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A Place Apart

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By Benjamin Hegarty

On a crisp autumn day in April in Melbourne, my phone has several missed calls from an Indonesian friend. With a heavy heart, I call back to see what might be wrong. As has been the case over the past several weeks, he has grown increasingly restless and confused since the beginning of social distancing and travel restrictions that stem from the COVID-19 pandemic. Usually frequent posting on social media, his feed has slowed as days and weeks are spent at home, alone, with next to no support from the state. He is lonely, afraid, cut adrift.

As movement became restricted with the closure of borders — first national, and then usually unnoticed state borders — and large numbers of police were deployed to patrol public spaces in cities around Australia, several queer migrant friends found themselves in a delicate position. This was particularly so given that their short-term work and study visas offered them few protections or rights to entry back into the country as Australia closed its borders to most non-citizens. One, who had surgery planned in another country, struggled to find a way to negotiate entry back into Australia after the surgery. The livelihood of many others, relying on short-term labour in the gig economy and some on sex work, was obliterated or heavily curtailed following the introduction of restrictions. As networks and forms of sociality extended between different houses, and for some survival rested on continuing to interact with unknown others to work, the simple slogan “stay at home” was hard to transform into practice. Already subject to extensive surveillance on basis of gender presentation and race, these new restrictions, backed up with extraordinary police powers to stop and question, required additional vigilance. One trans- friend told me how previously ordinary visits to her kin of choice now required studied attention to dress and comportment before departing home. Every street crossing presented a possible danger of interrogation and detention before reaching the safe haven presented in her distributed definition of home.

The experiences of queer migrants in precarious positions is yet another story of how the one size fits all restrictions of the “lockdown” — a policy framed which positions the absolute value of life apart from the domains of society and economy, as Didier Fassin recently highlights — is an unevenly distributed burden. But although the widespread application of severe

restrictions on movement is unprecedented, the borders and barriers erected by diverse Australian jurisdictions to protect the health of the population was in other ways familiar. In particular, the concepts of “hard borders” and “ring fencing” erected in the name of protecting the population echoed existing HIV policy which framed viral transmission in terms of threats to biosecurity. The impact of such policies could not be more acute than for HIV positive queer migrants, who live at the intersection of two pandemics. Anxieties about leaving home at risk of surveillance and punishment led to missed appointments for life-saving testing and treatment.[i] Worries that a positive COVID-19 test result might be reported to authorities and result in deportation or other punitive measures generated a reluctance to get tested. Such experiences highlight the need to consider the impact of COVID-19 as a part of existing racialized histories. These inform the concepts deployed during the pandemic in the name of public health. In Australia, this requires reckoning with the relatively recent history of the management of HIV, and its intersection with policies governing migration. Framed consistently as an external threat to Australia’s way of life, policies concerned with the containment of HIV since the 1990s were not only defined in relation to sexuality, but articulated threats in relation to “Australia’s territorial and national integrity, notions of contagion and contamination, and the management of risk” (Brotherton 2016, 46). A racialized discourse of borders and boundaries transferred into political pressure to limit migration on the basis of HIV status, even as easy movement across borders became taken for granted as a component of economic growth thanks to access to deregulated, cheap labour and international markets for services.

One understanding of boundaries based on the surveillance of infectious diseases emerges in the ways that Australia’s immigration policies consider HIV. Australia’s immigration policies discriminate on the basis of HIV status, effectively requesting disclosure for visas of any length, and mandatory testing for permanent visa applicants.[ii] After arrival, if granted, it is not only access to further visa extensions but HIV medication that is fraught with difficulty for non-citizens. Although citizens and permanent residents can access both HIV medication and pre-exposure prophylaxis at lower costs through Australia’s healthcare system, the same is not true for migrants. As activists outlined in an interview last year, those resident in Australia on various short-term visas — including very large numbers of international students — rely on the know-how of doctors and the good grace of pharmaceutical companies, who provide anti-retroviral medication through a time-consuming process known as “compassionate access.” HIV positive migrants have also had to navigate other forms of criminalization, including a Victorian state law that criminalized “deliberate transmission,” which until its repeal in 2015 brought with it a maximum 25 years imprisonment. In the same state, sex work by people living with HIV

is also a criminal offence. The migrants living with HIV who navigate these laws highlight how the containment of epidemics is never only about saving lives, but takes is inseparable from moral and social definitions of containment. It is then less a question of life that comes after COVID-19, but more a question of how the recent pandemic represents an extension of concepts in which health is subject to neoliberal governance regimes grounded in securitization and risk. And the true costs of such policies on the vulnerable remains obscured.

In a powerful essay, the HIV/AIDS activist and scholar Alan Brotherton incisively identified the intersection of racialization and individual responsibility at the core of Australia's management of the health of the population. At a time of intensified anxieties about borders and boundaries in the 2000s, a political emphasis on containing infectious disease consistently blurred moral and physiological risks. His prescient definition of shifts in Australian HIV policy, and the symbols of infection and containment they deployed as a form of "psychic containment" (Brotherton 2016, 52), facilitate an incisive view of Australia's policies to address the COVID-19 pandemic. Referring to the rise of political efforts to limit migration on the basis of HIV status, framed by a broader anti-immigration discourse, he described how "notions of sexual predation … and immigration of people with HIV were powerfully conflated … the gay community [were] an imagined site of disease prevalence at once safely contained within the nation, yet constituted as a place apart" (p. 49). In 2020, the imposition of previously unthinkable forms of spatial containment, first of internal state borders, followed by particular suburbs in the pursuit of the preservation of health suggests the scale and versatility of this politics of a "place apart." On 4 July, thousands of residents of several Melbourne public housing towers, home to many migrants and refugees, were subject to extreme privation. Occurring without notice, the government instituted what it called a "hard lockdown" backed up with "detention orders" issued by the chief medical officer — with residents unable to leave their apartments — enforced by several hundred police officers. The symbolics of infection and containment identified by Alan Brotherton are marshalled anew in policies and responses to the COVID-19 pandemic. The separation of the population into those who suffer extreme privation at the hands of the state and those who live in relative freedom is sustained through the twin containments of individualized risk and production of borders. While the production of boundaries to address pandemics and epidemics is not new, both its visibility and extension into the everyday life of citizens is unprecedented.

Days after the "hard lockdown" of the public housing towers, metropolitan areas of the state of Victoria entered a second lockdown. Just prior to this moment, a friend who had been unwell described symptoms of a fever and coughing. Through WhatsApp, I negotiated with her to go and get tested

for COVID-19 at a clinic a short walk from her house. She responded: “What can I do if I test positive? I’ve paid my school fees already. I can’t be deported.” In her mind, already shaped by interaction with the health governance of HIV in the process of obtaining a student visa, the act of testing for COVID-19 was reconfigured as a risky negotiation with a state surveillance apparatus. Coupled with anxiety as to whether she would be stopped by the police on her way to get a test, she felt alone and cut adrift. This was health not imagined as care but containment. How can these queer migrants’ interactions with Australia’s governance of health operate as a call to imagine other possibilities? They draw attention to the fact that “health,” although present as a distinct and transparent domain, does not stand alone from the moral, the social and the economic dimensions of life. And this impoverished vocabulary of borders and responsibility appears to come at a very high cost indeed. In Indonesia, as elsewhere, lockdowns and border closures imposed to stop COVID-19 impacted both the production and distribution of life-saving medication. In the meantime, living through multiple epidemics — HIV having killed an estimated 32 million people globally and 38,000 people in Indonesia in 2018 alone — it is my queer migrant friends who live in the shadow of such limited political imaginings and the forms of containment from which they draw their power.

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Bibliography

Brotherton, Alan. 2016. “‘The Circumstances in Which They Come’: Refiguring the Boundaries of HIV in Australia.” Australian Humanities Review 60 (November).

Footnotes

[i] Under the conditions of the lockdown in the state of Victoria, attending healthcare appointments is a valid reason to leave home. However, the sight of police patrolling streets and fining people meant that my queer migrant friends became nervous about leaving home for any reason, particularly during the day.

[ii] Legal justifications for denying a visa on the grounds of health conditions are complex but currently fall down to two main categories; risk to public health, and the cost to the Australian community of treating the condition. Denial of visas on the grounds of HIV status for entry to Australia is usually due to the cost of treating the condition, which usually affects those who apply for visas for a longer period of time (or indeed, for permanent residency).