REWRITING THE POLICY NARRATIVE:

HEPATITIS C AND A RIGHT TO HEALTH

James Dunne

Graduate Student, Centre for Human Rights Education, Curtin University
Honorary Fellow, Centre for Criminology, The University of Hong Kong

"Focusing our efforts on the social conditions and lived realities of HCV"

- Undertaking a Critical Discourse Analysis (CDA) of Australia's four hepatitis C strategies using Fairclough's (1989) CDA approach
- Using human rights as an analytical framework to challenge us to develop alternative hepatitis C narrative and enhance our response

Australian HCV Policies: Quick Overview

- Four strategies: 1999, 2005, 2010 and 2014
- Goals:
  - Reduce incidence of transmission of hepatitis C
  - Reduce the impact of the virus on health when transmission occurs
- Objectives:
  - Reducing the incidence of hepatitis C
  - Reducing transmission of hepatitis C
  - Promoting better access to and quality of treatment
  - Reducing stigma and discrimination related to hepatitis C

A Discourse on HCV in Prisons

- Prisons are serious incubator threat to both inmates [and] custodial staff [because] **access to education, the means of preventing transmission and infection control are severely limited**.
  (Strategy 1, 1999:24-25)

- Hepatitis C prevention and treatment measures are **hampered by structural barriers** that prevent the implementation of measures such as Needle and Syringe Programs
  (Strategy 3, 2010:17)

Fairclough (1989) encourages us to make causality and responsibility visible in the text

- Prisons are not naturally existing in our society; operate under government authority
- Re-author the previous statements to demonstrate responsibility/causality:
  - ***Australian governments have chosen not to address*** the structural barriers that prevent the implementation of measures such as Needle and Syringe Programs

Community context

- 90% new HCV transmissions are related to injecting drug use; 80% of people living with HCV have experience with injecting drug use
- Despite this, the policy is silent on any role that drug prohibition plays in HCV
- The policy reinforces a narrative that only the individual is responsible and they must change their behaviour

HIV and Law Comparisions

"Punitive laws…create and punish vulnerability[,] promote risky behaviour, hinder people from accessing prevention tools and treatment, and exacerbate the stigma and social inequalities that make people more vulnerable"

- Global Commission of HIV and the Law (2012:3)

By silencing drug criminalisation as a structural factor in hepatitis C transmission, the maintenance of this system is placed at higher priority than our hepatitis C goals.

What do we mean by 'human rights'?

- **Human rights are dualistic relationships** that have a *claim* and a *corresponding obligation*
- Human rights **manage the relationship between state and citizen**, and **limit state power**
(Baxi, 2008)

Rights within Australian Hepatitis C Policy

Rights as described in the 4th National Hepatitis C strategy (2014:10):

- a right to participate fully in society, without experience of stigma or discrimination
- rights to comprehensive and appropriate information and health care
- right to the confidential and sensitive handling of personal and medical information

By silencing structural factors, we minimise the rights-relationship

Theoretical Relationship	*Right to not contract or live with HCV* Claim made by Individual	⟷	*Obligation to create environment where risk is minimised/health promoted* Obligation of government
Relationship presented in policy text	*Right to not contract or live with HCV* Claim made by Individual	⟷	*Obligation to act in a health promoting way* Obligation of individual

To ***define*** HCV in a narrow and incomplete way means we ***respond*** to HCV in a narrow and incomplete way

"How do we eliminate Hepatitis C?"

"How do we ensure that people who inject drugs attain the highest standard of health?"

The narrative must be re-defined in genuine partnership with community members affected by hepatitis C.

Silencing those voices only serves to re-produce the power that excludes and controls, and removes the "human" from human rights.

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