



SECRETARY OF STATE FOR FOREIGN AND COMMONWEALTH AFFAIRS

AIDS

Thank you for your minute of 7 October about screening for AIDS.

As you recognise, the proposal from the Director General of the British Council that screening for AIDS infection should be introduced for students entering this country under Council auspices cannot sensibly be considered separately from the wider question of the screening for overseas visitors to the UK generally. Press speculation in recent weeks has in any case concerned itself with the wider question and it is on that question which we must make up our minds before we can decide whether British Council students represents a special case.

We have considered the matter here with the benefit of the Chief Medical Officer's advice.

If the aim is to prevent anyone with the AIDS virus from entering the United Kingdom, then the only logical position is to require the screening of all visitors and the screening of returning residents. But the practical implications of this are daunting.

First, the number of visitors is very large. In 1985 there were some 7.6 million visitors to the UK - and that excludes EC nationals and persons returning to the UK after a period abroad. To screen these numbers at the port of entry would I believe be totally impracticable. Each test would be likely to impose a delay of several hours and much longer if found positive.

Second, screening in the country of origin would not only require the cooperation of other Governments. It would require reliable facilities and reliable records of the outcome - requirements which a number of countries could not meet.

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This means that if we were to make any move on screening it would have to be on a more limited basis. It could be linked to:

- the reason for entering the country, eg to study or take up employment;
- the country of origin;
- the proposed length of stay, eg only those intending to stay for more than six months.

If we were to screen on a more selective basis, the practical difficulties would be lessened. But there would be other factors to consider:

first, we know that any proposal to pick out certain countries and screen only visitors from them would provoke a sharp reaction and risk retaliatory measures. This was made clear, for example, at the Commonwealth Health Ministers' Conference. As you will have seen from Simon Glenarthur's letter to me, very hostile comments were made about the UK press reports about the possibility that we might introduce screening, especially on a discriminatory basis in relation to country of origin. Such a reaction would be reinforced by the hostile line taken by the WHO on screening as reported in today's Times;

second, and probably even more important, once we accept the case for screening some visitors, however defined, it will be extremely difficult to produce convincing reasons for drawing the line between some visitors and others.

These considerations do not rule out the possibility of screening on a selective basis, particularly where, as is the case with British Council students, medical screening is already routinely undertaken. But they do underline the international dimensions of AIDS. We cannot sensibly aim to settle these matters unilaterally

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without taking account of the views or experience of other countries, particularly our EC partners, Commonwealth countries and the United States.

I propose, therefore, that our next step should be to consult these other countries on AIDS issues generally, but with particular reference to matters of common concern such as the dealing with visitors who carry the AIDS virus. Until these consultations have been completed, it would be unwise to agree to the extension of existing medical tests on British Council students to cover tests for the AIDS virus. Given the publicity there has been, this would be taken as a decision by the UK Government to go down the screening path.

If colleagues agree to this approach, I would propose to take the line publicly that the Government recognises that screening of visitors is a proposal that has been put on the table publicly and has to be addressed. But it would not be sensible for the Government to address it without taking careful account of the views and experience of other countries, particularly our EC partners, Commonwealth countries and the United States. Accordingly, we propose first to consult them on AIDS issues generally and on the question of visitors specifically. We could also take the opportunity of briefing informally on the implications of screening.

I am copying this minute to members of H(A), the Prime Minister and Sir Robert Armstrong.



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