the departments. Last time we had escaped sex offenders running round Melbourne, this time an HIV-positive man trying to infect others. What will it be next month? I shudder to think.

[11] 'FACE TO FACE—HIV carrier to front eight men in police line-up', *Sunday Mail* (Adelaide) 20 May 2007; 'HIV sex scandal report cover-up', *The Advertiser* (Adelaide) 7 June 2007.

could possibly be borne by even some hundreds of individuals with HIV entering the country to live.[12] Given that surveys consistently show a high level of awareness of HIV and the means by which it can be avoided, this response clearly points to the cultural and political nature of perceptions of risk. The perception of risk here was not ever that of a significant or realistic fear of any individual contracting HIV as a consequence of the entry into the country of HIV positive migrants, but rather the threat of cultural and moral contagion to 'the Australian way of life'—themes put into play by the PM and picked up by a protectionist and isolationist political force in the form of Pauline Hanson's re-emergence onto the Australian political scene. Hanson had reprised her 1998 electoral campaign comments[13] about diseased migrants in late 2006, initially focusing her concerns on the free passage of PNG nationals across the Torres Strait into Australia and calling for stricter border controls. It is entirely possible that Howard's political antennae were attuned to the xenophobic possibilities inherent in Pike's comments. The perceived dangers of immigration, and the free movement of labour as a result of globalisation, is one which the then incumbent national government had played on significantly over the years, even as it engaged in trade and other agreements which opened up the country to such movements. Pauline Hanson soon shifted the focus of her concerns to Africans with AIDS,[14] no doubt inspiring Howard's persistence with the issue (he reiterated his views in May 2007, despite advice from his Health and Foreign ministers to the contrary) and ultimately generating a short-lived and electorally unfruitful germ panic.[15]

Gay Africa

The timing of Bronwyn Pike's statement, against a background of concern over the capacity of authorities to effectively manage the behaviour of an alleged sociopath with an overtly stated motive to infect, was such that notions of sexual predation—historically ascribed to the abject figure of 'the homosexual'—and immigration of people with HIV were powerfully conflated. While the majority of

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[12] The level of vitriol of some commentators puts one in mind of Kurt Vonnegut's comment about reviewers 'Any reviewer who expresses rage and loathing for a novel is preposterous. He or she is like a person who has put on full armor and attacked a hot fudge sundae'.

[13] 'Hanson fire on diseases', *Sunday Tasmanian* 22 March 1998.

[14] 'Please explain—the racism slant', *Gold Coast Bulletin* 8 October 2007.

[15] By the time the debate had transmogrified into a more overtly racist debate about Africans, public panic appeared to have died down and the majority of comments logged in relation to Immigration Minister Andrews' comments about African refuges were hostile to the government's stance (Matthew Ricketson, 'There'll be no whistling up another Tampa', *The Age* 15 October 2007). Howard had more success in appearing to respond firmly to the vested interests which were purported to have failed the country, by responding to Pike's challenge to review the strategies for management of individuals and instituting a national review of public health procedures in relation to HIV/AIDS. Consistent with the view that processes had been 'contaminated', the MacNeil committee was initially established with a level of secrecy, no clear terms of reference nor any involvement of those involved in Australia's HIV response—until it became clear that the committee was unable to function without any relevant expertise.

people infected with HIV in Australia are men who have sex with men, and HIV is often referred to as 'contained' within this community, potential immigrants with HIV appear to be read as heterosexual and from developing countries. The majority of blog comments suggested the stereotypical HIV positive immigrant is African. This is the result of a consistent conflation of (heterosexual) AIDS with Africans, and the application of a model of 'containment' of the Australian epidemic which renders the gay community an imagined site of disease prevalence which is at once safely contained 'within' the nation, yet constituted as a place apart. This view is exemplified by Sarah Bambery of Glen Waverley, who wrote a letter to *The Age* on April 6 that stated 'as a year 12 student, I have been shocked to learn there are high rates of HIV in Victoria and that the numbers are rising. Obviously sex education in schools is not effective. For many students, AIDS is something we associate with the United States and African countries. We are aware that HIV-positive people exist elsewhere, but schools do not focus on it'.

Writing in 1989, Cindy Patton argued

> the very labeling of 'African AIDS' as a heterosexual disease quiets the Western fear that heterosexual men will need to alter their own sexual practices and identity. If the proximate (homosexual) AIDS allows such men to ignore their local complicity in 'dangerous' practices that lead to the infection ('their') women, then a distant 'African AIDS', by correlating heterosexual danger with Otherness/thereness, performs the final expiative act for a Western heterosexual masculinity that refuses all containment. (Patton, 'From Nation to Family' 219)

We need to bear in mind Patton's subsequent observation, 'if it is relatively easy, through concepts like stigma, to correlate a range of marginalized others in similarly antipodal positions to the idea of a codifying center ("self" writ large), this does not mean they are in the same *place*, subjected to the same discursive and institutional tyrannies' (Patton, 'Performativity' 179).[16] However, responses to both the Neal case and the PM's comments strongly suggest that 'Africa' and 'gay community' are both constituted as places 'over there' in the Australian national imaginary—and that both are seen to be places to which HIV/AIDS is 'native' and to which it is 'contained'.[17]

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[16] In particular, the capacity to mobilise the apparatus of immigration controls against Africans, and the tendency for 'despotic rationalities' of control (see references to Ballard later in this essay) to be applied disproportionately to African men relative to their contribution to Australia's notification rates, need to be taken into account here.

[17] The placement of HIV within 'gay' is so firmly established that the small number of heterosexual men with HIV in Australia routinely report responses of disbelief and suspicion on the part of those to whom they disclose, irrespective of that person's knowledge of their sexual

While the notion of predatory homosexuality has continued to inflect public debates over some social issues in Australia—such as the equalisation of age of consent in NSW in 2004—the emergence of a notion of homosexuals as 'deliberate infectors' is recent in relation to HIV transmission. That role has tended to fall to African men, following a series of high profile cases involving African men and Australian women since the mid-1990s. [18] These cases typically attracted a high level of media coverage, and almost inevitably follow the discursive trajectory of manipulative aliens deceiving innocent locals. In the year preceding the Neal case, there was high profile media coverage of two cases involving 'African' men and 'Australian' women—that of Stanislas Kanengele (an Australian national of Congolese origin who infected two European nationals in Australia on holiday) and Andre Chad Parenzee (a South-African-born Australian national who had lived in Australia for 20 years). During the period of coverage of the Neal case, Melbourne newspapers also reprised the story of an unnamed Geelong woman who acquired HIV in 2004 during a relationship with Solomon Mwale, a married man of Zambian background, in what appeared to be an attempt to communicate to the 'general public' the impact of behaviours such as Neal's.[19]

The linkage of HIV, Africa[20] and immigration has been a persistent feature of Australian media coverage over many years. Articles about Africans and immigration seem almost always to refer to HIV as an inherent feature of people's country of origin in a way that is not evident in accounts of immigration from elsewhere. For example, a 4 April 2007 article on the defection of Congolese swimmers in Melbourne for the Commonwealth games notes that 'as many as 1.1 million have HIV/AIDS'.[21] A 26 May 2005 feature article in Melbourne's Age

behaviours and identity (Persson, Barton and Richards). The suspicion that a HIV diagnosis casts over the presumed heterosexuality of men with HIV is undoubtedly a significant contributor to the strength of horror and revulsion expressed by heterosexual men (and women) at the prospect of Australia becoming a site of significant heterosexual AIDS transmission.

[18] Which is not to say, unfortunately, that acts of deception and manipulation were not involved in these cases. Nonetheless, the assumption that heterosexuals need not bother with protective behaviours tends to go unquestioned in such accounts, reflected in the shock, astonishment and surprise of commentators that an infection has resulted. On the surge in framing of Western media interest in heterosexual transmission as a matter of monstrous African masculinity see also Newman and Perrson.

[19] Brendan Roberts, 'Outrage at HIV inaction: Mum queries silence over infected lover', *Herald Sun* 24 April 2007; Brendan Roberts, 'Single mum fights HIV and poverty as lover faces charges', *Herald Sun* 28 February 2007; 'What police told the court', *Geelong Advertiser* 22 February 2007. One article describes 'Linda's' feelings at seeing Mwale in apparently rude good health, contrasted with her own state of wellbeing—reflecting what Patton ('Performativity') describes as a perception, in the tropical medicine view, that 'natural immunity' is a property of those to whom the disease is proper and endemic (184).

[20] As has been noted in other contexts by Patton ('From Nation to Family'), the vast ethnic, religious and cultural diversity of the African continent tends to be collapsed into one imaginary 'Africa'.

[21] 'Search on as two Congolese swimmers skip flight home', *The Age* 4 April 2007.

newspaper presents the experiences of five members of some of Melbourne's 'smallest ethnic communities'.[22] A brief 'At a glance' section at the end of each article provides some facts on each interviewee's country of origin. Only in relation to Sam Neves Kitoko, who arrived from the Democratic Republic of Congo in 1984, does this fact box mention the prevalence of HIV/AIDS.[23] Significantly, Kitoko, in his account, notes the fascination with the exotic which he attracts:

> I stood out when I walked along Swanston Street. Women were very, very interested in me. They even used to fight for us. I remember there were five of us Africans in the Lounge and we were acting like celebrities. Having a white girlfriend in Africa is considered an achievement, if you like. White women are much more liberated (than African women) and they're much more broad in their view. It was really different for me, which I really, really liked.

The apparent necessity of providing HIV prevalence figures for a country which Kitoko left before the HIV pandemic emerged reveals the anxieties held about, and fascination with, the perceived hypersexuality of Africans. Patton notes that 'while data from African clinics convinces Westerners that heterosexual transmission is possible, (because all intercourse is the same) this same data is also read as suggesting that widespread transmission among heterosexuals is not likely to require the universal adoption of the condom (because Africans engage in other exotic practices and polygamy)' (Patton, 'From Nation to Family' 223).

The media representations of Michael Neal and the milieu in which transmission took place served to highlight the shared 'otherness' of Africans and homosexuals, by presenting gay communities or sexual networks as exotic places peopled by denizens of unbridled sexuality and depraved practices, analogous to the irresistibly desirable, steamy miasma of African sexuality described by nineteenth-century British colonial writers (Lupton 163-70). But while the media appeared fascinated by the abject figure of Neal, hovering in the liminal space between heterosexual and homosexual, respectable grandfather and drug crazed sexual deviant, the lack of interest in the case shown by their audience suggests that this story, at least, was able to be safely contained within the territory in which it was imagined to reside—namely gay community. It is notable that while the anxiety about the potential for bisexually active men to act as a 'bridge' for infection into the 'wider community' has been as much a feature

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[22] Peter Barrett, 'Small World', *The Age* 25 May 2005.
[23] Or indeed of any infectious disease, despite the fact that Mongolia, one of the other countries under discussion, has one of the world' s highest per capita rates of HCV.

of Australian media coverage of HIV/AIDS[24] as it has internationally, this anxiety did not manifest in the case of grandfather Neal, where the traffic across the bridge took the virus back into its imagined home territory of the gay community.

Despotic Perversions

John Ballard has argued that HIV in Australia has been effectively 'contained' within gay communities, to the extent that it has ceased to be an issue for the majority of Australians (Ballard). Ballard notes the conflation of HIV with the 'risk group' of homosexuality in developed countries—accompanied by the intense level of interest in the spectacle of young men dying of rare and exotic diseases—combined with the effect of activism on the part of a stigmatised minority population to engender a more vigorous response to the epidemic than that seen in nations where HIV was able to be configured as 'heterosexual'. He goes on to observe that the Australian response combined, from the very beginning, the traditional public health techniques of surveillance, testing, notification and quarantine with a more radical approach based on the premises of health promotion, soon enshrined in the Ottawa Charter of 1986. The result was a strategy which relied largely on 'government at a distance', in which gay men were constituted as 'citizens capable of bearing a kind of regulated freedom' (Rose and Miller, quoted in Ballard 131) while the 'despotic rationality' of quarantine and containment functioned as a last resort (Mann, cited in Ballard 130).

In the Australian context, this has produced a kind of 'sexual citizenship', wherein community representatives 'had potential legitimacy for redefining responsible citizenship within the community' (Ballard 131). Drawing on Ewald's analysis of mutuality and insurance as a political technology (Ewald), it can be argued that the notion of compliant gay male subjects practicing safe sex has become a lynchpin of not just the epidemiological containment of HIV/AIDS in Australia, but also its psychic containment. The self-regulation of homosexually active men generates political capital for the communities in which they are imagined to reside by providing a space in which risk can be

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[24] The majority of cases of deliberate infection which have created headlines in Australia have almost all involved men (of non-Australian, and overwhelmingly African, backgrounds) infecting women. Whilst some of these men have been identified as heterosexual, many of the earlier cases involved bisexually active men. These cases have created an unease associated with the awareness that identity categories and behaviours do not always match up, and have produced a particularly virulent discourse of condemnation in relation to bisexually active men, especially those that are alleged to have infected female partners.

contained without interrupting the business of heterosexual self-expression.[25] Ballard notes, however, that this way of governing HIV/AIDS has always been subject to tensions around the perception of a 'gay agenda'. He notes that 'the continuity of statistics showing that over 80 percent of Australians with HIV were gay or bisexual men was taken both as evidence that the epidemic had been "contained" and that there had been complicity between governments and gay communities to dilute the image of AIDS and "responsibility" for it' (Ballard 135).

The alleged failure of the Victorian Department of Human Services to contain recent infections by invoking 'despotic rationalities' in the case of Michael Neal, followed by the bringing to light of an ostensibly similar case in South Australia, produced just such a conspiracy theory narrative in some media, in which the 'vested interests' of elites were seen to have valued privacy over the public health.[26] A particularly striking example was a piece by Natasha Robinson in *The Weekend Australian* on 21 April entitled 'HIV policies flawed as officials miss bare reality'—striking not only for its blatant attempts to insinuate governmental contamination of a sort remarkably akin to the nation-threatening homosexual conspiracy theories popular in Britain and the USA in the 1960s (Davenport-Hines; Edelman), but also for its sheer confusion. Robinson writes 'the emergence of anti-retroviral drugs [means] the disease is no longer an instant death sentence'—yet within two paragraphs is claiming that 'government lawyers attempted to curtail investigations into men alleged to have spread *the fatal virus*'[27] (my italics). She attributes the apparent secrecy of meetings between gay community leaders and Department of Human Services officials to the Department's alleged terror of 'being perceived as captive to the community sector', likening the situation to NSW, where she claims 'former community workers rule the roost' in the NSW Health Department's HIV policy wing. She elides the fact that, while Victoria's HIV rates are rising, those in NSW are not by referring to national rather than state-based data that reported an increase of 41 percent in HIV notifications.

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[25] Relative rates of safe sex practice—yet note that it is gay men who are accused of 'complacency'—rather than rational assessment of the likely reduction in risk pursuant to widespread uptake of ART.

[26] See for instance Piers Akerman, 'Deadly game of privacy protection', *Adelaide Advertiser* 12 April 2007 and Jeff Corbett 'All HIV-positive for PM', *Newcastle Herald* 17 April 2007.

[27] The same selectivity about how fatal HIV is was also demonstrated by some members of the national government. In 2003, in reference to the case a HIV positive woman allowed to remain in Australia (on appeal, and only after the outcry produced by the revelation that the woman was a refugee who had acquired HIV as a consequence of being raped in a refugee camp) a spokesperson for then Immigration Minister Phillip Ruddock stated 'Bear in mind HIV is now being treated with a cocktail of drugs that doesn't quite put it into remission but has a series of benefits… These days HIV is not as big a concern as tuberculosis, which is becoming drug resistant and poses a major public health risk' ('AIDS Mum can stay—Rape victim let in to NT', *Northern Territory News* 7 August 2003). This stands in contrast to Howard's conflation of HIV with TB and other contagious diseases, and his contention that this is a very serious disease.

This theme of unaccountable elites and technocrats colluding to place the community at risk mirrors the loss of trust and general disaffection with government which has emerged over the past 30 years in developed countries (Boivard). It was picked up with glee by conservative media commentators, perhaps most voraciously by Alan Jones in his 2007 interview with Tony Abbott, in which he berated Abbott for failing, as the 'elected servant of the people' to assure him that people with HIV would not be let in under any circumstances.

> Hang on. Twenty is twenty too many. Twenty is twenty too many. I mean, already we know that migrants with serious illnesses including leprosy and more than 100,000 with TB have been allowed into this country despite authorities' inability to carry out proper medical supervision. Let 'em loose and contaminate innocent Australians.[28]

Contamination of the Innocents

This set of concerns was also reflected in responses to letters pages and opinion blogs. Objections fell into two main categories. Firstly, there were those who argued that we need to do more to 'look after our own' and that resources should not go to addressing the health issues of citizens of those countries who had clearly failed to meet their own needs,[29] for instance:

> Of course the PM should ban people with HIV entering the country. Why should Australia have to foot hefty bills for foreigners for treatment and education. It's ludicrous. Howard is doing the right thing for Australia—well done!
> *Posted by: Laura of Glebe 11:52pm 1 June 2007*

> Our government (John Howard and his team) are just trying to protect us—Australians. What is the Labor party trying to do?— Protect foreigners who could compromise our safety... do you want them to govern our country?
> *Posted by: AM of Parramatta 10:26pm 1 June 2007*

> At the least the Libs put the country first whereas Labor puts foreigners and special interest groups first
> *Posted by: Gerry Hammond of Nanny State 3:13pm 1 June 2007*

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[28] Transcript of Alan Jones Programme 2GB 31 May 2007.
[29] The responses below are all taken from the Daily Telegraph's blog site. It's interesting to note that no respondents—for or against—mentioned one of the major constraints on African countries' capacity to effectively address HIV/AIDS—the flight of trained medical staff, actively encouraged by Australian (and other developed country) recruitment of developing world health care workers. See Scott, Whelan, Dewdney and Zwi; and Oberoi and Lin.

Secondly, others frothed and fumed at the horrible prospect of innocent Australians falling prey to base desires, exotic sexual practices and the diseases of the third world:

> First the politicians allow the country to be infected with violent cultures of a religious kind and now they're thinking of bringing in people with incurable disease to one day infect my grandchildren. I'm sick to death of being taxed almost 50 percent of my weekly earnings while governments waste money on these idiotic experiments. Before we allow diseased migrants into the country, why not first find a cure for the uncommon sense disease that politicians seem to contract as soon as they are elected?
> *Posted by: Bob of Australia 12:37pm 1 June 2007*

Similarly, a contribution from 'Peter Aris, West Moonah' to the website of *The Mercury* (Hobart) reads:

> REFUGEES from the most AIDS ravaged country in the world are being brought to Australia without any compulsory follow-up medical examinations upon arrival. One of these people was jailed recently in Victoria for deliberately infecting women with AIDS. Australians have every right to expect that refugees/migrants pose no risk to their way of life.

Even the website of Democrats Senator Andrew Bartlett attracted largely negative comments, such as this from 'Geoff' who noted that

> Where I used to live we have had African migrants spread HIV outside their community and even to tourists. There is even a myth which is believed by many that having sex with virgins will cure them. I've read and heard lately this belief is widespread, this link seems to back that assertion up...
> So CULTURE yet again steps in, what is the answer?

These accounts support Deborah Lupton's assertion that the bodies of black people 'have been portrayed as both potentially defiling and as intensely erotically attractive in their very exotic nature, their cultural position as Other. This would suggest that the boundary between disgust and desire is very tenuous' (Lupton 169). Remarkably absent from most accounts is any acknowledgement that HIV transmission is readily avoided, as articulated in this comment posted to *The Age*'s website by 'Kate Crofts, Southbank':

> There is no denying the seriousness of this disease and the potential devastation it could cause within our country. The fact remains though, we are blessed with education and protective devices that will significantly reduce the spread of this disease. Further, with recent medical developments, HIV is treatable.

This latter position can stand as a succinct summation of official policies and approaches to the immigration and management of HIV/AIDS in Australia. The contrast between this position and the panic engendered by the notion of proximity to African(s with) AIDS highlights the consequences of what Patton has identified as 'two principle policy discourses which underwrite very different ideas of the "solution" to disease' (Patton, 'Performativity' 175)—the epidemiological approach, and the tropical medicine model. Patton proposes the tropical disease model is deployed in response to what she sees as the inherent failure of self-Other discourses to address issues of bodies in motion, leading to a situation in which 'the "other" is apparently capable of transcending a boundary without crossing space, without passing outside' (Patton, 'Performativity' 178). She argues that 'when bodies move between or are relocated through discourse, or carry discourses with them into foreign terrains, the work of self-other codes is fractured, transformed or completely disappears'. Thus when 'Africans with AIDS' physically enter Australia, they are transformed from distant spectacle to present menace—a subject position already written for them by an accumulation of media accounts of the alleged behaviour of a few individuals, and poorly prepared psychic defences against the apparently fatal attraction of 'the glossy black of marble or of jet, conveying to the touch sensations more voluptuous than even those of the most resplendent white'[30]. Tropical medicine's post-colonial discourse frames 'disease [as] always proper to place… but only operat[ing] as a disease when it afflicts people from "here"'. Here, immunity is 'equally legible in spatial terms'—a view endorsed by the results of the 2007 Durex condom survey, which reportedly revealed that 'people having unprotected sex live in some of the world's wealthiest nations and exhibit similar behaviours: They lose their virginity early and have more sexual partners, both key predictors of higher rates of unprotected sex' (Fontes and Roach). The same article goes on to note that 'whether you have unprotected sex isn't a matter of being male or female, gay or straight. When it comes to risky bedroom behaviour, what matters most is where you live'. As Patton notes, the tropical model 'asserts that practices and identities are confined to a place'.

In Australia, this mobilisation of a tropical medicine framing of HIV results in a discourse in which the practices of prevention are confined to the space coded as

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[30] Thomas Hope, *An Essay on the Origin and Prospects of Man* (1831), quoted in Young (169).

'gay community'[31] and practices leading to disease transmission (which include the institutional practices which result in limited care and rapid progression) are confined to Africa and/or places nearer to home such as Papua New Guinea. Thus the discursive immunity conferred by the containment of HIV transmission to gay communities, and of AIDS to the developing world, is deeply threatened by the prospect of the arrival of HIV positive heterosexuals—especially those constructed as compellingly libidinous.

In contrast, the epidemiological approach to disease is performative, requiring a 'vectoral imagination' able to visualise 'the place of the body in the temporal sequence called "epidemic"' (Patton, 'Performativity' 190). The epidemiologic model is concerned less with where bodies and disease are than with what bodies are doing, what identities they are ascribed, and how they are connected to other bodies in a network of actual or possible pathways for disease transmission. Patton notes that this entails a 'perpetual shifting of the panoptic(al) centre, destabilising both the concept of disease and the security of guarding oneself against it'. Or, put more crudely, the epidemiological model requires that heterosexually active Australians take responsibility for their own behaviours, a view more artfully voiced by the Executive Director of the Australian Federation of AIDS Organisations when he expressed concerns that proposed screening of both short and long term visitors conveyed a message that 'people with HIV will be kept out and therefore it's OK to have unsafe sex with people from other countries'.[32]

Seen through the lens of the tropical medicine model, prevention becomes a matter of containment, rather than the (epidemiological) dispersal of knowledge and the means of prevention. Whilst the knowledge of the means of prevention has been widely and effectively dispersed in Australia, however, the framing of HIV as 'contained' to gay men appears to have resulted in much lower uptake of safe sex behaviours on the part of heterosexuals, compared to gay men (Smith, Rissel, Richters, Grulich and de Visser).[33] This is in part related to the disavowals available under both the epidemiological model—'I'm not one of those'—or the tropical model—'I don't live/go there' (Patton, 'Performativity' 189). In providing a sense of safety through 'securing a fantasy of "emplacement"', the tropical disease model, allows a 'double disavowal' for heterosexual Australians: 'I live in (white) Australia and *not* in the gay community'. The spectre of HIV positive heterosexual immigrants therefore threatens not only the secure emplacement of white heterosexual Australians in relation to the global

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[31] Patton notes later in the essay that gay men 'are self-identical to a space which is already set apart' ('Performativity' 190).

[32] Annabel Stafford, 'HIV positive visitors may be tracked or banned', *The Age* 11 May 2007.

[33] Reported condom use with casual partners was 46 percent among heterosexuals, and 78 percent among gay men.

pandemic, through the implied threat of bringing the 'third world' home, but also threatens to break down the secure boundaries between 'gay' and 'straight' Australia.

Return of the Repressed

There is one further, central matter which casts light upon the specifically Australian nature of repressions in relation to risk. The modern Australian nation is built upon and around the remnants of an Indigenous culture decimated by the disease and violence which accompanied the arrival of a wave of white immigrants in the late eighteenth century.[34] Patton notes that the 'colonial homology… [is able to] mask the medical crimes of transporting disease to the colony' (Patton, 'Performativity' 187)—a strategy unmasked by Ari Joseph, who placed this posting on the *Daily Telegraph*'s website in response to the later debate about African immigration *per se*:

> HOW ABOUT THE WHITE FOLK BRINGING INCURABLE DISEASES TO ABORIGINAL LAND
> *Posted by: Ari Joseph of 4:08pm 6 October 2007*

The continued lack of acknowledgement of this crime, and the ongoing colonial status of relations between Aboriginal and mainstream Australia[35]—not to mention the repressions and evasions necessary to avoid its recognition—may explain the vigour and vitriol of the comments which eventually came to dominate blog pages and opinion columns once the African immigration story really hit its stride. The particularities of Australia's continued colonisation produce specific anxieties about territory, control of the land and effective border protection.

Julie Marcus has argued that 'in the gendered world of Australian frontier nationalism, the land and its wildness is female and it is through the conquest of this feminized wild that men realize both their masculinity and civilization' (Marcus 18). The resultant civilised nation conforms to the well-established trope of nation-as-woman, in which 'the homeland [is depicted] as a female body whose violation by foreigners requires its citizens and allies to rush to her defence' (Parker, Russo, Sommer and Yaeger 6). The Howard government's term of office was characterised by an intense production of discourses around

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[34] It is difficult to refrain from the observation that these immigrants not only demonstrated a striking level of cultural incompatibility with the prevailing culture of the Eora nation; but were also deemed to be incompatible with the culture from which they were sent.

[35] Ian Anderson has argued that 'in the context of settler colonial states, such as Australia, colonial structures have never been dismantled. Colonial ways of knowing are not historical artifacts that simply linger in contemporary discourse. They are actively reproduced within contemporary dynamics of colonial power' (Anderson 23-4).

national sovereignty and control over borders, leading to acts of corporeal mutilation such as the 'excision' of Christmas Island from the territories' immigration zone—an amputation deemed necessary to retain control over the constitution of 'the nation'. In relation to HIV/AIDS, the unprotected protuberance of Cape York, spearing into the underbelly of Western Papua New Guinea, and allowing ready access to residents of PNG's Sepik River province under the Torres Strait Treaty of 1983, was the source of much anxiety.[36]

Andrew Lattas has demonstrated how Australia's Indigenous people are constituted as part of the land itself, on whose suppression and feminisation the concept of nation has been built (Lattas). However, the confidence that this suppression is complete and holds has been disrupted, for some, by the resurgence of Indigenous culture and populations, and the Wik and Mabo legislation of 1996 and 1993, in which native title was recognised and the concept of Terra Nullius overturned (Moran 224-6). The consequence of this is a persistent crisis of both national identity and masculinity, underwritten by concerns about legitimacy and the capacity to defend the 'honour of the nation'.

In the Australian national psyche, the sense of a disease and poverty-stricken developing world can never be entirely alien, given, for example, the circumstances of the founding of the Australian nation, repeated descriptions of the living conditions of Aboriginal people as 'third world' and a growing sense of 'border vulnerability' as a definitive theme in national discourse. The apocalyptic visions of depravity and disease evident in the accounts I have considered here can be read as expressions of aversion-displacement that are wrought from the national failure to acknowledge the injustices of colonial history and the present reality of Aboriginal living conditions, as much as they fret about the possibility of the developing world, with all its diseases, coming to call Australia home.

ALAN BROTHERTON (1963-2015) played a leading role in establishing and shaping community and policy responses to HIV/AIDS in Australia and internationally. He held significant leadership roles in several AIDS organisations including the AIDS Council of New South Wales (ACON), Positive Life NSW, the National

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[36] Sean Parnell, 'PNG health minister urges caution on HIV checks', *The Australian* 19 June 2007; 'Hanson warns of disease threat', *The Courier Mail* (Brisbane) 14 June 2007; 'Sick migrants swamp state, says Pauline', *The Cairns Post* 14 June 2007. This anxiety was somewhat 'resolved' in 2011 when Queensland health services, who had been treating people with TB from PNG (people entitled under the 1985 Torres Strait Treaty to travel freely in the 'protected zone' encompassing Australia's Torres Strait Islands and PNG's coastal areas adjacent to the Torres Strait), were directed to stop providing treatment, and Australia instead provided funding and expertise for developing local PNG treatment services (Vincent).

Association of People With HIV Australia (NAPWHA), the International HIV/AIDS and the International AIDS Society.

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