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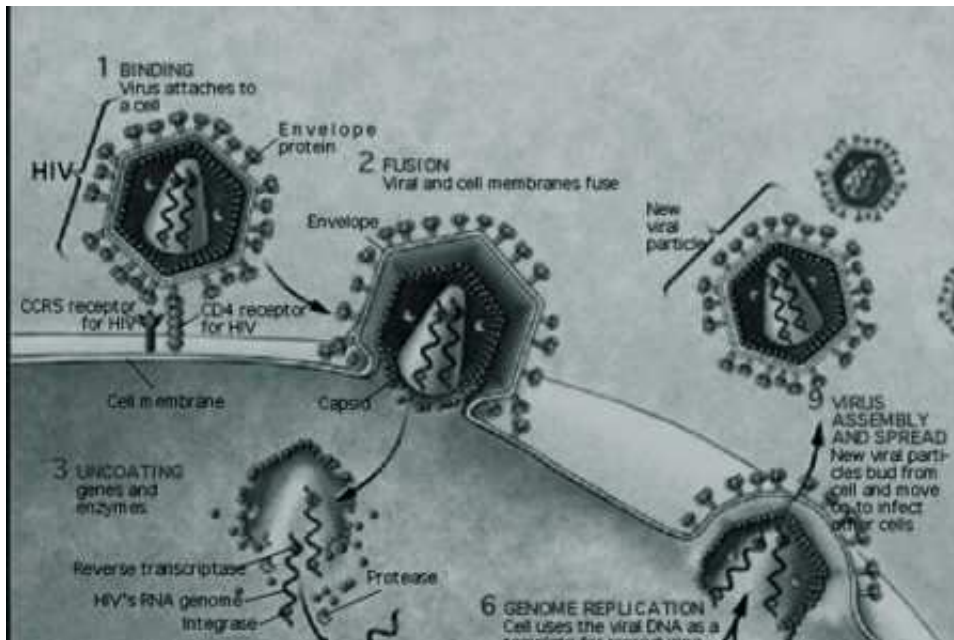
By Angela Mitropoulos

The Australian government is thinking of formalizing its de facto power to close the border to medical undesirables, in this case those with 'HIV or leprosy'. No nation-state seems more determined to demonstrate the literal validity of Agamben's biopower-concentration camp thesis. Here Mute contributor Angela Mitropoulos notes the source of John Howard's theatre of outrage in the 'normal' regulation of labour and its reproduction. More proof if it were needed that bio-identity tracking (eg health profiling) is not a mere 'civil liberties' issue of abstract 'privacy'. The invasive effects of the monitoring are distributed according to race and class, because, as the invention of a statistically nonexistent 'AIDS-immigrant-parasite' crisis goes to show, the policy is about the racial stratification of the labour market.

<<http://archive.blogsome.com/2007/06/04/the-health-of-the-body-politic/#more-542>>

The health of the body politic

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There are few more glaring illustrations of the inability to think health and immunity without recourse to borders than recent proposals by the Prime Minister to bar people who are HIV+ (and those who have leprosy) from migrating or traveling to Australia.

Following [the charging](#) of someone who was HIV+ with endangering public safety, and subsequent suggestions that the health bureaucracy [failed in its duties](#), the relevant Minister, Bronwyn Pike, claimed that the rise in HIV infection rates, from 16 in 2004 to 70 in 2006, was somehow due to migration.

[As it turns out](#), most of those 'migrants' were from interstate, and a proportion of those diagnosed with HIV *while* overseas were Australian-born. In short, only nine of the seventy were from overseas - some of whom contracted the infection while in AU.

With increasingly flagging polls in the lead up to an election, and despite recommendations from both the federal ministers of health and migration against the suggestion, the Prime Minister's [initial turn away](#) from proposals to ban HIV+ migrants in April has been [revived](#), and those with leprosy have been added to the list.

But the coincidence of homophobia (the first person charged with a similar crime was heterosexual) and xenophobia, and its slide to the apparently more self-evident (and acceptable) affective landscape of the latter, has raised a couple of interesting points.

First, it's not uncommon for those with HIV, or indeed any other chronic health issue or disability, to already be barred from entry to AU. Immigration law already provides for discrimination on these grounds, though often drafted as fiscal criteria. Which means that the PM's statements are, for the most part, symbolic - though not without concrete effects.

Second, and given the above, lawyers working around HIV/AIDS issues have noted that while migration law allows for discrimination, there may nevertheless be grounds to [charge the PM with vilification](#), under specifically anti-vilification laws.

But that, of course, remains to be played out - and is possibly not the most interesting aspect at work here, even as the concrete effects of declaring migrants to be carriers of disease can oftentimes run to violence and abuse.

One has to go to Pauline Hanson to give the symbolic its crudely-drawn content:

Last December Ms Hanson, who is contemplating a political comeback, said: "We're bringing in people from south Africa at the moment, there's a huge amount coming into Australia, who have diseases, they've got AIDS. *"They are of no benefit to this country whatsoever, they'll never be able to work ... yet no-one is saying or doing anything about it."* [emphasis added, [via](#)]

Now, to be very clear on this, of those nine (out of 70) mentioned earlier, the smallest proportion were actually from Africa, and it's not clear where they contracted the infection. And DIMIA already discriminates against prospective migrants with HIV.

But these figures are not the point, since there are already HIV+ people in AU - *the border is*, the sense that the border is what keeps one safe, healthy.

And, moreover, what is defined as safe and healthy is that which makes it possible to labour, and for that labour to be accounted for as part of [the national accounts](#) (in turn, defined as as the index of 'the national health').

And here, it all pivots around the redirection of affect. Anger at [overwork](#), anger at 'Workchoices', might be turned, it is hoped, into resentment at those who cannot, those who are foreign to both work and who cannot be accounted for.

This, and not [reactionary anachronism](#), is what Howard's pitch is founded on. It may not be effective, but it is a pitch for *these times*, however much it recalls National Socialism's attempts to purge/exclude the 'superfluous' and 'parasitical'. It takes place in a context where there is overwork, but people cannot for the most part, think the possibility of working less without significant drops in income - that is, they cannot think the possibility of being paid more, of demanding a higher income. It takes place in a context where healthcare is increasingly privatised, expensive, individuated.

Here, the border is a way in which those are thought to be eternal conditions (unable to be changed) while providing an outlet for anger and resentment at them, in the form of the figure of the lazy, disease-spreading black person.